

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Ms. Bella Singer One Hour Valetone 1361 Washington Avenue Miami Beach, Florida 33139

Facility No. 0250782 Re:

Dear Ms. Singer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 22, 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"

# #0250782

	One Hour Valetone
P.14	
p.15	1.(a) add date centrol device installed, it any 5.(c) not required, mark out "X" and initial
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1	
	· · · · · · · · · · · · · · · · · · ·

41

# Perchloroethylene Dry Cleaning Facility Notificatio RECEIVED

Facility Name and Location

OCT 22 1996

Facility Name and Location	-FALLOF
1. Facility Owner/Company Name (Name of corporation, agency, or individu	BUREAU OF AIR REGULATION
	AIR RED
5 I E ENTERPRISES /NC.  2. Site Name (For example, plant name or number):	AIR REGULATE
2. Site Name (For example, plant name or number):	2 7 5 1)
	OCT 3 0 1996
3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	& Mar Min
FLD 038690988	Bureau of Air Monitoring & Mobile Sources
4. Facility Location: Street Address: 1361 WAShington AUE.	·
	Zip Code:
PliAMI BEACH DADE	Zip Code: 33/39
5. Facility Identification Number (DEP-Use):	
	3507X3
Responsible Official	
6. Name and Title of Responsible Official:	
BELLA SINGER - OWNER - PR	ces.
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 1361 WAShING fon AUE	
1 City County	Zip Code:
City: County: DADE	33/39
8. Responsible Official Telephone Number:	
Telephone: (305) 532 - 5824 Fax: ( )	- N/A
Facility Contact (If different from Responsible Of	ficial)
9. Name and Title of Facility Contact (For example, plant manager):	
Miriam Glinton - MANAGER	
10. Facility Contact Address:	
Street Address: 1361 Washington Ave	
City: MiAMI BEACH County: DADE	Zip Code: 33/39
11. Facility Contact Telephone Number:	
Telephone: $(305) 532 - 5824$ Fax: ( )	- N/A
	•

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Effective: 6-25-96

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#### **Facility Information**

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

·		*							-
100		Date	Date		Date	Date		Date	Date
MiRACLEAN 35 RP- FS		Machine	Control		Machine	Control	l	Machine	Control
35 RP- FS		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	<del>                                     </del>							•	
(1) w/ ref. condenser	<del>                                     </del>	08-DEC-91	· ·			1			
(2) w/ carbon adsorber		00 sec 11							
(3) w/ no controls	<del>                                     </del>			_	-				
Washer Unit								1	<u></u>
(4) w/ ref. condenser	<del>                                     </del>		1					1	
(5) w/ carbon adsorber		1	<del> </del>	<b>†</b>			<del> </del> -		<del></del>
(6) w/ no controls	<del> </del>			-					
Dryer Unit	╁	<u> </u>	L	<u> </u>	<u></u>	<u></u>			
(7) w/ ref. condenser	╁		Ī	Τ	T	T		1	
(8) w/ carbon adsorber	┼			<del>                                     </del>	1				<del></del>
(9) w/ no controls	<b>-</b>			ļ				_	
Reclaimer Unit	+		L		1				<u> </u>
(10) w/ ref. condenser	<del>                                     </del>	<del></del>	F	1	T	7		1	<del></del>
(11) w/carbon adsorber	<del> </del>			┼-				<del>                                     </del>	+
(12) w/ no controls	-	_							
(12) 110 001111015			L.				J		<u>. I</u>
(b) Control devices are  (c) No control devices  2.(a) What was the total (a) (b) If less than 12 mon Check why it is less	are r quant   gallo	equired to be tity of perchloons ow many? [_	e installed [_ oroethylene (	X (perc)	] ) purchased i	n the latest 12			[]
3. What is the facility's so (Indicate with an "X".					īnitions foun	d in section (	3) of	Part II?	
Existing small a	rea so	ource X	N	ew sr	nall area sou	rce [	J		
ing Existing small at a confidence of Existing large are	ea so	urce []	N	ew la	rge area soui	rce [	j		

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4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".)	art II of this notification form?			
Existing large area source Carbon adsorber  []  Refrigerated condenser	۔ِ ا			
New small area source Refrigerated condenser []				
New large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions units shall not be eligible to	use the general permit pursuant			
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 Inform	nation			
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:			
(a) Purchase receipts and solvent purchases	<u> </u>			
(b) Leak detection inspection and repair	[ X ]			
(c) Refrigerated condenser temperature monitoring	<u> </u>			
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Instrument calibration	[ <i>X</i> ]			
(f) Start-up, shutdown, malfunction plan				

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#### 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)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement: maintain i comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prof	inpuly notify the Department of any changes to the information contained in this notification. $\frac{10-21-96}{Date}$

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#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	OVERY	
AIRS ID#: 025 0782 DATE: 2/19/97 TIME IN: 10:30 TIME OUT: 11:10  FACILITY NAME: ONE HOUR VALBTONG CLEANERS  FACILITY LOCATION: 1361 WASHINGTON AVE  MIMMI BESSEH, PC - 33/39					
PART I: NOTIFICATION			<u> </u>		
(check appropriate box)		-			
1. Existing facility notified DARI	M by 9/1/96				æ
2. New facility notified DARM 3	0 days prior to start	up			
3. Facility failed to notify DARM	to use general perr	nit	<u> </u>		
PART II: CLASSIFICATION					
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, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" before="" classification.<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" yr=""><td>e Digal/yr al/yr ation</td><td>4. New large dry-to-dry only transfer only, 2 both types, 140</td><td>, x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr i or after 12/9/91)</td><td></td><td></td></x<2,>	e Digal/yr al/yr ation	4. New large dry-to-dry only transfer only, 2 both types, 140	, x<140 gal/yr <200 gal/yr 40 gal/yr i or after 12/9/91)		
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 perchlor facility was gallons.	oethylene (perc) pu	rchased within	the preceding 12 month	ns by this dry	/ cleaning

1 of 4

Revised 10/28/96

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?	AY ON			
2. Examining the containers for leakage?	DAY ON			
3. Closing and securing machine doors except during loading/unloading?	מט אם			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINIA			
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 refri (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A/אם אם צם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ОУ ОИ			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON .			

