

## 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. Miquel Gonzaler Dryclean USA 2720-G South Dixie Highway Miami, Florida 33133

Re: Facility No. 0250775

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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



## Department of **Environmental Protection**

Lawton Chiles Governor

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Ourban Ali President Pal Cleaners 17304 Collins Avenue North Miami Beach, Florida 33160

Facility I.D. No. 0250775 Re:

Dear Mr. Ali:

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

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

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

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

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

Sincerely,

Dolly Deltz

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/iw

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

#0250775
Dryclean USA
-spoke with business-10/18/96 -spoke with Miguel Gonzalez
p.13 1. Change to corporation name
7.14 3. Should be new large area. Source-mark out 2nd "X"
and initial
p.15 4. should be new large area  source W/refig. con - markout  2nd "X" and initial
5.4) required

.

### Perchloroethylene Dry Cleaning Facility Notification

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

(1)	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	OSMAR GONZALER
2.	Site Name (For example, plant name or number):
	DRYCIEAN USA
3.	Hazardous Waste Generator Identification Number:
	FLO 000564377
4.	Facility Location:
	Street Address: 2720-G S. DIXIE HWY City: MIAMI County: DAGE Zip Code: 33133
	city. Mil County. Mrs 21p code. 33733
5.	Facility Identification Number (DEP Use):
	0250445
2005049200	
	Responsible Official
6.	Name and Title of Responsible Official:
	MIGUEL GONZAIER, MANAGER
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 2720-6 S. DIXIE HWY City: MIAMI County: DADE Zip Code: 33133
8.	Responsible Official Telephone Number:
0.	Telephone: (30S) 461 - 3366 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: ( ) - Fax: ( ) -

RECEIVED

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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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	1 1/1			1, 200					
(1) w/ ref. condenser	#1	JUL-94	JUL-94					1	
(2) w/ carbon adsorber			,						
(3) w/ no controls									
Washer Unit		\$1.50	. The state of the			Application of the		*15.	1.5 1 1.5 E. S.
(4) w/ ref. condenser					1	I		l '	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.5	1 Mar (1976)		i	ngala Melegar jagging		¥		Telephore Conf
(7) w/ ref. condenser				Ι	T	I	Γ	I	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	197.11				- 43K			i i i i i i i i i i i i i i i i i i i	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls						_			
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchloons ow many? [_	installed [	perc)	purchased in				[]
What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	et one classifi	cation only.)	ew sm	nall area sour	rce [	]	Part II?	
Existing large are	ea soi	urce [X]	Ne	ew lar	ge area sour	ce [X	]		

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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  X						
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser [X]						
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						

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

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

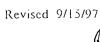
Please indicate with an "X" the appropriate selection:								
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
( <u>K</u> )	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will prod	igul Journal of any changes to the information contained in this notification.    8   30   96     Date							

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>v</b>	COMPLAINT/E	DISCOVERY	
AIRS ID#: <u>250775</u>	DATE: 8.18.4	78 TIME	IN: 1400	TIME OUT: _	1430
FACILITY NAME:	DRY CLEAN L	IS A			
FACILITY LOCATION:	2720-G J-1	MIKIE HWY.			0
	MIAMI 33	133		<del>- 0-</del>	
RESPONSIBLE OFFICIAL	: MIGUEL GON	ZALEZ	PHONE: 305	-46/-33	65
CONTACT NAME:			PHONE:	Mobile S	14 K
PART I: NOTIFICATION				Jur des	
(check appropriate box)				0	
1. New facility notified DARI	M 30 days prior to star	rtup			
2. Facility failed to notify DA	RM to use general per	rmit			
			· · · · · · · · · · · · · · · · · · ·		
PART II: CLASSIFICATIO	)N 				
Facility indicated on notifica (check appropriate box)	tion form that it is:		□ No notificat □ Drop store/c	ion form out of business/p	petroleum
A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9	al/yr yr	transfer only, both types, x	ly, x < 140 gal/yr x < 200 gal/yr		
3. Existing large area soudry-to-dry only, $140 \le x \le 1$ , transfer only, $200 \le x \le 1$ , both types, $140 \le x \le 1$ ,80 (constructed before 12/9/9)	2,100 gal/yr 800 gal/yr 0 gal/yr	transfer only, both types, 14	ly, $140 \le x \le 2,100$ $200 \le x \le 1,800$ ga $40 \le x \le 1,800$ gal/y on or after $12/9/91$ )	al/yr yr	
5. This is a correct facility	classification ne appropriate classifi	cation.	□Can not dete	ermine	
□ fac	cility qualified for a gentility exceeds above li	eneral permit as			
B. The total quantity of perch facility was 80 gallor		urchased within	the preceding 12 r	nonths by this d	ry cleaning





### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DWA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ON WN/A 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?

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

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

PΑ	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			<b>Q</b> Y ON			
2.	Has the facility maintained a leak log?			DY WN			
3.	Does the responsible official check the fe	ollowing areas for leaks?	?				
-	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	GY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4. Which method of detection is used by the 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:						
	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  (P1D/F1D 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)?						
				-			
-							

M. ENRIQUE FLORES	8.18.98
Inspector's Name (Please Print)	Date of Inspection
manique Floria	8/99
Inspector's Signature	Approximate Date of Next Inspection

	, , , , , , , , , , , , , , , , , , ,	E INFORMAT					
Ńθ	STATE	LOG BOBK	GIVEN.	OWNER	USING	H1-5	OWN.
				•			
							1
							•

COMI	PLAINT/DISCOVERY RE-INSPECTION 750
TIME IN: 1400 TIME OUT:	AIRS ID#: 775
TYPE OF FACILITY: PERC DRY CLEANER.	AMS 1011.
FACILITY NAME: DRYCLEAN USA	DATE: 8.18.98
	DATE.
FACILITY LOCATION: 2770-6 5- DIXIE HWY.	
RESPONSIBLE OFFICIAL: MIGUEL GONZALEZ	PHONE NUMBER: 305-461-3366
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	·
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
TAILURE TO MAINTAIN A BI-IVELKLY	START DOCUMENTING ALL LEAK INSPECTIONS
LITIK INSPECTION LOG BOOK	BONE -
	3~
COMMENTE	
COMMENTS: EQUIPPIENT IN GOOD WORKING O	RDER.
	·
The Annual Compliance Certification form has been properly certification form has been properly certification.  Solve 1999	fied and submitted to the inspector. YES NO
	pproximate)
NSPECTION CONDUCTED BY: M. ENRIQUE	FLORES
NSPECTOR'S SIGNATURE: Mariau Horn	lease Print) PHONE NUMBER: 35-372-6975
·	

Revised 10/96

AIRS ID#: 250775

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

h 21/4 4		9 19 6	20
FACILITY NAME: <u>JRY <i>CLEA</i>N</u>		DATE: 8, 18.9	0
FACILITY LOCATION: 2720-9	S. DIXIE HWY		
miami	, 33133		
Annual Reporting Period:	8/97 19	TO 8/98 19_	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		has remained in compliance with DEP Rule d by this statement. YES YNO	
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuous	compliance during the reporting period stated abov	/e:
DIO NOT MAINTAINED A	LEAK INSPECTION	·	
Exact period of non-compliance: from	8/97	to	
Action(s) taken to achieve compliance:	START RECORDING 31-	WEEKLY LEAK INSPECTIONS	
Method used to demonstrate compliance:			
#2. Term or condition of the general perm	it that has not been in continuous	compliance during the reporting period stated above	ve:
		RECEIVE	D-
Exact period of non-compliance: from	·	to	
Action(s) taken to achieve compliance:	<del></del>	סצלו SEP 2 8	
Method used to demonstrate compliance:		Bureau of Air Monitorin	ng
· 			
made in this notification are true, accurate	e and complete. Further, my ann s, does not exceed 2,100 gallons p	f formed after reasonable inquiry, that the statemer ual consumption of perchloroethylene solvent, base per year for dry-to dry facilities or 1,800 gallons pe	ed
responsible official: M((	Jul GONTALER Tame (Please Print)	- Myn M 8/18/ Signature Date	192

DEPT. OF ENVIRONMENTAL 248955 RESOURCES 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.

