



# 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

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"

# 0250782

One Hour Valetone

p. 14 1.(a) add date control device  
installed, if any

p. 15 5.(c) not required, mark out  
"X" and initial

Perchloroethylene Dry Cleaning Facility Notification

**RECEIVED**

OCT 22 1996

BUREAU OF AIR REGULATION

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SIE ENTERPRISES INC.		
2. Site Name (For example, plant name or number):	ONE HOUR VALETONE		
3. Hazardous Waste Generator Identification Number:	FLD 038690988		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1361 WASHINGTON AVE.	MIAMI BEACH	DADE 33139
5. Facility Identification Number (DEP Use):	D250782		

**RECEIVED**

OCT 30 1996

Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	BELLA SINGER - OWNER - PRES.		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
		1361 WASHINGTON AVE	MIAMI BEACH DADE 33139
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(305) 532 - 5824	( ) - N/A	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MIRIAM GLINTON - MANAGER		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	1361 WASHINGTON AVE	MIAMI BEACH	DADE 33139
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(305) 532 - 5824	( ) - N/A	

**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.

MIRACLEAN 35 RP-FS Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 12-NOV-93    #2 08-DEC-91                      #3 02-MAR-92 02-MAR-92									
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		08-DEC-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

N/A.

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

x Bella Singer  
Signature

10 - 21 - 96  
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250782 DATE: 2/13/97 TIME IN: 10:30 TIME OUT: 11:00  
FACILITY NAME: ONE HOUR VALSTONE CLEANERS  
FACILITY LOCATION: 1361 WASHINGTON AVE  
MIAMI BEACH, FL 33139

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- A.
- 1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)
  - 2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)
  - 3. Existing large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed before 12/9/91)
  - 4. New 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 on or after 12/9/91)

This is a correct facility classification  Y  N

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 80 gallons.

3/6/97  
11/13/97  
3/17/97

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



**B. Has the responsible official of an existing large or new large area source also:**

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption?  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or,  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Maintained calibration data? <i>(for direct reading instruments only)</i>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>NA</i>                               |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>NA</i>                               |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

- |   |  |
|---|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

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

- |   |                                       |                            |                           |                                       |                                       |
|---|---------------------------------------|----------------------------|---------------------------|---------------------------------------|---------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Muck cookers              | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |
| Pumps   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |
| Water separators                                  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                           |                                       |                                       |

*Bella Singer*

Name of Responsible Official

*Thome Nazareo / Debbie Griner*

Inspector's Name (Please Print)

*2/18/97*

Date of Inspection

*[Signature]*

Inspector's Signature

*2/98*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:20 TIME OUT: 11:00 AIRS ID#: 0250782  
 TYPE OF FACILITY: PERC. REFINER  
 FACILITY NAME: PERC. REFINER (1341505) DATE: 2/12/97  
 FACILITY LOCATION: 1501 ...  
... ... ... 33139  
 RESPONSIBLE OFFICIAL: Bella Surgen PHONE NUMBER: \_\_\_\_\_

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

COMPLIANCE REQUIREMENT/PROBLEM

FOLLOW-UP ACTION REQUIRED

<u>No Monthly 10% of PERC Permittee</u>	<u>start maintaining log.</u>
<u>No Exhaust duct data of PERC Conc.</u>	<u>START MAINTAINING DATA</u>

COMMENTS: Facility equipment satisfactory, minor paper-work violations

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

DATE OF NEXT INSPECTION: 2/98

(Approximate)

INSPECTION CONDUCTED BY: Jaine Nazario / Debbie Griner  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3720922

[Signature]  
Page 1 of 1

AIR# ID#: 250782

RECEIVED  
Revised 10/10/96  
FEB 24 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Hour Valetone Air Quality Management Division  
 FACILITY LOCATION: 1361 WASHINGTON Ave.  
MIAMI BEACH, FLA. 33139

Annual Reporting Period: 12-17 19 96 TO 2-18- 19 97

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Bella Singer Bella Singer 2/20/97  
Name (Please Print) Signature Date

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

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

D6



Jeb Bush  
Governor

# Department of Environmental Protection

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/

AIR'S ID#: 0250782

BEST AVAILABLE COPY

Revised 10/10/96

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

MAY 07 1998

FACILITY NAME: One Hour Valetone Cleaners DATE: 3/11/98  
 FACILITY LOCATION: 1361 WASHINGTON AVE.  
MIAMI BEACH

Annual Reporting Period: 2-18 19 97 TO 3-11 19 98

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Bella Singer Bella Singer 3/4/98  
 Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:30 AIRS ID#: 025.0782  
 TYPE OF FACILITY: Pharm. Drug Dispensary  
 FACILITY NAME: Walgreens Pharmacy DATE: 4-11-99  
 FACILITY LOCATION: 1300 W. 1st St. Ft. Lauderdale, FL  
 RESPONSIBLE OFFICIAL: L. M. Smith PHONE NUMBER: 532-524

- 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: Facility in Compliance.

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

DATE OF NEXT INSPECTION: March 1999  
(Approximate)

INSPECTION CONDUCTED BY: THOMAS ALLEN  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 770-970



*ACCS*

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250782    DATE: 4/19/00    TIME IN: 1030    TIME OUT: 1100  
 FACILITY NAME: One Hour Valetone  
 FACILITY LOCATION: 1361 Washington Ave.  
Miami Beach, FL  
 RESPONSIBLE OFFICIAL: Bella Singer    PHONE: 305 532 5824  
 CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
APR - 7 2000

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

5. This is a correct facility classification:  Y     N     Can not determine

If no, please check the appropriate 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 70 gallons.