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?	אם צם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
	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 ON/A
	Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מאם אם צם
_		
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)	/
H.	as the responsible official:	מט עט עט
H: (c)	as the responsible official: neck appropriate boxes)	אם אם
H (c) 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	ם א קא
H (c) 1. 2.	as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	מא סא
H (c) 1. 2.	as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	ם א קא
1. 2. 3.	As the responsible official:  neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON OW/A
H (c) 1. 2. 3.	As the responsible official:  neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	84 ON 84 ON OA 82N
H. (cl. 1. 2. 3. 4. 5.	As the responsible official:  meck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	OY ON OW/A
H. (c) 1. 2. 3. 4. 5. 6.	As the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONIA OY ON OY ON OY ON
H. (c) 1. 2. 3. 4. 5. 6.	As the responsible official:  meck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	04 0N 04 0N 04 0N 04 0N 04 0N
H. (c) 1. 2. 3. 5. 6. 7.	As the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	OY CM  OY ON  OY ON  OY ON  OY ON  OY ON
1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained deviation reports?  Problem corrected?	

2.	Which method of detection is used by t	he respons	ible official?			
	Visual examination (condensed solvent on exterior surfaces)				<b>d</b>	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	ation (FID	PID/calorimetric	tubes)		
	If using direct-reading instrum	entation, i	s the equipment:			
	a. Capable of detecting	perc vapoi	concentrations in	a range of 0-500 ppm?		И
	b. Calibrated against a s (PID/FID only)?	standard g	as prior to and afte	er each use		И
	c. Inspected for leaks ar	nd obvious	signs of wear on	a weekly basis?	OY O	N
	d. Kept in a clean and s	secure area	when not in use?			N
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	אם עם	
3.	Has the facility maintained a leak log?				ax o	И
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	ZY	□и⊸	Muck cookers	ΩY	МБ
	Door gaskets and seating	ЪУ,	ΠN	Stills	CYY	ΠN
	Filter gaskets and seating	БY	ΠN	Exhaust dampers	<b>T</b> Y	ΠN
	Pumps	бу	ПN	Diverter valves	ЦY	ПN
	Solvent tanks and containers	ØY,	ПИ	Cartridge filter housings	ØY	□N ·
	Water separators	QY	ΩN		,	

Name of Responsible Official

The Marsher Abbie Triver 2/8/47

Inspector's Name (Please Print)

Inspector's Signature

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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# TITLE V AIR QUALITY GENERAL PERMIT I PECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:20 TIME OUT: 11.  TYPE OF FACILITY: KLILC: 12.	Interest
FACILITY NAME: CALE PROPERTY WALL	71738 (1211/15) 5 DATE: 2/11/19
FACILITY LOCATION: 1400 Minimum The	1 1/12
Samon Later La	
RESPONSIBLE OFFICIAL: Bella Surger	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrated Based on the results of the compliance requirements evaluated discrepancies were noted:	ive Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
115 MATHY ING SE PENC PLACHESE	e symmet anouthing glog.
to ExtrinisTout ONTH OF PERCE Conc.	START MAINTHINING CATA
	·. / /
COMMENTS: Facility equipment s work violations	atisfactory, minos paper-
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/90	
INSPECTION CONDUCTED BY: ///// (Ple	proximate)  2 Meio Debbie Griner  ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 72.6922.
Hobil Reace	of / Revised 10/96

AIRS 1D#: 250782

# DRY CLEANER AIR QUALITY GENERAL PERMANNUAL COMPLIANCE CERTIFICATION FORM

FEB 2 4 1997

FACILITY NAME: ONE	Hour Wate Tone	Manageneau naiz
		DATE: / 15 Pulpio
FACILITY LOCATION: 1361  MIAMI BO	eAct Fla. 331	39
Annual Reporting Period: / )-	-17 19 <u>96</u> TO	2-18- 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	t that has not been in continuous complia	nce during the reporting period stated above:
Exact period of non-compliance: from		_to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permi	t that has not been in continuous complia	nce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		<u> </u>
Method used to demonstrate compliance:		·
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual consi	umption of perchloroethylene solvent, based

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

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<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.



## Department of Environmental Protection

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

David B. Struhs Secretary

February 26, 2002

Ms. Bella Singer 1361 Washington Avenue Miami, Florida 33139

Dear Ms. Singer:

Thank you for your note informing the Division of Air Resource Management of the close of your business. We received your note on February 22. Our database has been changed to reflect the status change of One Hour Valetone.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that One Hour Valetone (AIRS ID #0250782) was in operation in 2001, the fee is now due.

Please call me at 850/921-9583, if you have any questions pertaining to your facility and the Title V General Permit program.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring and Mobile Sources

SB/

AIRS ID#: 025078L		•	Revised 10/10/96
	NER AIR QUALIT L'COMPLIANCE CE	TY GENERAL PER	RMIT. M
FACILITY NAME HELD ONE 140	PUR VILLETO	THE Clapins	125 DATE 3/11/98
FACILITY LOCATION: SION SOLL CO	W18141970	n Ave.	
MIAO	y BEACH		
Annual Reporting Period: 2 -	18 19	927 to3~	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	- · ·		npliance with DEP Rule YES NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in contin	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			4 ,
Method used to demonstrate compliance:			B. S. C.
#2. Term or condition of the general permit	that has not been in conti	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	•	· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Na	and complete. Further, m	y annual consumption of pe	erchloroethylene solvent, based of facilities or 1,800 gallons per

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.