DRY CLEANER AIR QUALITY GENERAL PERMITBureau of Air Mobile Source Mobile Source Miguel Gonzales
2720-G s Dixie Hwy
MIAMI FL 33133 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from 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 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.

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	4 D	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>0250775</u> D FACILITY NAME: <u>lry</u>	Clean US	SA		E OUT: <u>/0</u>	:15am
FACILITY LOCATION:	720 - G X Miami , F	South De U. 3313	ikie Huy. 33		
PART I: NOTIFICATION					
(check appropriate box)			<del></del>		
1. Existing facility notified DAR	M by 9/1/96				<b>1</b>
2. New facility notified DARM 3	0 days prior to star	tup			ت ا
3. Facility failed to notify DARN	I to use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	n form that it is:		w <sub>a</sub>	,	
A.  1. Existing small area sourd 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)		transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	<u>u</u>	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr ;al/yr</td><td>transfer only, both types, 14</td><td>arca source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	0 gal/yr ;al/yr	transfer only, both types, 14	arca source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classifi	cation	NO YO			
If no, please check the appropri	ate classification:				
☐ facility exceed	ed for a general per s above limits and i	is not eligible fo	,		
B. The total quantity of perchlo facility was gallons.			the preceding 12 month	ns by this dr	y cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON BNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN TENNA 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 CIY ON DIXIA 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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY 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 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?

D. Washington and the efficial of an ariety of	
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>	OY CAN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
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?	OY ON CYNIA
Is the perc concentration equal to or less than 100 ppm?	DY ON BYNA
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?	OY ON TA
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?	אואים אם צם
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	<del></del>
Has the responsible official:	OY GW
Has the responsible official: (check appropriate boxes)	OY GW
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?	
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:	DY DW
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	DY BW
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?	OY DW
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)	OY 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?	OY ON ONA
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?	OY ON ONA

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

2.	Which method of detection is used by the	ne respon	sible off	icial?			
	Visual examination (condensed so	olvent on	exterior	surfaces)		De j	
	Physical detection (airflow felt the	rough gas	kets)		•	9	
	Odor (noticeable perc odor)					<b>1</b>	
	Use of direct-reading instrumenta	tion (FID	/PID/ca	lorimetric t	ubes)		
	If using direct-reading instrum	entation,	is the e	quipment:			
	a. Capable of detecting j	perc vapo	r concer	trations in	a range of 0-500 ppm?	OY O	N
	b. Calibrated against a s (PID/FID only)?	tandard g	gas prior	to and afte	er each use	OY C	IN
	c. Inspected for leaks are	d obvious	s signs o	f wear on a	weekly basis?		M
	d. Kept in a clean and s	ecure area	a when i	not in use?			И
	e. Verified for accuracy	by use of	duplica	te samples	(calorimetric only)?	OY C	M
3.	Has the facility maintained a leak log?					DY E	IN
4.	Does the responsible official check the	following	g areas f	or leaks?			
	Hose connections, fittings, couplings, and valves	GY	NO		Muck cookers	<b>D</b> Y	ΩN
	Door gaskets and seating	EIY	□и		Stills	<u>ra</u> Y	ПN
	Filter gaskets and seating	CYY	ПИ		Exhaust dampers	œÝ	□N
	Pumps	OY	ΠИ	•	Diverter valves	part .	ПИ
	Solvent tanks and containers	CEYY	ND		Cartridge filter housings	D'Y	ΩΝ
	Water separators	ф¥	NO			•	
_	Alonso Langarica Name of Responsible Offici						
	Name of Responsible Offici	ial					
	Rosana RIVERA		,		3.6.9	7	
	Inspector's Name (Please Pr	int)			Date of Inspe	ection 🗀	

Approximate Date of Next Inspection

Inspector's Signature

Mr. Alonso Langarica, manager, said that he could not sign the changes that are needed in the notification form. Hence, no changes / corrections were made.

BEST AVAILABLE COPY

Revised 10/10/96

			101
DRY CLEANER AIR	OUALITY	GENERAL	PERM
	~		
DRY CLEANER AIR CANNUAL COMPLIA	NCE CERT	IFICATION F	ORM
			703

	JUN 1 1 1997 -
FACILITY NAME: Dry Clean USA	DATE:
FACILITY LOCATION: 2720 - G South Diki	Air Quality
	WEGET VISIO
Miami, FL. 33133	
	JUL 2 4 1997
Annual Reporting Period: TAVVARY 1996 T	o December 1996
	Management Division
Based on each term or condition of the Title V general air permit, my facility ha	s 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 con	npliance 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 con	impliance during the reporting period stated above:
	RECEIVED
Fresh and define a condition of free	
Exact period of non-compliance: from	AUG 2 2 1997
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
	& Mobile Structure
As the responsible official, I hereby certify, based on information and belief for	
made in this notification are true, accurate and complete. Further, my annual of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per y	
year for transfer or combination facilities.	4 N
RESPONSIBLE OFFICIAL: MIGUEL GONZALEZ	Minul De 6/9/97
Name (Please Print)	Date /G7
Migvel Governer	11/1/20 ( W) / 1/1/71
	<i>U</i>    /

\*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

### BEST AVAILABLE COPY

# ITTLE Y AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 amTIME OUT: 10:30 an	mAIRS ID#:
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Dry Clean USA	DATE: 3-6-97
FACILITY LOCATION: 2720 - G S. DIS	
Miami, FL	7709
RESPONSIBLE OFFICIAL: Miguel Lonzalez	PHONE NUMBER:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No pur purhase receipte on site.	Must Keep copies of all perc. pures recepts on site.
No condenser temperature log on- site.	must measure ; record the con- denser temperature on a rucekly basis.
No pur purchase log on site.	must record all peux puchases in a rolling log.
No leak detection log on-site.	Must inspect and record leak detections of dry cleaning unit (Weekly)
No startup/shutdown/mal- function plan on-site.	must keep said document/plan on-site.
COMMENTS: Mr. Alanso Langariea du changes / corrections into the	d not agreed in making se Initial Natification form.
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3. 98	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED BY: Rosana	pproximate)  Riv ERA  ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372 - 4942

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

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSP	ECTION
AIRS ID#: 0250775 DATE: N	- & - 7 TIME IN: 12 TIME OUT: 1233
FACILITY NAME:	Clean (854 C
FACILITY LOCATION: 27	-20-G 25-15/207e
<u>H</u>	1AM: 33138 5 M
RESPONSIBLE OFFICIAL:	Som Ar Gonzales PHONE: 25/61-3366
CONTACT NAME: Migael	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 gene	eral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that	
	it is:  ☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source	Drop store/out of business/petroleum  2. New small area source
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$
Facility indicated on notification form that (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)
Facility indicated on notification form that (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	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
Facility indicated on notification form that (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	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)
Facility indicated on notification form that (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	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
Facility indicated on notification form that (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	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
Facility indicated on notification form that (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	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
Facility indicated on notification form that (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 \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)	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) $\square Y$ $\square N$ Can not determine
Facility indicated on notification form that (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 classification	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) $\square Y$ $\square N$ Can not determine
Facility indicated on notification form that (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 classified for	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 $12/9/91$ ) $\square Y \square N$ Can not determine

