



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 3, 1997

Mr. Miguel Gonzaler  
Dryclean USA  
8633 Northwest 186 Street  
Miami, Florida 33015

Re: Facility No. 0250774

Dear Mr. Gonzaler:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 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

Dryclean USA

- spoke with business - 10/18/96  
- spoke with Miguel Gonzalez

|                         |  |           |
|-------------------------|--|-----------|
| 1. Facility             |  |           |
| 2. Site                 | P.14 1.(a) add day "09"  |           |
| 3. Hazard               | 3. mark out "X" in existing large area source & initial                      |           |
| 4. Facility Street City | P.15 4. mark out "X" in existing large area source w/ refrig. con. & initial | 015       |
| 5. Facility             | 5.(f) required   | 774       |
| 6. Name                 |  |           |
| 7. Business             |  | le: 33015 |
| 8. Telephone            |  |           |

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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SEP 20 1996

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):<br>OSHMAR, INC   |
| 2. Site Name (For example, plant name or number):<br>DRYCLEAN USA                                   |
| 3. Hazardous Waste Generator Identification Number:<br>FLD CFSQG                                    |
| 4. Facility Location:<br>Street Address: 8633 NW 186 ST<br>City: MIAMI County: DADE Zip Code: 33015 |
| 5. Facility Identification Number (DEP Use):<br>0250774   |

## Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br>MIGUEL GONZALEZ MANAGER  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: 8633 NW 186 ST<br>City: MIAMI County: DADE Zip Code: 33015 |
| 8. Responsible Official Telephone Number:<br>Telephone: (305) 829-1901 Fax: ( ) -  |

## Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>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.

| 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 |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | #1 | 09/91                            | 09/91                         |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

140 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Miguel Bory  
Signature

8/30/96  
Date

x Miguel Bory

x 3/24/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYclean USA DATE: 3/26/97
FACILITY LOCATION: 8633 NW 186 ST MIAMI, FL 33015

Annual Reporting Period: 8/30 1996 TO 3/26 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. [X] YES [ ] NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ 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 reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Miguel Gonzalez x Miguel Gonzalez x 3/26/97
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:40 TIME OUT: 12:15 AIRS ID#: 025077  
 TYPE OF FACILITY: PERC. DRY CLEANER  
 FACILITY NAME: Dry Clean USA DATE: 3/6/91  
 FACILITY LOCATION: 18633 NW 186 ST  
HIAWATHA FL 33018  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: Equipment & records in 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: Thome Vazquez  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3766922





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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part 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?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N *NA*
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages 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,  Y  N *NA*
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? *(for direct reading instruments only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N *NA*
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N *NA*  
Problem corrected?  Y  N *NA*
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N

Muck cookers  Y  N

Door gaskets and seating  Y  N

Stills  Y  N

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N

Pumps  Y  N

Diverter valves  Y  N

Solvent tanks and containers  Y  N

Cartridge filter housings  Y  N

Water separators  Y  N

MIGUEL GONZALEZ

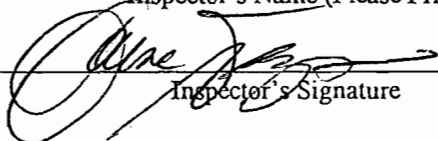
Name of Responsible Official

JAMES NAZARIO

Inspector's Name (Please Print)

3/24/97

Date of Inspection



Inspector's Signature

3/98

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 430 TIME OUT: 500 AIRS ID#: 0250774  
 TYPE OF FACILITY: Paper Dry Cleaner  
 FACILITY NAME: Dry Clean USA  
 FACILITY LOCATION: 8633 NW 130 St Miami, Model Converter  
 DATE: 2-4-99  
 RESPONSIBLE OFFICIAL: Model Converter PHONE NUMBER: 827-1721

- 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 |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

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 MAR 30 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: Facility is in compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 2/99 (Approximate)

INSPECTION CONDUCTED BY: NAME: [Signature] (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3726922

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dryclean USA DATE: 2-4-98  
FACILITY LOCATION: 8633 NW 186 ST

Annual Reporting Period: 3-24 1997 TO 2-4 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ 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 reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

Bureau of Air Monitoring  
& Mobile Sources  
MAR 30 1998

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As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Miguel Gonzalez Name (Please Print) Miguel Gonzalez Signature 2/4/98 Date