٠.,

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

# TITLE Y AIR QUALITY GENERAL PERMIT IN LCTION SUMMARY REPORT

TIME IN:	TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
FACILITY NAME: FACILITY LOCATION:  RESPONSIBLE OFFICIAL:  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO  DATE OF NEXT INSPECTION:  (Approximate)	TIME IN: 1/2/	TIME OUT: 200	AIRS ID#: C	75.0782
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  COMPLIANCE COMPLI	TYPE OF FACILITY: PA	Car Dung Co	Carried March	<b></b>
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:  (Approximate)	FACILITY NAME:	15 March 1 1.	177 11 4	_DATE: 3/-// 3/-
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMPLIANCE TO REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION:  (Approximate)	Tab ran	196 1 1000	1. 1. Z	, , , , , , , , , , , , , , , , , , , ,
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COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)		• •		lity is found to be in
COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.		-	ated during this inspection, the foll	owing compliance
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(Approximate)	The Annual Compliance Certific	ation form has been properly certif	fied and submitted to the inspector.	YES NO
	DATE OF NEXT INSPECTIO	N: 1/2011 199	oproximate)	
(Pléase Print)	INSPECTION CONDUCTED		•	
INSPECTOR'S SIGNATURE, PHONE NUMBER:	INSPECTOR'S SIGNATURE;			71192
	(6)	Page		Revised 10/96

access

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	N O
AIRS ID#: 0350781 DATE: Y/19/0  FACILITY NAME: One Hour  FACILITY LOCATION: /361 W.	Valetona 30 1
RESPONSIBLE OFFICIAL: Bella	Q.
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	tup
2. Facility failed to notify DARM to use general pen	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
•	
1. Existing small area source	2. Ivew small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)	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)
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)  3. Existing large 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, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	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, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)  3. Existing 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, $140 \le x \le 1,800 \text{ gal/yr}$	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
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DIRECT CONTROL CONTROL DECLEDENTES	
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ZÍN/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AA ON ONVA
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ZN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	rated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	<b>~</b>
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	מם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON, ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

				<del></del>
B.	. Has the responsible official of an existing large or new large area source also:			
   1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
∥	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩΥ	ΩN	
1	on ary to dry, rectainer, and dryer machines on a workly outsity			
2	Measured and recorded the washer exhaust temperature at the condenser		•	
<u>.</u>	inlet and outlet weekly?	ПΥ	ΠN	□N/A
	mici and outlet weekly:	, 🖵 1	٠.,١	LIVIA
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
ľ	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	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	□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?	$\Box$ Y	$\Box N$	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
ĺ	condenser coils?	$\Box$ Y	$\square$ N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box Y$	$\square$ N	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	□Y <b>Z</b> Ñ					
2. Maintained rolling monthly total of perc consumption?	ON MAN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ØN/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?	חצ אם מואים					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OMNA					
6. Maintained startup/shutdown/malfunction plan?	ØY □N					
7. Maintained deviation reports?	OY ON PAN/A					
Problem corrected?	OY ON ANIA					
8. Maintained compliance plan, if applicable?	OY ON ØN/A					

<ol> <li>Does the responsible official conduct</li> </ol>	a weekly (for small source	es, bi-weekly) leak detection a	ind repair			
inspection?			ØY □N			
2. Has the facility maintained a leak log	?		DÝ ØN			
3. Does the responsible official check th	e following areas for leak	s?	•			
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON PANA			
Door gaskets and seating	DY ON ON/A	Stills	MY ON ONA			
Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A			
Pumps	ØY ON ON/A	Diverter valves	ĎY □N □N/A			
Solvent tanks and containers	AV ON CINA	Cartridge filter housings	ØY □N □N/A			
Water separators	MY ON ON/A					
. Which method of detection is used by	the responsible official?					
Visual examination (condensed	solvent on exterior surface	es)	9			
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)			<b>9</b>			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading inst	rumentation, is the equip	oment:	ØN/A			
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ОУ ОИ			
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY ON			
d. Kept in a clean and	secure area when not in us	e?	OYON			
e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	□Ү. □N			
		· · · · · · · · · · · · · · · · · · ·				

Inspector's Name (Please Print)

Date of Inspection

4/19/00

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORM	ATION:
	No receipts of pere purchases onsite  No leak log  No rolling log of pere
	Machine operating - no odors
	, ,

	!	BEST AVAILABLE COPY	CEIVED
	,	Une Hour Valetone	CT 22 1996
			AUREAU OF REGULATION
	1. Facility	P.14 1.00) add date control device	REGULATION
	2. Site Nar	p. 15 5. (C) notrequired, mark out	VED
	3. Hazardo	"X" and initial	26
X	1	MEGERRATE.	toring
	4. Facility Street A	NEGEL VE	
	City:	DEC 1 7 1996	39
		——————————————————————————————————————	
			-
	6. Name a	· · · · · · · · · · · · · · · · · · ·	
	7. Respons		
	Organiz Street A		
	8. Respons		33/39
	Telepho		
			***
	9. Name a		
	10. Facility	Contact Address:	
	Street A	Address: 1361 Washington Ave	
	City:	County: Zip Code: 33/ Contact Telephone Number:	139
	Telepho	one: (305) 532 - 5824 Fax: ( ) - N/A	

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# Perchloroethylene Dry Cleaning Facility Notificatio RECEIVED

Facility Name and Location

OCT 22 1996

		Facility Name and Location
		Facility Name and Location  BUREAU OF  BUREAU OF  AIR REGULATION
	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  AIR REGULATION
		STE Entra Daires IN
	2.	Facility Owner/Company Name (Name of corporation, agency, or individual wher):  SIE ENTERPRISES INC.  Site Name (For example, plant name or number):
	۷.	$\mathbf{D}$
	(	NE Houn VA/E to NE  Hazardous Waste Generator Identification Number:  OCT 30 1996
	3.	
'		Hazardous Waste Generator Identification Number:  ### April 1996  ### Hazardous Waste Generator Identification Number:  ###################################
	4.	
		Facility Location: Street Address: 1361 WAShington AUE.
•		CIPV: AD CODE:
	والمراج ا	TIAMI DEACH DAVE SOIST
	). :	Facility Identification Number (DEP-Use):
		The second control of the control of
		Responsible Official
	6.	4
		BELLA SINGER - OWNER - PRES.
	7.	Responsible Official Mailing Address:
		Organization/Firm: Street Address: 1361 WAShiNG fon AUE
		City County 7 in Code 1
		MIAMI BEACH DADE 33/39
	8.	
		Telephone: $(305)532 - 5824$ Fax: ( ) - $N/A$
		Facility Contact (If different from Responsible Official)
	0	Name and Title of Facility Contact (For example, plant manager):
	٦.	
		Miriam Glinton - MANAger
	10.	Facility Contact Address:
		Street Address: 1361 WAShiNG fon Ave
		Street Address: /36/ What is a second of the
		City: County: JADE Zip Code: 33/39
	11.	Facility Contact Telephone Number:
		Telephone: $(305) 532 - 5824$ Fax: ( ) - $N/A$