Sonian 100

ARMS # # 6/16/99

#### 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? DY DN ZN/ 2. Examining the containers for leakage? DY DN DNA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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:

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

DY DN ØN/A

B	. Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	□и	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ΩN	□N/A
	Is the perc concentration equal to or less than 100 ppm?		,	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ūΥ		□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	ØY	ПN					
2.	2. Has the facility maintained a leak log?	ΩY	ØN					
3.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves ZY QN QN/A Muck cookers	DY [	ON ØN/A					
	Door gaskets and seating	ZY (	□N □N/A					
	Filter gaskets and seating DY DN DN/A Exhaust dampers	ZY (	□N □N/A					
	Pumps DY ON ON/A Diverter valves	ZY [	□N □N/A					
	Solvent tanks and containers	ØY (	A/NO NC					
	Water separators							
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)	4						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:	ZAN/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY C	אב					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY C	NC					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY C	אכ					
	d. Kept in a clean and secure area when not in use?	۵YĪC	אב					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY C	אכ					
			,					

LEG SMAT
Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADD	IANOITIC	SITE INFORMA			
	T	Sued	GBGF	Colerda	
				•	
					,
		, s <sup>4</sup>			
			-		. ~
					•

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 1298 TIME OUT: 173	3 Pm AIRS ID#: 0250775					
TYPE OF FACILITY:	m Cleaner (1/1/99)					
FACILITY NAME:	DATE: 479					
FACILITY LOCATION: 2720	-Co S Dicie Hwy					
RESPONSIBLE OFFICIAL: SMAC GONZA	PHONE NUMBER: 461-3366					
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra						
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
No lesk log	needs leek log					
NO Rec Consumption	needs consumption					
NO Veciepts	needs reciept					
COLAMEDITO	· · · · · · · · · · · · · · · · · · ·					
COMMENTS						
·						
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO						
DATE OF NEXT INSPECTION: 6 / ZOO (Approximate)						
INSPECTION CONDUCTED BY: 5 Maz (Please Print)						
INSPECTOR'S SIGNATURE: # 68 PHONE NUMBER: C305) 372 6922						

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

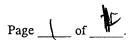
Revised 10/96

AIRS 10#: 0250775

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 2720 -	(o	USA 5-20	DAT	Le-11- E: <del>[] C</del>	99 <del>29</del> ·
Annual Reporting Period:	19 <b>.9</b> 8	TO	Zane	19	27
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F,A.C.), during	=		_	DEP Rule	
If NO, complete the following:					
#1. Term or condition of the general permit that has not	t been in continuou	ıs compliance duri	ng the reporting pe	riod stated abo	ve:
no leakloy	recie	st.t	Per Con	o chans.	r <u>al r</u>
Exact period of non-compliance: from	Zane	28 to	La	me ?	39
Action(s) taken to achieve compliance:	Leep	recor	0		
Method used to demonstrate compliance:	ED	93	( ) (e	ndar	
#2. Term or condition of the general permit that has not	t been in continuo	us compliance duri	ng the reporting pe	riod stated abo	ve:
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 ing made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not except for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please F	te. Further, my an	nual consumption	of perchloroethyle	ne solvent, base	ed
				o////aa	

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



### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY			
	·	TIME IN: /330 TIME OUT: /430			
		n USA			
FACILITY LOCATION:	2730-(	5 Seuth Direce			
	Migni	FL 33133			
RESPONSIBLE OFFICIAL:	Migul Go	22lez PHONE: 305-461-3366			
li .		PHONE:			
PART I: NOTIFICATION		00			
(check appropriate box)		Bu			
1. New facility notified DARM 3	0 days prior to startu	Burcau 8. A			
2. Facility failed to notify DARM	to use general perm	Mobile 2			
		S S S			
PART II: CLASSIFICATION		Arc. Callet			
Facility indicated on notification (check appropriate box)  A.	form that it is:	☐ Notification form☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	d t Ł	. New small area source  ry-to-dry only, x < 140 gal/yr ransfer only, x < 200 gal/yr oth types, x < 140 gal/yr constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )	00 gal/yr d gal/yr t l/yr b	. New large area source $\square$ ry-to-dry only, $140 \le x \le 2,100$ gal/yr ransfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$ )			
5. This is a correct facility clas	sification [	IY IN 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 gallons.					

4/18/00 DG

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON PON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN PM/A 2. Examining the containers for leakage? ØY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EMYA 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) ØY □N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? €EY □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the STY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY WEN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN MN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

Б	Was the manuscribe official of an existing laws on any laws one service law			
∥ <sup>B</sup>	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩИ	□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	□м	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ЦY	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□Ν	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY DAN 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; DY DN BONA 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 DANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN SANA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN CHA/A MO YES 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN EN/A Problem corrected? DY DN EN/A 8. Maintained compliance plan, if applicable? DY DN PAYA

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?					<b>12</b> 7	ПN	
2. Has the facil	ity maintained a leak log?				<b>ď</b> Υ	ПN	
3. Does the res	3. Does the responsible official check the following areas for leaks?						
I	connections, fittings, lings, and valves	ZÍÝ (	ON ON/A	Muck cookers	ΠY	ON ØN/A	
Door g	askets and seating	ØÝ (	DN □N/A	Stills	<b>Ø</b> Y	□N □N/A	
Filter g	gaskets and seating	ØY (	⊃N □N/A	Exhaust dampers	<b>⊘</b> Y	□N □N/A	
Pumps		<b>S</b> Y (	ON ON/A	Diverter valves	<b>Z</b> Y	□N □N/A	
Solven	t tanks and containers	ØY C	DN □N/A .	Cartridge filter housings	ØΥ	□N □N/A	
Water	separators	μέγ c	DN/A				
4. Which meth	od of detection is used by th	ie respoi	nsible official?		ъ́Г		
Visual examination (condensed solvent on exterior surfaces)							
Physic	Physical detection (airflow felt through gaskets)						
Odor (	noticeable perc odor)				D		
Use of	direct-reading instrumentat	ion (FII	D/PID/calorimetric t	ubes)			
Haloge	en leak detector			•			
If using direct-reading instrumentation, is the equipment:						<b>A</b>	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						□N .	
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>						□N	
c. Inspected for leaks and obvious signs of wear on a weekly basis?						ПN	
d. Kept in a clean and secure area when not in use?						□и	
	ΩY	□N ·					

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

Not recording temperature

Not maintaining recepts of perc purchases

(Machine not in me at him of impection)

2.0. faced recepts on 3/20/00.

200 gallons 3/99-3/00.