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

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

3755

301557

*acc*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

|   |                 |
|---|-----------------|
| OSHMAR INC<br>MIGUEL GONZALES<br>8633 NW 186TH STREET<br>MIAMI FL 33015 | AIRS ID#0250774 |
|---|-----------------|

Bureau of Air Monitoring  
& Mobile Sources

FEB 4 1998

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Do NOT Remove Label

Annual Reporting Period: JAN 1 1997 TO Dec 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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MAIL ROOM  
FEB - 2 98

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Miguel Gonzalez *Miguel Gonzalez* 1/27/98

Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

**RECEIVED**  
MAR 30 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 0250774 DATE: 2-4-98 TIME IN: 430 TIME OUT: 500  
 FACILITY NAME: Dryclean USA  
 FACILITY LOCATION: 8033 NW 186 ST  
 RESPONSIBLE OFFICIAL: Miguel Gonzalez PHONE: 829-1901  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

**A.**

|  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(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 classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

2/19/98  
(12)



**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages 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;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
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 instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*JAIME NAZARU*

Inspector's Name (Please Print)

*2-4-98*

Date of Inspection

*Jaime Nazaru*

Inspector's Signature

*2-1999*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

#0250774

Dryclean USA

- spoke with business - 10/18/96
- spoke with Miguel Gonzalez

- P.14 1.(a) add day - "09"  
3. mark out "X" in existing large  
area source & initial
- P.15 4. mark out "X" in existing large  
area source w/ refrig. con. &  
initial  
5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|   |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br>OSHMAR, INC   |
| 2. Site Name (For example, plant name or number):<br>DRYCLEAN USA                                   |
| 3. Hazardous Waste Generator Identification Number:<br>FLD CESQG                                    |
| 4. Facility Location:<br>Street Address: 8633 NW 186 ST<br>City: MIAMI County: DADE Zip Code: 33015 |
| 5. Facility Identification Number (DEP Use):<br>0250774   |

## Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br>MIGUEL GONZALEZ MANAGER  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: 8633 NW 186 ST<br>City: MIAMI County: DADE Zip Code: 33015 |
| 8. Responsible Official Telephone Number:<br>Telephone: (305) 829 - 1901 Fax: ( ) -  |

## Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -       |

RECEIVED

SEP 20 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        | 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 |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | #1 | Dec-91                           | Dec-91                        |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

140 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3 What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

*new large nc.*

Existing small area source

New small area source

Existing large area source

New large area source

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



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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

*Miguel Berry*  
\_\_\_\_\_  
Signature

*8/30/96*  
\_\_\_\_\_  
Date

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
JUN 25 1999  
Bureau of Air Monitoring  
Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0250774 DATE: Feb 25<sup>th</sup> 99 TIME IN: 11:00<sup>am</sup> TIME OUT: 12<sup>17</sup>  
 FACILITY NAME: Dry Cleaner USA  
 FACILITY LOCATION: 8633 NW 186 St  
 RESPONSIBLE OFFICIAL: Miguel Gonzalez PHONE: (305) 829-1901  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(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 classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

ARMS  
#  
4/15/99

MB  
4/15/99

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
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;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Pumps  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Water separators  Y  N  N/A

Muck cookers  Y  N  N/A

Stills  Y  N  N/A

Exhaust dampers  Y  N  N/A

Diverter valves  Y  N  N/A

Cartridge filter housings  Y  N  N/A

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 instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

LEO SMART

Inspector's Name (Please Print)

*[Handwritten Signature]*

Inspector's Signature

2/25/99

Date of Inspection

2/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

BEST AVAILABLE COPY  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:00 am TIME OUT: 12:17 PM AIRS ID#: 0250 774  
 TYPE OF FACILITY: Dry Clean (PerC)  
 FACILITY NAME: Dry Clean USA DATE: \_\_\_\_\_  
 FACILITY LOCATION: 8633 NW 186th St  
 RESPONSIBLE OFFICIAL: Miguel Gonzalez PHONE NUMBER: (305) 829-1901

- 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                         |
|---|---|
| Does not maintain receipts of purchases (PerC).   | Need to have receipt on Premises. (5 yrs)         |
| Does not maintain rolling log of Perc Consumption | needs to maintain rolling log of Perc Consumption |
|   |   |
|   |   |
|   |   |
|   |   |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 2/2000 (Approximate)

INSPECTION CONDUCTED BY: Leo SMART (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: (305) 372-6902

SEP-01-99 WED 07:18 PM MIGUEL GONZALEZ

IRS ID#:

0250774

Attn: Debbie Hill  
Gruener

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA DATE: Feb 25, 1999

FACILITY LOCATION: 8633 NW 186th St

RECEIVED  
SEP 15 1999  
Bureau of Air Monitoring  
& Mobile Sources

Annual Reporting Period: Feb 1998 TO Feb 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Rolling log of Perc consumption

Exact period of non-compliance: from Feb 1998 to Feb 1999

Action(s) taken to achieve compliance: Keep records of Perc use

Method used to demonstrate compliance: DERM Calendar

\* Note: Mr. Gonzalez faxed DERM the records that were missing at the time of inspection. See file.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Miguel Gonzalez Miguel M 8/31/99  
 Name (Please Print) Signature Date

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



**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

|   |                      |                              |                       |
|---|----------------------|------------------------------|-----------------------|
| AIRS ID#: <u>0250774</u>                                      | DATE: <u>1/19/00</u> | TIME IN: <u>2:45</u>         | TIME OUT: <u>3:15</u> |
| FACILITY NAME: <u>Dry Clean USA</u>                           |                      |                              |                       |
| FACILITY LOCATION: <u>8633 NW 186 st.</u><br><u>Miami, FL</u> |                      |                              |                       |
| RESPONSIBLE OFFICIAL: <u>Miguel Gonzalez</u>                  |                      | PHONE: <u>(305) 839-1901</u> |                       |
| CONTACT NAME: _____   |                      | PHONE: _____                 |                       |

RECEIVED

FEB 7 2000

Bureau of Air Monitoring  
& Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

|  |  |
|--|--|
| <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>A.</p> <p>1. Existing small area source <input type="checkbox"/><br/>             dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>             transfer only, <math>x &lt; 200</math> gal/yr<br/>             both types, <math>x &lt; 140</math> gal/yr<br/>             (constructed before 12/9/91)</p> <p>2. New small area source <input checked="" type="checkbox"/><br/>             dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>             transfer only, <math>x &lt; 200</math> gal/yr<br/>             both types, <math>x &lt; 140</math> gal/yr<br/>             (constructed on or after 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/><br/>             dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>             (constructed before 12/9/91)</p> <p>4. New large area source <input type="checkbox"/><br/>             dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>             (constructed on or after 12/9/91)</p> <p>5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p> <p>If no, please check the appropriate classification:</p> <p><input type="checkbox"/> facility qualified for a general permit as number _____ above</p> <p><input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit</p> |  |
|--|--|

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

ARIZONA  
 1/21/00

1/27/00  
 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
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;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N  N/A

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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 instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Ivan Famin  
Inspector's Name (Please Print)

1/19/00  
Date of Inspection

Dean Jeni  
Inspector's Signature

1/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

No perc receipts onsite available  
for access

No temperature readings

(Machine not operating during injection)

1/21/00

Received faxed copies of perc purchases

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:45 TIME OUT: 3:15 AIRS ID#: 0250774

TYPE OF FACILITY: Perc Dry Cleaner

FACILITY NAME: Dry Clean USA DATE: 1/19/00

FACILITY LOCATION: 8633 NW 186 st.

RESPONSIBLE OFFICIAL: Miguel Gonzalez PHONE NUMBER: 305-829-1901

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   |
|---|---|
| Not maintaining receipts of perc purchased      | Maintain receipts onsite for minimum of 5 years.                                  |
| Not maintaining temperature log on weekly basis | Record temperature readings on weekly basis after an appropriate cooldown period. |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1/01  
(Approximate)

INSPECTION CONDUCTED BY: Ivan Farnin  
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Farnin PHONE NUMBER: 305-372-6725

*ACC*

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

|                    |                        |                 |                    |
|--------------------|------------------------|-----------------|--------------------|
| FACILITY NAME:     | <u>Dry Clean USA</u>   | DATE:           | <u>1/19/00</u>     |
| FACILITY LOCATION: | <u>8633 NW 186 st.</u> | <b>RECEIVED</b> |                    |
|                    | <u>Miami, FL</u>       |                 | <u>JAN 25 2000</u> |

Annual Reporting Period: Jan 1999 TO Jan 2000  
Air Quality Management Division

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Not maintaining per purchase receipts

Exact period of non-compliance: from Jan 99 to Jan 2000

Action(s) taken to achieve compliance: Maintain receipts onsite for minimum 5 years.