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#### **Facility Information**

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

		`							
M:000 (600)		Date	Date		Date	Date		Date	Date
MiRACLEAN 35 RP- FS		Machine	Control		Machine	Control		Machine	Control
35 RF- F3		Initially	Device	١	Initially	Device	,,,	Initially	Device
Type of Machine	ID	Purchased	Installed	מו	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		08-766.91	DE DECGI						
(2) w/ carbon adsorber			11						
(3) w/ no controls			-			1			†
Washer Unit	_	·			<u>-</u>	1			
(4) w/ ref. condenser		1					[		
(5) w/ carbon adsorber				T -		İ	Ì		<u>†</u>
(6) w/ no controls			-					•	†
Dryer Unit		·	-					<del></del>	<del></del>
(7) w/ ref. condenser				_					
(8) w/ carbon adsorber		<u> </u>		<b>-</b>		1			
(9) w/ no controls	_		<u> </u>	<u> </u>					<del>                                     </del>
Reclaimer Unit							L	<del></del>	<del></del>
(10) w/ ref. condenser									1
(11) w/carbon adsorber								<u> </u>	<del> </del>
(12) w/ no controls					1				<del> </del>
<ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?</li> <li>[</li></ul>									
[ 80 ] gallons  (b) If less than 12 months, how many? [ ] months  Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small area source [X] New small area source									
Existing large area source [] New large area source []									

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4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".)	art II of this notification form?
Existing large area source Carbon adsorber  Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
•	
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 I boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	pirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	[ X ]
(c) Refrigerated condenser temperature monitoring	I meran Kinton
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	(X)
(f) Start-up, shutdown, malfunction plan	

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ART WAS ARREST TO

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

Please indicate with an "X" the appropriate selection:					
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification				
, ,					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will promptly notify the Department of any changes to the information contained in this notification.  Miller 2-18-97					
Sizana	Della duga 10-21-96				
Signature	Date				

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



# Department of Environmental Protection

FEB 0 3 1997

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

January 29, 1997

Ms. Bella Singer One Hour Valetone 1361 Washington Avenue Miami Beach, Florida 33139

Re: Facility No. 0250782

Dear Ms. Singer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 22, 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"

#### ROETHYLENE DRY CLEAN ARS

### COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N 0	COMPLAINT/DISCOVERY	
AIRS 10#: 0250782 DATE: 3-11-98 TIME IN: 1/30 TIME OUT: 1200  FACILITY NAME: ONE HOUR VORTONE CHANKES  FACILITY LOCATION: 1361 WASHING FON AVE  MIAMI BEACH  RESPONSIBLE OFFICIAL: BELLA SINGER PHONE: 532 5824  CONTACT NAME: PHONE:				
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION				· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification (check appropriate box) A.	form that it is:		☐ No notification form ☐ Drop store/out of business	/petroleuin
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> </ol>	□ 10 gal/yr gal/yr //yr	transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or	x, $x < 140$ gal/yr x < 200 gal/yr x < 200 gal/yr x < 200 gal/yr $x < 12/9/91$ )  area source $x$ , $x < 140 \le x \le 2,100$ gal/yr x < 1,800 gal/yr	
	propriate classific qualified for a ger	neral permit as r	□Can not determine  number above igible for a general permit	

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

Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	ם או משאוש אם אם		
2. Examining the containers for leakage?	אואים אם צים		
3. Closing and securing machine doors except during loading/unloading?	ØY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	dy on ona		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AIVED NO YO		
PART IV: PROCESS VENT CONTROLS	·		
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	7.		
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?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON		

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DAY ON		
2. Maintained rolling monthly averages of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DX/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA		
6. Maintained startup/shutdown/malfunction plan?	MY ON		
7. Maintained deviation reports?	DY ON ZNIA		
Problem corrected?	DY DN DANIA		
8. Maintained compliance plan, if applicable?	AMO NO YO		

PART VI: LEAK DETECTION AND REPAI
-----------------------------------

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regain				
	inspection?		•	DY DN	
2.	Has the facility maintained a leak log?			NO AM	
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	מאחם אם באם	Muck cookers		ŃΑ
	Door gaskets and seating	DY ON ON/A	Stills .	NO NO	N/A
	Filter gaskets and seating	Y ON ONA	Exhaust dampers	ום אם צע	N/A
	Pumps	OY ON ON/A	Diverter valves	ם אם אם	N/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ם אם צים	N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed se	olvent on exterior surface	es)	ਬ੍ਰੰ	
	Physical detection (airflow felt th	rough gaskets)		<b>\(\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\tetx{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi{\texi{\text{\texi}\text{\texi}\text{\texi}\text{\texi{\text{\texi}\text{\text{\texi}\tex</b>	
	Odor (noticeable perc odor)			Ø	
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equi	pment:	□N/A	
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and s	ecure area when not in u	se?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON	
l					

Inspector's Name (Please Print)

Inspector's Signature

3-11-98

Date of Inspection

Approximate Date of Next Inspection

Revised 8/11/97

ADDITIONAL SITE INFORMATION	ON:		
		<del></del>	
;			
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#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

**x**a

COMPLAINT/DISCOVE

**RE-INSPECTION** 

AIRS ID#: 250782 DATE: Ob/O1/99 TIME IN: 3:00 pm TIME OUT: 3:35 pm.