Dumber is high ble '98 #'s could not be detected.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /330 TIME OUT: /	400 AIRS ID#: 0250775
TYPE OF FACILITY: Perc Dry (	leaner
FACILITY NAME: Des Clean US	
FACILITY LOCATION: 2720-6 Saus	νη νιχ, ε
Miani, FC	
RESPONSIBLE OFFICIAL: Mignel Gon zelez	PHONE NUMBER: 305 - 461 - 3366
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
Not recording temperature	Record temperature,
	FDED colendar
Not properly maintaining	Maintain log of pure purchas
rolling by of perc purchase	
Il to anitaring agreeate of	the tail was sait of all and
Not maintaining receipts of	Mamain see of son part
puonass	Maintain receipts of all perc purchases for 5 year ninim
<del></del>	
	· · ·
COMMENTS:	
<u> </u>	<u> </u>
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/0/	
	Approximate)
INSPECTION CONDUCTED BY:	Fannin
	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-373-6912
The second of th	THORE HORIDER. JOY J 7 6 136
Page	of Revised 10/96

Revised 10/10/96

" AIRS ID#: 0250775

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		·		
FACILITY NAME:	Dry Clean U	3 A	<u> </u>	12/15/00
FACILITY LOCATION:	2720-G	South Dipie	APROS	<u> </u>
	Many, F	-L	Man Air Occasion	
	,		" lagement dality	
Annual Reporting Period:	March	19 <sup>-Q-Q</sup>	Management Division	Mass
	on of the Title V general air per rative Code (F.A.C.), during the	·		Rule
If NO, complete the following:				
#1. Term or condition of the g	eneral permit that has not been	in continuous compliance	during the reporting period	stated above:
Not properly	manitaring tem	perature leg or	rolling lag	I pera
Exact period of non-compliance	// /	March 99 to	, p 10 0	
Action(s) taken to achieve com	apliance: Bezin	re condprepu	is preparly	
Method used to demonstrate co	_ 0	calender		· · ·
#2. Term or condition of the g	general permit that has not been	in continuous compliance	during the reporting period	stated above:
-	ing rolling lo			
Exact period of non-compliance		1 99 to	March OD	
Action(s) taken to achieve com	ipliance: Maine	lain les pros	puly	
Method used to demonstrate co	ompliance: FDE	P calender		
made in this notification are tr	ereby certify, based on informat rue, accurate and complete. Fu nase receipts, does not exceed 2 on facilities.	rther, my annual consump	otion of perchloroethylene se	olvent, based
RESPONSIBLE OFFICIAL:	MGvel GONVA Name (Please Print)	<u>lez</u> <u>M</u>	Signature DM	4/2/00 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.





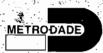


### **NOTICE OF VIOLATION**

ENVIRONMENTÁL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

TO: Mignel Gonzalez									
ADDRESS: 2720-6 South Di	ne, Mian, FL								
SOURCE/LOCATION: Dy Clean UST									
YOU ARE HEREBY NOTIFIED that on Chapter 24, Metropolitan Dade County Environmental Professional Administrative Code, was observed at the referenced loc	tection Ordinance, and/or regulations of the Florida								
Operating without an Air Permit	Excessive Visible Emissions								
Uncontrolled fugitive particulates	Improper handling/removal of asbestos								
Non-compliance with	Non-compliance with CFC regulations								
Stage II Vapor Recovery	- OTHER								
Specifically: Not complying with 7	Ho V General Ari Pormit Dulo								
62-213.300(6) (a) RecordKeeping K	equirements. Facility is required to								
properly maintain temperature lis look	log and colling log of pere purchase								
In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:									
	Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).								
you have taken to ensure that no furthevidence of equipment repairs, adjustment	FICE, submit to this office in writing the steps which- her violations will occur. Said report may include ents, or servicing performed to correct the violation.								
	TICE, contact the Air Section of this Department at								
□ Within days of receipt of this NC discuss other Departmental permitting re	OTICE, contact Plan Review Section at 375-3330 to equirements.								
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 ar									
For further information regarding the above, please conta	act the Air Section of this office at 372-6925.								
	Sincerely,								
$\sim 10^{\circ}$	John W. Renfrow, P.E. Director								
Received by: Tuth to le	By: Ivan Fannin								
Title: Tron(1)85K	Signature: Jan Jan								
2/15/00	1								

# METROPOLITAN DADE COUNTY, FLORIDA



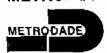


### **NOTICE OF VIOLATION**

ENVIRONMENTAL RESOURCES MANAGEMENT. 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

то:	Miguel Gonza								
ADDRESS:	<u> </u>	a South Dirie, Miani, FC							
SOURCE/LOC		lea USA							
Chapter 24, Me		the following violation(s) of onmental Protection Ordinance, and/or regulations of the Florida eferenced location by an official of this Department.							
Opera	ating without an Air Permit	Excessive Visible Emissions							
Uncor	ntrolled fugitive particulates	Improper handling/removal of asbestos							
	ompliance with Il Vapor Recovery	Non-compliance with CFC regulations OTHER							
Specifically:	Not in compliance	equisionents. Facility must maintain available at time of inspection.							
Air Porne	1 Record Happing Ro	comments. Facility must mintain							
receipts	of porc puchases	available at time of insportion.							
In view of the	e above, and pursuant to the	e authority granted to me by Sections 24-54 and 24-5(15)a, rotection Ordinance, I hereby order you to:							
	Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).								
<b>5</b> 4	Within days of receip you have taken to ensure evidence of equipment repa	pt of this NOTICE, submit to this office in writing the steps which that no further violations will occur. Said report may include airs, adjustments, or servicing performed to correct the violation.							
		ipt of this NOTICE, contact the Air Section of this Department at							
	Within days of rece discuss other Departmental	pipt of this NOTICE, contact Plan Review Section at 375-3330 to permitting requirements.							
		ued operation in violation of Chapter 24 shall subject you to the ions 24-55 and 24-56, Metropolitan Dade County Code.							
For further info	ormation regarding the above,	please contact the Air Section of this office at 372-6925.							
		Sincerely,							
	O(10)	John W. Renfrow, P.E. Director							
Received by:	Muth tos be	By: Ivan Fannin							
Title: 100	H DIESK	Signature:							
	100								

# METROPOLITAN DADE COUNTY, FLORIDA





## NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

		(303) 372-0703
TO:	Miguel Gonzalez	
ADDRESS:	2720-6	South Dixe, Mian, FC
SOURCE/LOCA	TION:Dry Class	USA
Chapter 24, Metr	EBY NOTIFIED that on ropolitan Dade County Environmenta Code, was observed at the reference	the following violation(s) of all Protection Ordinance, and/or regulations of the Florida ed location by an official of this Department.
Operati	ng without an Air Permit	Excessive Visible Emissions
Uncont	rolled fugitive particulates _	Improper handling/removal of asbestos
	mpliance with _	Non-compliance with CFC regulations
Stage I	Vapor Recovery	OTHER
Specifically: Air formed receipts	Not in compliance in Record Bogging Required	who Rule 62-213. 300(6)(a) Title V Gonnel worth. Facility must maintain lable at time of inspection.
Metropolitan Da	ade County Environmental Protection	ority granted to me by Sections 24-54 and 24-5(15)a, on Ordinance, I hereby order you to:
<b>4</b>	Immediately upon receipt of this I	NOTICE, initiate corrective measures to eliminate and/or renced violation(s).
ox.	you have taken to ensure that r	nis NOTICE, submit to this office in writing the steps which no further violations will occur. Said report may include djustments, or servicing performed to correct the violation.
0	Within days of receipt of the street of	his NOTICE, contact the Air Section of this Department at
. •	Within days of receipt of t discuss other Departmental perm	this NOTICE, contact Plan Review Section at 375-3330 to itting requirements.
	• •	peration in violation of Chapter 24 shall subject you to the 4-55 and 24-56, Metropolitan Dade County Code.
For further info	rmation regarding the above, pleas	e contact the Air Section of this office at 372-6925.
		Sincerely, FFR 572-6954
	240 f	John W. Renfrow, P.E. Director
Received by: _	MUHY 45 be	By: Fran Fannin
Title: TON	4 DIESK	Signature:
Date: 3 / 1	5 /00	Section: Air FACILITIES
RECEÍVE	D TIME MAR.20. 2:04PM	PRINT TIME MAR.20. 2:12PM

Industrial Expripment and Supplies 2055 NW 7th Avenue Miami, Florida 33127

(305) 324-0410

1-800-969-4766 (Florida Only)

09/21/99 10:27 am

INVOICE NUMBER: 171460

ORDER DATE: 09/21/99

SOLD TO: DRY CLEAN USA

DR272 OSMAR GONZALEZ

2720/G S. DIXIE HWY

FL 33133

SHIP TO: DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HWY

IMAIM

FT 33133

SHIP VIA OUR TRUCK FOB

P.O. #

TEXMS

501

MANNY

Net 30 days

07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL CUISTANDING BALANCE OF PAST DUE ACCOUNTS.