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Not recording machine temperature readings on weekly basis

Exact period of non-compliance: from Jan 99 to Jan 2000

Action(s) taken to achieve compliance: Record temperature during cooldown phase (<45°)

Method used to demonstrate compliance: FDEP Calander

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: MIGUEL GONZALEZ Miguel M 1/20/00  
 # 1 SENT BY FAX Name (Please Print) Signature Date

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

|   |  |
|---|--|
| <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly) B. Date of Delivery<br/> <span style="float: right;">8/17/11</span></p> <p>C. Signature <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/>         If YES, enter delivery address below:</p> |  |
| <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0250774001AG<br/>         MIGUEL GONZALES<br/>         DRYCLEAN USA<br/>         8633 NW 186TH STREET<br/>         MIAMI FL 33015</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Copy from service label)<br/>         700 0600 0026 4130 2621</p>   |  |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>   |  |

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

|  |               |
|--|---------------|
| Postage \$                                     | Postmark Here |
| Certified Fee                                  |               |
| Return Receipt Fee (Endorsement Required)      |               |
| Restricted Delivery Fee (Endorsement Required) |               |
| Total Postage & Fees \$                        |               |

7000 0600 0026 4130 2621

10 AIRS ID # 0250774001AG  
 MIGUEL GONZALES  
 DRYCLEAN USA  
 8633 NW 186TH STREET  
 MIAMI FL 33015

Miguel Gonzalez

See back for instructions





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400667

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**

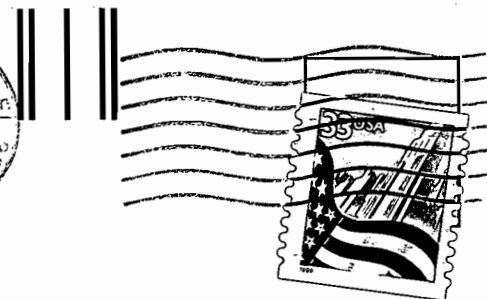
Do NOT Remove Label

|   |
|---|
| AIRS ID # 0250774   |
| DRYCLEAN USA<br>MIGUEL GONZALES<br>8633 NW 186TH STREET<br>MIAMI FL 33015 |

|   |
|---|
| FOR GOVERNMENT USE ONLY<br>Org.: 37550101000 EA1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|---|

RECEIVED  
MAIL ROOM  
DEC 21 2000

8032 NW 195 ST  
Miami, FL 33015



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



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING** ✓

301557

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#0250774

OSHMAR INC  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259025/

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

RECEIVED  
MAIL ROOM

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

DRYCLEAN USA  
MIGUEL GONZALES  
2720-G S DIXIE HWY  
MIAMI FL 33133

AIRS ID# 0250775

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj.: 002273**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259028 ✓

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

RECEIVED  
MAIL ROOM

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

OSHMAR INC  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

AIRS ID# 0250774

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

Fold at line over top of envelope to  
the right of the return address

**SEND**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID # 0250774

DRYCLEAN USA  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

4a. Article Number  
**P174052686**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**10/1**

5. Received By: (Print Name)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X**

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 174 052 686

*1999*

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250774

DRYCLEAN USA  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390360

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 # 0250774

DRYCLEAN USA  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN - 4 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361953

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

RECEIVED  
MAIL ROOM



**TOTAL AMOUNT DUE: \$50.00**  
FEB 25 99

Do **NOT** Remove Label

DRYCLEAN USA  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

AIRS ID # 0250774

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273



Fold at line over top of the receipt

is your RETURN ADDRESS completed on the reverse side

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

|   |  |
|---|--|
| <p>3. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250774</p> <p>DRYCLEAN USA<br/>MIGUEL GONZALES<br/>8633 NW 186TH STREET<br/>MIAMI FL 33015</p> | <p>4a. Article Number<br/><b>2333 660 487</b></p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery<br/><b>2/13/99</b></p> |
| <p>5. Received By: (Print Name)</p>   | <p>8. Addressee's Address (Only if requested and fee is paid)</p>  |
| <p>6. Signature: (Addressee or Agent)</p> <p><b>X</b> <i>Miguel Gonzales</i></p>  |  |

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 487 1999

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to AIRS ID # 0250774

DRYCLEAN USA  
MIGUEL GONZALES  
8633 NW 186TH STREET  
MIAMI FL 33015

|   |           |
|---|-----------|
| Committed fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995