FACILITY NAME: Ohe Hour Valetone Cleaver

FACILITY LOCATION: 1361 Washington Ave.

Mianni Beach FL 33139,

RESPONSIBLE OFFICIAL: Bella Singer PHONE: (305) 532-58245

CONTACT NAME: PHONE:

PART I: NOTIFICATION	·
(check appropriate box)	
New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	. 🗅

PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
A.			
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$		
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$		
both types, x < 140 gal/yr	both types, $x < 140$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source $\square$ 4. New large area source $\square$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed on or after $12/9/91$ )			
5. This is a correct facility classification Y \(\sigma\)Y \(\sigma\)N \(\sigma\)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.			

Review + ARMS W19 199 DG

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ANIA			
2. Examining the containers for leakage?	OY ON SONA			
3. Closing and securing machine doors except during loading/unloading?	A DN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND YOU YO			
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 refu (complete A and B below).	rigerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	ОУ ОИ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И			

2 of 5

B. H	as the responsible official of an existing large or new large area source also:		
II .	casured and recorded the exhaust temperature on the outlet side of the condenser located a dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Ү □И	
	leasured and recorded the washer exhaust temperature at the condenser alet and outlet weekly?	□У □М	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
II	Icasured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber,		
II.	machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
po Oi	essured that the sampling port on the carbon adsorber exhaust for measuring erc 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	□N/A
II .	quipped transfer machines (dryers, reclaimers, and washers) with individual ondenser coils?	ОУ ОИ	□N/A
6. R	outed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	XY ON						
2. Maintained rolling monthly averages of perc consumption?	X DN						
3. Maintained leak detection inspection and repair reports for the following:	,						
a. documentation of leaks repaired w/in 24 hrs? or;	AIN <b>X</b> NO YO						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XINA						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>X</b> N/A						
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA NO YO						
6. Maintained startup/shutdown/malfunction plan?	$ \swarrow$ Y $\square$ N						
7. Maintained deviation reports?	ANN NO YO						
Problem corrected? ;	OY ON XINA						
8. Maintained compliance plan, if applicable?	OY ON XN/A						

PART VI: LEAK DETECTION AND REPAIRS									
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	inspection?					XY	□и		
2,	Has the facility maintained a leak log?					XY	□и		
3.	Does the responsible official check the f	oes the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	YY	ПΝ	□N/A	Muck cookers	Y	□N □N/A		
	Door gaskets and seating	Y	ΩN	□N/A	Stills	Y	םאום מם		
	Filter gaskets and seating	YY	ПN	□N/A	Exhaust dampers	XY	□N □N/A		
	Pumps	XY	ПN	□N/A	Diverter valves	XY	□N □N/A		
	Solvent tanks and containers	XY	ΩN	□N/A	Cartridge filter housings	$\cancel{\lambda}_{\lambda}$	□N □N/A		
	Water separators	XY	DИ	□N/A					
4.	Which method of detection is used by the	ne resp	onsib	ole official?					
	Visual examination (condensed so	lvent	on ex	terior surfaces	s)	×			
	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:						<b>M</b> N/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						ΠN		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						_ □N		
c. Inspected for leaks and obvious signs of wear on a weekly basis?						ΠY	ΠN		
d. Kept in a clean and secure area when not in use?						ΩY	ΠN		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПY	ΠN		
Inspector's Name (Please Print)  Ob/01/99  Date of Inspection									
	Kirstal Jypo Inspector's Signature	n			06/200				
	Next	Inspectio							

ADDITIONAL SITE INFORMATION:	
	·
	•
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· ·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3100 pm TIME OUT: 3:3	5 pm airs 10#: 250782
TYPE OF FACILITY: PERC DRY CLES	ANERS.
FACILITY NAME: One Hour Valetone	Cleaners. DATE: 06/01/99
FACILITY LOCATION: 1361 Washington	Ave.
	3139
RESPONSIBLE OFFICIAL: Bella Singer	PHONE NUMBER: (305) 532-5814
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	:
· · · · · · · · · · · · · · · · · · ·	
COMMENTS: Facility in Complia	rnle
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 05/2000	<b>/-</b> 3
INSPECTION CONDUCTED BY: KRISTAL	pproximate)  Y (PON)  ease Print)  372-6924
INSPECTOR'S SIGNATURE: Kristal Gip	PHONE NUMBER: BOS) 55 - 58 - 58 - 58 - 58 - 58 - 58 - 58

Revised 10/96

ATRS 1D#: 250782

Ade

RECEREVISED 10/10/96

DRY (	CLEANER AIR QUA NNUAL COMPLIANCE	ALITY GENERA E CERTIFICATIO	AL PERMIT ?. N FORM Mobile 1	5 1999 Non.
FACILITY NAME: One  FACILITY LOCATION:	2 Hour Val 1361 Washir Jami Beach	etone Cleanyton Ave PL 331	2ners, DATE	100 mg 01/99
Annual Reporting Period: O	3) [(	1998 то	065005	1999
Based on each term or condition of 62-213.300, Florida Administrative If NO, complete the following:				PEP Rule
#1. Term or condition of the gener	ral permit that has not been in	-		iod stated above:
Exact period of non-compliance: f			·	·
Method used to demonstrate complete the sentence of the general series of the general series.				iod stated above:
Exact period of non-compliance: f		to		
Method used to demonstrate compl				
As the responsible official, I hereby made in this notification are true, when the purchase upon rolling averages of purchase year for transfer or combination for transfer OFFICIAL:	accurate and complete. Furth receipts, does not exceed 2,10	er, my annual consumpl 00 gallons per year for a	tion of perchloroethylene	e solvent, based

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

# TITLE V AIR QUALITY GENERAL PERMIT

TITLE V AIR QUALIT INSPECTION SUM	$\sim 4 \text{ MeV}$
TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 10  TYPE OF FACILITY: Perc Dry Clea	nes
FACILITY NAME: One Hour Valeton  FACILITY LOCATION: 1361 Washing from  Manu Beach	Ave.
RESPONSIBLE OFFICIAL: Bella Singer	PHONE NUMBER: 305 - 532 - 5724
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrated Based on the results of the compliance requirements evaluated discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
Not maintaining rolling by of perc puchases or last log	Begin recordheaping requirements
Not montaining receipts	Maintain receipts onsite
	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	beeping
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: Ivan Fan	proximate) ease Print)
INSPECTOR'S SIGNATURE: Juan Jan	PHONE NUMBER: 305-371-6925

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

Revised 10/96

RECEIVE

AIRS ID#: 0250782

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<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.