(TIII)	のれななななながれる	. 西泰特尔马克多奇尔	24.254.256.222.23	品生类企业	日日に日本おお作りたりだけ	日本公社の内容が対象を呼吸されたのはなり	・ないことはいりはいることに	3.公司的 医阿拉耳氏征
INH	OKOTRED	SHIFPED	BACKOTO H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT PRO	FXIENSIC
1)	2.00	2.00	0.00	Casso	PURITANLARGE	Puritan Igo Format Ca	arbon /74.60	149.2
2)	10.00	10.00	0.00 **	Gal	PERK	<b>Ferchloroethylene</b>	<sub>i</sub> / 9.50	95.0
	اب ن	1,				na, 6.1, UN1897, Pylli . EMERGENCY # (316) 52		
3)	~3.00	3.00 2.00 3.00	0.00			Dry Clean USA Poly 40		73.8
<b>4</b> 4).	2.00	2.00	0.00			Dry Clean USA Poly 72		
5)	3.00	3.00	0.00			18" ULTIMATE WHITE SH		
6)	5.00	5.00		Pox	STRUT _	Strut Hangers	/ 15.90	
	·		· ************************************			\$ Ex	V	

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND WERICAN EXPRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR COUNTY SPECIALS.

UISTOTAL, & & . 508.40 0 0

FREIGHT SALES TAX PERC TAX FIVEN TAX 0.00

32.92

0.59

50.00

ADF TAX 0.00 REGION 0.00

JATOF 589.91

24 HOUR FRECEIVED TIMEBERMAR. 20. 2:04PM

PRINT TIME

MAR.20.

2:13PM

Industrial Equipment and Supplies 2055 NA 7th Aversio Miami, Florida 33127 (305) 324-0410 1-800-969-4766 (Florida Only)

10/26/99 02:39 pm

INVOICE NUMBER: 173630

ORDER DATE: 10/26/99

SCLD TO: LRY CLEAN LEA OSMAR GONZALEZ DR272

2720/G S. DIXIE HIN

FL 33133 IMAIM

SHIP TO: DRY CLEAN USA OSMAR GONZALEZ

2720/G S. DIXIE HAY

INVIM

FL 33133

SHIP VIA OUR TRUCK

FOB DVM P.O. #

TERMS

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Net 30 days

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A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MALE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

					***********				BEESER
1 2 2 X T E F	ESSESSES ORDERED	======= Gu1(OC/Si)	BACKORD H/M	しいて	PRODUCT #	DESCRIPTION	UNIT PRO	EXT	EN210K
( J X ) I	UNLATERED	3/11/2/2.0	Designation 117 (1	G111.	710,2451			_/	
1)	4.00	4.00	0.00	Roll	DRYCLEAN:10	Dry Clean USA Poly 40"	24.60		38.40
2)	1.00	1.00	0.00 **		PICRIN	Picrin Volatile Dry Spotte	31.95	.*	31.95
ε,	1100,	2.40		Tri	chleroethyler	e, Class 6.1, UN1710, Pg II	1		
				Erro	rgency number	1-800-228-5635 Ext.036			
3)	1.700	1.00	0.00 **	Gal	PYPATEX	Pyratex Lipstick Paint Oil	26.85		26.85
• ′		,		Fla	memble Liquid	, N.O.S. Class 3.3, UN 1993	, Pý.III		
				Em	ruency Phone	# 800-228-5635 Ext. 036			
4)	1.00	1.00	0.00 **	Bott	RUSTGO	Rust Go 14 oz. Single Shi	12.85	\ a	12.85
·				Hyc	proflouric Aci	d Solution			
				Suit	midiary Risk	6.1 UN-1790,PG II			
						# 800-424-9300			
					rosive Class				
.5)	4.00	4,00	0.00			Streepro Proteen Spotter			15.00
5)	1.00	1.00	0.00			Sodium Perbonate Granular			10.95
7)	4.00	4.00	0.00			i 14 1/2 Dry Clean U.S.A. Ha		,	135,80
5)	8.00	8.00	0.00			) 18" ULTIMATE WHITE SHIRT H			159.20
9)	8.00	8.00			STEUT	Strut Hangers			127.20
10)	19.50	19.50	0.00.**			Perchlorcethylene	7.50		146.28
1	(in					rne, 6.1, UN1897, PgIII, RQ,			
	(/26	FELL WOOD				:. EMERGENCY # (316) 524-575			
11)	1.00	1.00	0.00	Each	MISC	SPOTTING FOTTLES	0.00	•	0.00
					_				

FOR YOUR CONVENTIENCE WE NOW ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. FLEASE CHECK WITH YOUR SALESPERSON FOR MONTHLY SPECIALS.

Pervine)

FREIGHT SALES TAX PERC TAX ENVIR TAX ADF TAX REGCOM JATCT. SUBTOTAL % % 912.58 0.00 49.68 1.15 97.50 0.00 0.00 764.25 0 0

24 HOURECEIVED TIME MAR. 20. 2:04PM

2:13PM MAR.20. PRINT TIME

Industrial Equipment and Supplies 2055 NW 7th Avenue Miami, Florida 33127 (305) 324-0410 1-800-969-4766 (Florida Only)

02:32 pm

ORDER NUMBER: 163101

ORDER DATE: 05/04/99

DRY CLEAN USA OT CHOS

DR272 OSMAR GONZALEZ

2720/G S. DIXIE HWY

IMAIM

FL 33133

SHIP TO:

DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HWY

FL 33133

SHIP VIA OUR TRUCK FOB YIMMAM P.O. #

TERMS

SM

Not 30 days

07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

	<i>೧೯೧೯ರಲ್ಲಿ</i>		BACKORD H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT PRC	extension (
2) 3) 4)	5.00 1.00 1.00 3.00 4.00 6.00	5.00 1.00 1.00 3.00	0.00 0.00	Roll Roll Box Box Box Gal	DRYCLEAN40 DRYCLEAN54 BLUEFOLY72 URYCLEANHANG ULITIMATEW500 STRUT PERK rechlorothyle	Dry Clean USA Poly 40" Dry Clean USA Foly 54" Blue Poly 72" 14 1/2 Dry Clean U.S.A. 18" ULTIMATE WHITE SHIR Strut Hangersy Ferchloroethylene na, 6.1, UN1897, PgIII,	24.60 24.60 25.50 33.90 19.90 15.90 7.50	123.00 24.60 25.50 101.70 79.60 95.40
				Mar	The follatent	. exfrcency4# (316) 524-	-3,3, V	

FOR YOUR CONVENIENCE, WE NOW ACCEPT VISA, MASTERCARD, AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES REPPESENTATIVE FOR OUR MONTHLY SPECIALS!!!!!