# METROPOLITAN DADE COUNTY, FLORIDA



Date:



#### **NOTICE OF VIOLATION**

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

то:	Bella	Singer	· · · · · · · · · · · · · · · · · · ·	
ADDRESS:		shinklen Ave	. Man.	Beach Fl
SOURCE/LOCATION: _	One Mou	- Valetone		<u> </u>
	TIFIED that on Dade County Environmen s observed at the referen		e, and/or regula	
Operating withou	ıt an Air Permit	Excessive Visit	le Emissions	
Uncontrolled fug	itive particulates	Improper handl	ing/removal of	asbestos
Non-compliance		Non-complianc	e with CFC reg	ulations
Stage II Vapor R	ecovery	↓ OTHER		
Specifically: <u>Not</u>	I in compliance	with Title V h	enoral Air	Permit Part 1
(6)(a)(1): Fo	5 year minim	untain rece	pls For	pore purcha
onsite for	5 year minim	um.	· · · · · · · · · · · · · · · · · · ·	
	and pursuant to the auth ty Environmental Protecti			54 and 24-5(15)a,
Cease a ☑ Within you hav	ately upon receipt of this and Desist the above-refeed aways of receipt of the taken to ensure that the of equipment repairs, as FAX Po	renced violation(s). his NOTICE, submit to the no further violations wi	nis office in writ Il occur. Said performed to c	ing the steps which report may include correct the violation.
□ Within _ 372-692		this NOTICE, contact th		
□ Within _ discuss	days of receipt of other Departmental perm	this NOTICE, contact P nitting requirements.	lan Review Sed	ction at 375-3330 to
	ne above or continued op provisions of Sections 2			
or further information re	egarding the above, pleas	se contact the Air Sectio	n of this office	at 372-6925.
		Sincerely,		
		John W. Renfro Director	ow, P.E.	
Received by:	nny	By:	van Fai	
Title: Rep.	<u>, 7</u>	Signature:	Jun 1	Jan-
Date: 4/15/0	.6	Section:	Aur Fa	cililias

**BEST AVAILABLE COPY** 



#### **COPY and PRINT CENTER**

# Fax Transmission

TO: IVAN W. FANNIN	FROM:
FAX NUMBER: 305-372-6954	SENDER'S PHONE: ONE HOUR VALETONE
DATE: 4/28/00	TOTAL NUMBER OF PAGES: (Including Cover Sneet)
/ If you have any difficulties with this transmissionumber listed above.  Message / Comment:	on, please contact the sender at the phone
VISIT OFFICE DEPOT FOR YOUR Colourêceived timeh Vapr. 24. Cc 1:59pm	Store Information





# COPY and PRINT CENTER Fax Transmission

TO: IVAN W. FANNIN	FROM:
FAX NUMBER: 305 - 372-6954	SENDER'S PHONE: ONE HOUR VALETONE
DATE: 4/28/00	TOTAL NUMBER OF PAGES: (Including Cover Sheet)
f you have any difficulties with this transmissionumber listed above.  Message / Comment:	on, please contact the sender at the phone

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#### Store Information

Office Depot #91 8095 Glades Road Boca Raton, FL 33434 561-451-2403 Fax: 561-451-8560

Thank You For Using Office Depot's Customer FAX Service

#### **BEST AVAILABLE COPY**

Industrial Pruisment and Supplier 2055 NW 7th Janua Miami, Florida 33127 (305) 324-0410 1-800-969-4766 (Florida Only)

07/12/99 94:23 pm

ORDER NUMBER: 167264

OFDER DATE: 07/12/99

SOLD TO: ONE HOUR VALETONE ON136

S.I.E. ENTERPRISES INC. 1361 WASHINGTON AVENUE. MIAMT BURCH FL 331.

SHIP TO: (INE HOT? VALETCHE

S.I.E. EVIDEORISES INC. 2 130. WASHINGTON AVENUE MIAMY REACH

SHIP VIA OUR TRUCK

A SERVICE CHARGE OF 1.58 PER MONTH NILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LINH	CRDERED	SLIPPED	BACKORD	RA UNIT	PRODUCT #	DESCRIPTION		***************************************
1) 2) 3) 4)	3.00 3.00 3.00	1.00 3.00 3.00	0.00 0.00 0.00	BOX BOX	UL/THATEW500 006BLAD40 UD141/2CAPED	18" CLTIMATE 006 Blue Tint UD 141/2 CAPE	MITE SHIRT H	18 93
5) 6)	39.00	1.00 39.00	0.00	CASE Gal Tet	PERM	Strut Hangers LPC CONT D/C Perch brosthy 10, 5.1, 18189	THE NHITE !	27.57 89 11-45 47 46.4.1 19
		L	15016		XC +	995		

FOR YOUR CONVENTENCE HE NOW ACCEPT VISH, MASTERCARD AND MERICAN EXPRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR WITHLY SECTIONS.

554.50 0 0

FREIGHT SPLES TAY FERC TAX ENVEN TAX, ALF TAX

Industrial Equipment and Supplies 2055 NW 7th Average Miani, Florida 33127 (305) 324-0410 1-800-969-4765 (Florida Only)

07/14/99 11:43 am

ORDER NUMBER: 167264

ORDER DATE: 07/14/93

SOLD TO: CHE HOLD VALETCHE

CN136

S.I.F. ENTERPRISES INC.