SUBTOTAL & & 596.05 0 0 FEEIGHT SALES TAX PERC TAX HIVRN TAX 0.00

38.74

2:04PM

1.15

ALF TAX

0.00

REGCOM 0.00

JATUT 733.44

24 HOUR RECEIVED TIME UNAMAR. 20.

97.50 PRINT TIME MAR.20.

2:13PM

Industrial Equipment and Supplies 2055 NW 7th Avenua Miami, Florida 33127 (305) 324-0410 1-800-969-4766 (Florida Chly)

08/26/99 11:40 am

ORDER NUMBER: 170023

ORDER DATE: 08/26/99

SOLD TO: DRY CLEAN USA DR272 OSMAR GONZALEZ

2720/G S. DIXIE HWY

MIAMI 🥠 FL 33133 SHIP TO: DRY CLEAN USA

OSMAR CONZALEZ

2720/G S. DIXIE HWY

IMAIM

FT. 33133

SHIP VIA

FOB

P.O. #

TERMS

MOURT RUCK

YYMAM

Net 30 days

A SERVICE CHARGE OF 1.5% FER MONTH WILL BE MADE ON TOTAL OUTSTANDING PALANCE OF PAST DUE ACCOUNTS.

INH ORDERED SHIPPED BACKORD H/M UNIT PRODUCT # DESCRIPTION UNIT PRO EXTENSIO

292.51

7.50

0.00 \*\* Gal PERK 1) 39.00 Perchloroethylene Tetrechlorethylene, 6.1, UN1897, FgIII, RQ, Marine Follutant. HMERGENCY # (316) 524-5751

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. PIEASE CHECK WITH YOUR SALESPERSON FOR MONTHLY SPECIALS.

SUBTOTAL & & 292.50 0 0 FREIGHT SALES TAX PERC TAX ENVRN TAX 0.00 19.01

2:04PM

2.30 195.00

ADF TAX 0.00 REGOOM 0.00

IOTAL 508.81

24 HOUR EMERGENCY NUMBER RECEIVED TIME MAR.20.

PRINT TIME

MAR.20.

Industrial Equipment and Supplies

2055 NW 7th Averus Miami, Florida 33127

(305) 324-0410

1-600-989-4766 (Florida Only)

03/24/99 11:31 am

ORDER NUMBER: 160489

ORDER DATE: 03/24/99

SOLD TO: IRY CLEAN USA OSMAR GONZALEZ

DR272

2720/G.S. DIXIE HWY

MAIM

FL 33133

SHIP TO: LRY CLEAN LEA

OSMAR GONZALEZ

2720/G S. DIXIE Hil

1MA1M

FL 33133

SHIP VIA OUR TRUCK

1)

FOB MODALY, P.O. #

TERMS ^

531

Net 30 days

07

A SERVICE CHARGE OF 1.5% FER MONTH WILL BE MALE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN# ORDERED SHIPPED BACKORD H/M UNIT PRODUCT # DESCRIPTION -

UNIT PRO

13.50 0.00 \*\* €≥1 FEFK 19.50

Perchloroethylene

Tetrachlocethylens, 6.1, UN1897, Politi politics Politicate ENERGENCY # (316) est-see ¥ --...

DIAL 6.25 O D FREIGHT SALES TAX 0.00 9.51

PÉRI) TAX EMVRN TAX 1.15 97.50

ADF TAX 0.00 TÜTAL

PRINT TIME MAR.20. 2:12PM

2:04PM 24 HOUR EMERECEIVED TIME MAR. 20.

Industrial Equipment and Supplies 2005 NM 7th Average Miami, Florida 33127 (305) 324-0410

01/14/93 12:05 pm

ORDER NUMBER: 156108

ORDER DATE: 01/14/99

ECLD TO: DRY CLEAN LEA DR272 OSMAR GONZALEZ

1-800-969-4766 (Florida Only)

2720/G S. DIXIE HWY IMAIN FL 33138 SHIP TO: DRY CLEAN USA

DSMAR GONZALEZ 2720/G S. DIXIE HAY

IMAIM FL 33133

AIV GIRB OUR TRUCK

€.00

19.50

6)

€.00

19.50.

FUB

P.O. #

TENTS

MANY

Net 30 days

67

25.00

24.60

24.50

19.90

7.50

/ 33.90

V 15.30

25.50

98,40

24.60

203.40

127.20

119.40

148.25

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON MOTAL OUTSTANDING BALANCE OF PAST OUF ACCOUNTS.

. Terming the contraction and the contraction of th THE DEPOSITE SHIPPED BACKORD HIM UNLIT PRODUCT # DESCRIPTION UNIT FIX EXTENSION

1) 1.00 1.00 Roll BLLEFCLY72 Blue Poly 72" 0.00 2) 4.00 1 .4.00 0.00

0.00

.0.00 \*\*

Roll DRYCLEAVID Dry Clean USA Roly 40" RULL TEXCLERAS Dry Clean USA Poly 54" V

37) 1.00 1.410 D.00 00.06 6.00 4.) 6,00 Bux DRYCLEANIANG 14 1/2 Day Clean U.S.A. Ala 8,00 \_B.00 5) 0.00 Box STRUT

Plant Hargers BOX U TIMATENSOO 18" ULTIMATE WHIE SHIRT H GAL FEFX

Perchloroethylene Tetrachlorethylene, 6.1. UM1837, PgIII, RQ, Marine Pollutant, EMERGENEY # (318) 524-5751

THE A HATPY & PROSPERCUS NEW YEAR!!!!! MAN ALC OF YOUR FRIENDS AT INDUSTRIAL.

24 POUR RECEIVED TIME MAR. 20.

0.00-

SUSTOTAL. 744.75

FREIGHT SALES TAX 0.00 48.41

2:04PM

PERC TAX START TAX 1.15

ADE TAX 37.50

TOTAL 831.81

MAR.20. PRINT TIME 2:12PM

Industrial Equipment and Supplies 2055 NW 7th Avenua Mismi, Florida 33127 (305) 324-0410 1-800-969-4766 (Florida Only)

07/30/99 02:58 pm

ORDER NAMEER: 168491

ORDER DATE: 07/30/99

DRY CLEAN USA SOLD TO: **DR272** 

OSMAR GONZALEZ

2720/G S. DIXIE KWY

IMAIM

FL 33133

SHIP TO:

DRY CLEAN USA

OSMAR GCNZALEZ

2720/G S. DIXIE HWY

FG 33133

SHIP VIA OUR TRUCK FOB

P.O. #

TERMS

SM

Not 30 days

07

A SERVICE CHARGE OF 1.5% FER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

	******	~=====================================	************		m = + + + + + + + + + + + + + + + + + +	12020	998999224 <u>577777777777777777</u>		<b>単点:32 46 m</b> ::	22022322201
IN#	ORDERFD	SHIPPED	BACKORD H/N	UNIT	PRODUCT	Ħ	DESCRIPTION	Unit	PRC	extensio
1)	19.50	19.50	0.00 **		FEEK		Perchlorcethylene		7.50	146.25
	,					-	ne, 6.1, UN1897, Pylli, RQ . EMERGENCY # (316) 524-579			
2)	J 1.00	1.00	0.00	Box	SSVSOFR	YTAGS	#16 SSV Sorry But Tags		12.80	12.80
3)	1.00	2.00	0.00	Case	FURITAN	LARGE	Puritan Iga Format Carbon		74.60	149.20
* T 1/4			•							



FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR MONTHLY SPECIALS.