1361 WASHINGTON AVENUE.

MIAMI BEACH

FL 33133

SHIP TO:

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S.I.E. ENTERPRISES INC. 1351 WASHINGTON AVENUE.

MIAMI PEACH FL 33133

SHIP VIA

FCB

P.O. #

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- SM

OUR TRUCK

COD

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

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1)	1.00	1.00	9.00	EOX	ULT IMATEWSOO	19" LLTIMATE WHITE SHIRT H	19.90	19.
3)	3.00	3.00	0.00	Ro11	000BLVE40	000 Elus Tint 21# Poly 40"	18.90	56.
(3)	3.00	3.00	0.00	<b>EOX</b>	UD141/2CAPPED	UD 141/2 CAPED PARGER	29.50	89.
4)	3.00	3.00	0.00	Box	STRUT	Strut Hangers	15.90	47.
5)	1.60	1.00	0,00	CASE	LECCUMITE	LPCC CONT D/C TAGS WHITE I	48.00	48.
<b>S</b> )	19,50	19.50	0.00 **	i=1	PEHK	Perchloroethylene	7.50	146
•						ne, 6.1, UN1897, PgIII, RQ,		
				Mar	ime Pollutant	. BRERNEUNY # (316) 524-5751	Ĺ	

THIS IS A COGNECTED INVOICE

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OF YOUR CONVENIENCE WE NIW ALCEPT VICA, MASTERCARD AND NUTSECOND EXPROPERS. HE CALLE CHECK WITH YOUR SOURSEPEND FOR TOTALY SMECTALS.

Signature

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REGCC# 0.00

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2:08PM RECEIVED TIME APR.24.

2:10PM PRINT TIME APR.24.

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		00) <b>282-2924</b> XX (813) 823-3568	(800) 553-9040 FAX (804) 634-08	213		A CONTRACTOR OF THE PARTY OF TH	in the	
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			LORGETHYLENE,		- Marie Marie	Ţ		
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SENT BY: OFFICE DEPOT 91; 561 451 8530; APR-24-00 2:11PM; PAGE 2/5 PHENIX TAMPA PAGE 1920 TAMPA EAST BLVD. 2050 KINGS RD./BLDG. B 02/01/00-TAMPA FLORIDA 33619-33024 JACKSONVILLE, FL 32209 (904) 834-1902 (800) 553-9040 (813) 623-3553 (800) 282-2924 FAX (813) 623-3558 FAX (904) 534-0213 **BEST AVAILABLE COPY** CUST. 07-28951 ٧O. 50LD ONE HOUR WALATONE! ONE HOUR VALATONE TO TO 1361 WASHINGTON AVE 1361 MASHINGTON FAE NIANI BEACH 33139 MIANI BEACH FL 33139 C.O.D.-REDUTRED 07 TRUCK 03 ECUL INSTRUCTIONS (305) 532-5884 RO TETRACHLORDETHYLENE. 6.1, UN-1897, "PG III", -PL. PERC \*DOMPER\* S-GAL PAIL 3.0 HK----BO - 250/CS 47.85 3.0 P A STRUT HANGERS 15,55 **C3** 29.95 57.90 2.0 CS P A #14.5 BA PLAIN CAPED 500/CB 1.0 œ A 18" SHIRT HANGERS WHITE 500/CE 16.95 14.95 42.70 128.70 3.0 PL PERC \*DOMPER\* 5-GAL PAJL HS-1178 HI SPUN COVER 10.35 20.50 \*2.0 EA 85.65 23 HYPUR DOUBLE H CARBON FILTERS -2/CB 85.45 11-0 357.53 SUBTUTAL 23,37 SALES TAX ENVIRONMENTAL TAX -88 ENVIRONMENTAL TAX 75.00 1.00 RESCON TOTAL 459.81 This is to contry that the above numed materials are properly lessified, described, packaged, mericad and lebeled, and ere n proper condition for Transportation; expending to the policeble regulations of the Department of To Phents Supply Company P.O. Box 78849 464 RECEIVED BY TIME: \_ Tampa, FL 33676 VILANTA - BIRMANDIAM - COLUMBIA - GRÉINGBORD - GREENVILLE - JACKSONVILLE - KNOXVILLE - NASHVILLE - TAMPA

## DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250782 SIE ENTERPRISES INC BELLA SINGER 1361 WASHINGTON AVE

Bureau of Air Moni & Mobile Sourc

,	MIAMI BEACH FL 3313	9		onitoring
	Do <u>NOT</u> Rem	ove Label		
Annual Reporting Period:		7 то	/ -	19_98
Based on each term or condition of the 262-213.300, Florida Administrative Cod				EP Rule NO
*If NO, complete the following:				
#1. Term or condition of the general pe	rmit that has not been in continuo	ous compliance during	the reporting period	od stated above:
Exact period of non-compliance: from		to	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	** ** ** ** <u>*</u>	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance	: ::			
#2. Term or condition of the general pe	rmit that has not been in continuo	ous compliance during	the reporting perio	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		· .		
Method used to demonstrate compliance	: · · · · · · · · · · · · · · · · · · ·			
	· ·			
As the responsible official, I hereby certify, notification are true, accurate and complet does not exceed 2,100 gallons per year for	te. Further, my annual consumption	of perchloroethylene s	olvent, based upon p	ourchase receipts,
RESPONSIBLE OFFICIAL:	Be//A SINGER Name (Please Print)	Sella Signatu	luger =	2/11/98 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.



0358566

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 # 0250782

ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 487 Z
Fund: 20-2-035001

Obj.: 002273

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 # 0250782

ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139

FOR GOVERNMENT USE ON STORY OF 19 CONTROL OF

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406599 MAR 1 2001(

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

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250782

ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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#### 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.

RECEIVED MAIL ROOM

JAN 17 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0250782

ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



### THIS PORTION MUST BE ATTACHED TO REMITTANCESFOR PROPER HANDLING

Please include your AIRS ID# on your check or more Brog 2 This pumber can be found below on your mailing label.

Bureau of Air Monitoring
TOTAL AMOUNTUDUE: \$50.00

business Closed

Sept. 3001

Do NOT Remove Label

AIRS ID # 0250782
ONE HOUR VALETONE
BELLA SINGER
1361 WASHINGTON AVE
MIAMI BEACH FL
33139

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Ove How Valetone 1361 Washington are. Miami Beach, Fl. 33/39 PM P)
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TITLE V - General Permit
Receipts
Por Service 2079
Tallanassee, FL 32315-3070

FEB 2 2 2002
Bureau of Air Monitoring & Mobile Sources

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

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 19 98

Do NOT Remove Label

AIRS ID#0250782

SIE ENTERPRISES INC BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-0350 Obj.: 002273

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	1)
h 9 9 0	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0250782  ONE HOUR VALETONE  BELLA SINGER  361 WASHINGTON AVE  MIAMI BEACH FL  6 33139  PS FORM \$800 F CONTROL OF THE BELLA SINGER  Final Control of the Bell of the	ions &

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.	I also 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 0250782  SIE ENTERPRISES INC BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139	4b. Service ☐ Registere ☐ Express I	Type ed Certified Mail Insured Copipt for Merchandise COD
ls your RETURN	5. Received By: (Print Name)  FOUT FUME & SC  6. Signature Addressee of Agenty  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Rece	

# US Postal Service Receipt for Certified Mail No Insurança Coverade Provided. AIRS ID 0250782 SIE ENTERPRISES INC BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

PLACÉ STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	TE 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>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Beliver  C. Signature  Agent  Agent  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
ONE HOUR VALETONE BELLA SINGER	
1361 WASHINGTON AVE MIAMEBEACH FL 33139	3. Service Type    A Certified Mail   Express Mail     Registered   Return Receipt for Merchandi     Insured Mail   C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  7000 0600 0026 4125 7	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-179

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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0026	Restricted Delivery Fee (Endorsement Required)		. •		
0090	Total Postage & Fees	s AIRS ID #	10250782		
-8	ONE HOUR VALE				
	BELLA SINGER	STORE			
7000	1361 WASHINGTO MIAMI BEACH F				
			se for Instructions		

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> </ul>	A. Received by (Please Print Clearly)  B. Dale of Delivery  C. Signature  X  Agent  D. Is delivery address different from item 19 Yes
1. Article Addressed to:  AIRS ID # 0250782  ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE	If YES, enter delivery address below: ☐ No
MIAMI BEACH FL 33139	3. Service Type  Certified Mail
70000600002641274508	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	10 10 17 17 11 11 11
PS Form 3811, July 1999 Domestic Ret	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
508		and particular and				
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	Total Po	AI	RS ID # 0250782			
0090	Recipient ONE HOU BELLA S	R VALETONE INGER	-			
=	Street, Ap	HINGTON AVE EACH FL 33139				
7000	City, State	210111233139				
	PS Form 3800. February 2	2000	See Reverse for Instruc	etions		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	ETE 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> <li>10 AIRS ID # 0250782001AG BELLA SINGER ONE HOUR VALETONE</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
1361 WASHINGTON AVE MIAMI BEACH FL 33139	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2607	
PS Form 3811. July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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7000 0600	10 Re BELLA SINGI Si ONE HOUR VA 1361 WASHING C MIAMI BEACE	ALETONE GTON AVE	001AG	7		
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<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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?   Yes			
1. Article Addressed to:	If YES, enter delivery address below:			
AIRS ID # 0250782 ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139	3. Service Type  Description Mail Express Mail			
· · · · · · · · · · · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
7001, 0320, 000, 1873, 61, 161, 91, 11, 11, 11, 11, 11, 11, 11, 11, 1				
PS Form 3811, July 1999 Wd 3 Domestig Ret	urn Receipt 102595-99-M-1789			

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2001 0350	Sent ONE HOUR BELLA SIN Street or PO 1361 WASHI City,: MIAMI BEA 33139	VALETO GER NGTON		 025078	2	- - -	
1	1010					<u> </u>	nstructions.

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SENDER: COMPLETE THIS GEOMOTICS	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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2/14 0 0  C. Signature  Agent Addressee  D. Is delivery address different from item 12  Yes
1. Article Addressed to:	D. Is defivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE	
MIAMI BEACH FL 33139	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
Z 333 667 107	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

#### Z 333 667 107 US Postal Service Receipt for Certified Mail AIRS ID # 0250782 ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

#### **BEST AVAILABLE COPY**

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SS HGAV NHOT HEAC 	ERHONUE INTEGL HTMO/ISS-10V-Id TOUMPLE IE THIS SECTION ON DELIVERY	¥		
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A: Received by (Please Print Clearly) B. Date of D		.Postal.Service RTIEIED-MAIL RECEIPT= niesno Mail Only, No Insurani	ce Coverage Provided)
實際int your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	C. Signature		mailed 5/22/0	2
or-on the front if space permits.	D. Is delivery address different from item 1?	ressee = = = = = = = = = = = = = = = = =	Postage \$	The state of the s
ERS ID# 0250782		Ret	Certified Fee	Postmark
ELLA SINGER NE HOUR VALETONE	3: Service Type	Restric	urn Receipt Fee ement Required) ted Delivery Fee ement Required)	Here
40 COACH HOUSE CIRCLE OCA RATON FL 33486-8698	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merch		RS. ID# 0250782	
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes		ELLA SINGER E HOUR VALETONE	 f T2*
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ahassee FL 32399-2400	-	5 8745	POSTALIA	512720
			Carrier Date	jit.
	AIRS ID# 0250782		Unable To Forward  Unable To Forward  Unable To Forward	
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Market Single St. Market Single Single Single St. Market Single Sin	BOCA RATON FL 3348	6-8698	☐ Artempted-Not Known ☐ No Such Street☐ Num ☐ Vacant LI Illegible	٦ · · ﴿ وَأَنْ اللَّهِ br>ber ﴿ وَاللَّهِ اللَّهِ اللَّه
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