Date:

SUBTOTAL & 308.25 0

FREIGHT SALES TAX PERC TAX FIVEN TAX 0.00

20.04

2:04PM

1.15 97.50 ADF TAX 0.00 REGUEST 0.00

TOTAL 426.94

24 HOURRECEIVED TIMEDMAR.20.

PRINT TIME

MAR.20.

2:12PM

Industrial Equipment and Supplies 2055 NW 7th Avenue Mismi, Florida 33127 (305) 324-0410 1-800-959-4766 (Florida Only)

10/22/99 10:27 wn

INVOICE NUMBER: 173398

ORDER DATE: 10/22/99

SOLD TO: DRY CLEAN USA DR272 OSMAR GONZALEZ

2720/G S. DIXIE HWY

FL 33133

SHIP TO: DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HWY

MIAMI

FT 33133

AIV THE OUR TRUCK EOB RICKY P.O. #

TERMS

SM

Net 30 days

07

A SERVICE CHARGE OF 1.5% FER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

IN#	ONDERFID	SHIPPED B	ACKOED H/M	UNIT PRODUCT #	DESCRIPTION	UNIT PRO	extensio
1)	39.00	39.00	0.00 **		Perchlorcethylene	7.50	292.5
•		**	,	Marine Pollut	ylens, 6.1, UN1897, FgIII, RQ, ant. HAEROENCY # (316) 524-575	1	
2)	1.00	1.00	0.00	Fach DENNISONS	WN Fine Fabric Grip Gun	27.55	27.5

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASIERCARD AND AMERICAN EXFRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR PORTHLY SPECIALS.

SUBTOTAL & & 320.05 0 0

FREIGHT SALES TAX PERC TAX ENVRN TAX 0.00 20.80

2.30

195.00

ADY TAX 0.00

RESCON 0.00

TOTAL 538.15

2:04PM 24 HOUR RECEIVED TIMEMBIMAR.20.

PRINT TIME MAR.20.

2:12PM

Industrial Equipment and Supplies 2055 NW 7th Avenue Miami, Florida 33127

(305) 324-0410

1-800-969-4766 (FLORIDA ONLY)

01/20/00 01:59 pm

INVOICE NUMBER: 179171

ORDER DATE: 01/20/00

SOLD TO: DRY CLEAN USA

DR272 OSMAR GONZALEZ

2720/G S. DIXIE HWY

IMAIM

FT. 33133

SHIP TO: DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HWY

IMAIM

FL 33133

SHIP VIA OUR TRUCK

FOB FRANK P.O. #

TERMS

SM

Net 30 days

07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

<b>☆★毎日質</b>	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	ロシュコウビを配え	B#####################################	33 22 23 24 24	.2022				
LN#	ORDERFD	SHIFPED	BACKORD H/M	UNIT	PRODUCT #	DESCRIPTION	UN	IT FRC	EXTENSION
1)	4.00	4.00	0.00	Rol J	DRYCLEAN4	0 Dry Clean USA Poly 40		27.30	109.20
2)	£:00	6.00	0.00	Eox	DRYCLEANH	ANG 14 1/2 Dry Clean U.S.	A. Ha	33.90	203.40
3)	£.00	6.00	0.00	BOX	ULTIMATEW	500 18" ULTIMATE WHITE SH	IKT H	19.90\	
	8.00	8.00	0.00	Box		Strut Hangers		15.90	127.20
4) <b>-</b> 5)	12.00	1,00	0.00 **	Gal		Pyratex Lipstick Pain	t Oil	27.85	27.85
0,	100				unmable Liq	paid, N.O.S. Class 3.3, UN	1993, F	g.III	,
	-			Page	orgency Plan	# 800-228-5635 Ext. 0	36		
6)	1.1500	1.00	0.00			Streetex-Non Fla. Spr		18.95	18.95 12.85
7)	1.00 1.1.00	1.00	0.00 **		E RUSTGO			12.85	12.85
,				Нус	droflouric	Acid Solution			
	,					sk 6.1 UN-1790,FG II			
	المي:					one # 800-424-9300			
					crosive Cle				
8)	19.50	19.50	0.00 **	Gal	PERK	<b>Farchloroethylena</b>	j	7.50	145.2
				Te	trachloreth	nylene, 6.1, UN1897, PgIII	, RQ,		
						tent. EMERGENCY # (316) 52			/
9)	LA.00	1.00	0.00		h PURITANCO			23.05	23.0
	•					LIF .			

FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTERCARD, AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES REPRESENTATIVE FOR MONTHLY SPECIALS!!!!!!!!

RECEIVED TIME MAR.20.

Cully Fabian 1-21-00

REGCOM

TOTAL

938.03

SUBTOTAL & & FREIGHT SALES TAX PERC TAX ENVRN TAX ADF TAX 788.15 0 0 0.00 51.23 1.15 97.50 0.00

2:04PM

97.50 0.00 0.00 PRINT TIME MAR.20. 2:12PM

Industrial Equipment and Supplies 2055 NW 7th Avenue Miami, Florida 33127 (305) 324-0410

1-800-969-4766 (FLORIDA ONLY)

02/10/00 04:31 rm

INVOICE NUMBER: 180634

ORDER DATE: 02/10/00

SOLD TO: DRY CLEAN USA DR272

SHIP TO: DRY CLEAN USA

OSMAR GONZALEZ 2720/G S. DIXIE HWY OSMAR GONZALEZ 2720/G S. DIXIE HWY

IMAIM

FL 33133

SHIP VIA

FOB

P.O. #

TERMS Net 30 days SM 07

OUR TRUCK RICKY

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUISTANDING BALANCE OF PAST DUE ACCOUNTS.

FL 33133

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LN#	ORDERED	SHIFPED	BACKORD	H/M	UNIT	PRODUCT	#	DESCRIPTION	UNIT PRO	EXTENSION
										اسما
1)	4.00	4.00	0.00		Box	DRYCLEA	NHANG	14 1/2 Dry Clean U.S.A.		0 /135.6
2)	6.00	6.00	0.00		Box	STRUT		Strut Hangers		0 / 95.4
3)	6.00	6.00	0.00		BOX	ULTIMAT	EW500	18" ULTIMATE WHITE SHIP	гн 20.9	0 125.4
4)	5.00	5.00	0.00		Roll	DRYCLEA	N40	Dry Clean USA Poly 40"	27.3	0 / 136.50
5).	00 کر آ	4.00 6.00 6.00 5.00 1.00	0.00	**	Gal	PYRATEX		Pyratex Lipstick Paint	0il 27.8	5 27.8
<b>⊲</b>	V				Fla	mmoble I.	iquid	, N.O.S. Class 3.3, UN 19	993, Pg.III	/
	7				Ene	rgency P	hone	# 800-228-5635 Ext. 036		<b>✓</b>
6)	V.00	1.00	0.00	**	Gal	PICRIN		Picrin Volatile Dry Spor	tte 32.4	5 32.4
	-				Tri	chloroet	hylen	e, Class 6.1, UN1710, Pg	III	
	/*				Ene	rgency m	umber	1-800-228-5635 Ext.036		,
7)	/1.00	1.00	0.00	**	Quar	AFITOMO	ogs/s	Yellow Go Quart Single	Shi 26.9	5 / 26.9
	¥							Solution / Anmonium Hyd		9
								ive Liquid N.O.S.	-	
								sk 6.1 UN-1760, PG II		
							_	# 800~424-9300		

FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTERCARD, AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES REPRESENTATIVE FOR MONTHLY SPECIALS!!!!!!!!

SUBTOTAL & & 580.15 0 0

FREIGHT SALES TAX PERC TAX ENVRN TAX 0.00

37.71

0.00

0.00

ADF TAX 0.00

REGCOM 0.00

LATOT 517.86

24 HOUR RECEIVED TIME MEMAR. 20. 2:04PM PRINT TIME MAR.20.

2:12PM

Industrial Equipment and Supplies 2055 NH 7th Averne Mismi, Florida 33127 (305) 324-0410

1-800-969-4766 (FLORIDA ONLY) .

02/29/00 02:17 pm

INVOICE NUMBER: 181816

ORDER DATE: 02/29/00

SOUD TO: DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HMY

IMAIM

FL. 33133

SHIP TO:

DRY CLEAN USA

OSMAR GONZALEZ

2720/G S. DIXIE HY

IMAIM

FL 33133

AIV GIHZ OUR TRUCK

DR272

FOB DINA P.O. #

TEFAS

SM

Net 30 days

07

A SERVICE CHARGE OF 1.5% FER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN	ORDERED	SHIPPED	BACKORD H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT PRO	EXTENSION
1			0.00	Box	DRYCLEANIAN	G 14 1/2 Dry Clean U.S.	A. Ha (33,90	
. 5			0.00			10 18" ULTIMATE WHITE SH		99. <b>5</b> (
3	` ` 5 <b>L</b> 2		0.00			Strut Hangers .		95.40
4	3.00	3.00	0.00			Dry Clean USA Poly 40		
<b>-</b> 5	) 1.00	1.00	0.00 **	Pott	FLISTGO	Rust Go 14 oz. Singl	le Shi 12.85	12.8
						id Solution		
, ,	19 - 1993 Block 15					6.1 UN-1790,PG II		
		1. 87				# 800-424-9300		
			•	Cori	rosive Class	; 8	/	
, 6	) 1.00	1 - 0.0	0.00 **	Gal	PYRATEX	Pyratex Lipstick Pain	nt 0il 27.85	27.85
						d, N.O.S. Class 3.3, UN		
	e e e	í		Emzi	rgancy Phone	# # 800-228-5635 Ext. 0	36	
7	,	1.00	0,00	Gal	STREETEX	Streatex-Non Fla. Spr	av Sa 18 95	18,95
. 18	) <u> </u>	19.50	0.00 **	Gal	PERK	Perchloroethylene	20.50 كان ما	
, ` -(i); ·				Tet	rachlcrethy)	lene, 6.1, UN1897, PgIII	1 200	140.20
		;		Mar	ire Pollutar	nt. EMERGENCY # (316) 52	Λ-5751	
\$	8.00	8.00	0.00	Each	FURITANCE	Puritan Carbon Core	A COM	100.40
10	2.00	2.00	0.00	CARO	DEDITANT ACC	ST Desident Land	20.80	,
-	,	2.00	0.00	<b>⊘</b> 358	LOUGH THE RELEASE	E Puritan Lge Format Ca	urbon76.16	152.32

FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTERCARD, N'D MAERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES PEFFESENTATIVE FOR MONTHLY SPECIALS!!!!!!!!

SUBTOTAL % %

FREIGHT SALES TAX PERC TAX ENVAN TAX 0.00 63.11

1.15

ADF TAX 0.00

REGCOM 0,00

TOTAL 1132.68

RECEIVED TIME MAR. 20. 2:04PM PRINT TIME MAR.20. 2:12PM

97.50

Fold at line over top			
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	e can return this	I also wish to receive the following services (for an extra fee):	ej.
Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.	æ does not	1. Addressee's Address	Š
o Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered article.		2.  Restricted Delivery	Se
delivered.	iu trie gate	Consult postmaster for fee.	eceipt Service
AIRS ID # 0250775  DRYCLEAN USA MIGUEL GONZALES 2720-G S DIXIE HWY MIAMI FL 33133	4b. Service 1 Registere Express I Return Rec	Type  In the control of the control	Thank you for using Return Rec
5. Received By: (Print Name)	8. Addressee and fee is	o's Address (Only if requested paid)	Thank
6. Signature: (Addressee or Agent)		· .	}
	2595-97-B-0179	Domestic Return Receipt	

	Z 333 (	660	47	קי	, <sub>()</sub> (	χ()			
P.	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provide	d.		erse)	_	,		
	Sent to				,				
		All	RS II	)#(	02507	775			
	RYCLEAN USA								
MI	GUEL GONZALES		•	•	• • •				
27	20-Ġ S DIXIE HWY								
MI	AMI FL 33133					*			
	Cennea ree			,		_			
	Special Delivery Fee								
ın	Restricted Delivery Fee								
199	Return Receipt Showing to Whom & Date Delivered								
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address								
800	TOTAL Postage & Fees	\$							
PS Form <b>3800</b> , April 1995	Postmark or Date			_					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	C. Signature
10 AIRS ID # 0250775001AG MIGUEL GONZALES DRYCLEAN USA 2720-G S DIXIE HWY MIAMI FL 33133	3. Service Type Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabelly 3030)	31
PS Form 3811, July 1999 Dome	estic Return Receipt 102595-99-M-1789

C		MAILREC	EIPT Coverage Provided)		
			The second secon		
	Postage	\$			
4133 4133	Certified Fee		Postmark 2		
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(End	tricted Delivery Fee orsement Required)		43		
B · - ·	· 0 Econ	¢	2		
10 I M	IGUEL GONZ	AIRS ID # 02507750 ALES	00IAG		
27 M	'20-G S DIXIE IAMI FL 33133	HWY			
			se for Instructions		

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0250775

DRYCLEAN USA MIGUEL GONZALES 2720-G S DIXIE HWY

**MIAMI FL 33133** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

8633 NW 186 ST Miami, FL 33015







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

32312X3030

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390359

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

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 RECEIVED MAIL ROOM

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this te does not e number.	i aiso wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
ADDRESS completed	3. Article Addressed to:  AIRS ID # 0250775  DRYCLEAN USA MIGUEL GONZALES 2720-G S DIXIE HWY MIAMI FL 33133	4b. Service  Registere  Express  Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD ceipt for Merchandise COD
Is your RETURN	Received By: (Print Name)      Signature: (Add asset of Agent)  X	8. Addressee and fee is	e's Address (Only if requested paid)
]	PS Form <b>3811</b> , December 1994		Domestic Return Receipt

$\overline{}$	
	P 174 052 677
1	US Postal Service
	Receipt for Certified Mail
	No Insurance Coverage Provided.
	Do not use for International Mail (See reverse)
1	Sent to
ì	I
<u>م</u>	RYCLEAN USA AIRS ID # 0250775
M	UCHEL CONTRACT
101	IIGUEL GONZALES
27	720-G S DIXIE HWY
IVI	IIAMI FL 33133
	To the second se
	Certified Fee
	Special Delivery Fee
<u>ب</u>	Restricted Delivery Fee
66	Return Receipt Showing to
<del>-</del>	Whom & Date Delivered
₹	Return Receipt Showing to Whom, Date, & Addressee's Address
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees \$
က္	Postmark or Date
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%	

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

30/558

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#0250775

OSMAR GONZALES MIGUEL GONZALES 2720-G S DIXIE HWY MIAMI FL 33133 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0361952

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

AIRS ID # 0250775

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

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273