*ARMS*

*7/24/00*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

BEST AVAILABLE COPY

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- 1. Maintained receipts for perc purchased?  Y  N
- 2. Maintained rolling monthly total of perc consumption?  Y  N
- 3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
- 4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
- 6. Maintained startup/shutdown/malfunction plan?  Y  N
- 7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
- 8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

Ivan Fannin  
Inspector's Name (Please Print)

4/19/00  
Date of Inspection

Ivan Fannin  
Inspector's Signature

4/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

No receipts of perc purchases onsite

No leak log

No rolling log of perc

Machine operating - no odors

CEIVED

CT 22 1996

BUREAU OF  
REGULATION

One Hour Valetone

1. Facility	p. 14 1.(a) add date control device installed, if any
2. Site Name	p. 15 5.(C) not required, mark out "X" and initial
3. Hazardous	
4. Facility Street Address City:	
5. Facility	
<p>RECEIVED</p> <p>DEC 17 1996</p> <p>Air Quality Management Division</p>	
6. Name and Address	
7. Response Organization Street Address City:	
8. Response Telephone	33139
9. Name and Address	Miriam Ginton - MANAGER
10. Facility Contact Address:	
Street Address: 1361 Washington Ave	
City: MIAMI BEACH	County: DADE
	Zip Code: 33139
11. Facility Contact Telephone Number:	
Telephone: (305) 532-5824	Fax: ( ) - N/A

Perchloroethylene Dry Cleaning Facility Notification

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OCT 22 1996

BUREAU OF AIR REGULATION

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
SIE ENTERPRISES INC.

2. Site Name (For example, plant name or number):  
ONE HOUR VALETONE

3. Hazardous Waste Generator Identification Number:  
FLD 038690988

4. Facility Location:  
Street Address: 1361 WASHINGTON AVE.  
City: MIAMI BEACH County: DADE Zip Code: 33139

5. Facility Identification Number (DEP Use):  
~~0350782~~

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OCT 30 1996

Bureau of Air Monitoring & Mobile Sources

Responsible Official

~~0350782~~

6. Name and Title of Responsible Official:  
BELLA SINGER - OWNER - PRES.

7. Responsible Official Mailing Address:  
Organization/Firm:  
Street Address: 1361 WASHINGTON AVE  
City: MIAMI BEACH County: DADE Zip Code: 33139

8. Responsible Official Telephone Number:  
Telephone: (305) 532-5824 Fax: ( ) - N/A

Facility Contact (If different from Responsible Official)

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: 33139

11. Facility Contact Telephone Number:  
Telephone: (305) 532-5824 Fax: ( ) - N/A

### Facility Information

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

		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed
<i>MIRACLEAN 35 RP-FS</i>									
Type of Machine	ID			ID			ID		
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		08-DEC-91	08 DEC 91						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source



4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

N/A.

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring  *Duncan Gordon*
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

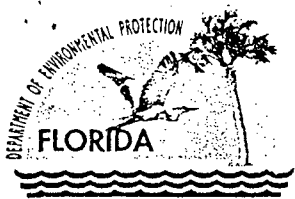
*I will promptly notify the Department of any changes to the information contained in this notification.*

*miriam stevens*

*Bella Singh*  
Signature

*2-18-97*

*10-21-96*  
Date



Department of  
Environmental Protection

RECEIVED

FEB 03 1997

Lawton Chiles  
Governor

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

Air Quality  
Management Division  
Secretary

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"

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0250782 DATE: 3-11-98 TIME IN: 1130 TIME OUT: 1200  
 FACILITY NAME: ONE HOUR VALERONE CLEANERS  
 FACILITY LOCATION: 1361 WASHINGTON 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 form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

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

  
 STAFF  


**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

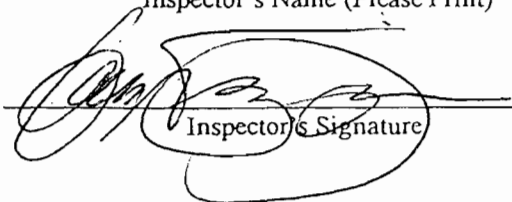
1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

JAMES NAZARCO

Inspector's Name (Please Print)



Inspector's Signature

3-11-98

Date of Inspection

MARCH 1999

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
 JUN 23 1999  
 Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 250782 DATE: 06/01/99 TIME IN: 3:00pm TIME OUT: 5pm  
 FACILITY NAME: One Hour Valetone Cleaners  
 FACILITY LOCATION: 1361 Washington Ave.  
Miami Beach FL 33139  
 RESPONSIBLE OFFICIAL: Bella Singer PHONE: (305) 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 form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

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

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

Review + ARMS  
 6/9/99  
 DG

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**BEST AVAILABLE COPY**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

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

KRISTAL YIPON  
Inspector's Name (Please Print)

06/01/99  
Date of Inspection

Kristal Yipon  
Inspector's Signature

06/2000  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:00 pm TIME OUT: 3:35 pm AIRS ID#: 250782  
 TYPE OF FACILITY: PERC DRY CLEANERS.  
 FACILITY NAME: One Hour Valetone Cleaners. DATE: 06/01/99  
 FACILITY LOCATION: 1361 Washington Ave.  
Miami Beach FL 33139  
 RESPONSIBLE OFFICIAL: Bella Singer PHONE NUMBER: (305) 532-5824

- 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: Facility in compliance

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

DATE OF NEXT INSPECTION: 05/2000  
(Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON  
(Please Print)

INSPECTOR'S SIGNATURE: Kristal Yipon PHONE NUMBER: (305) 372-6924  
~~(305) 532-5824~~

AIRS ID#: 250782

Acc

RECEIVED  
Revised 10/10/96  
JUN 25 1999  
Bureau of Air Monitoring  
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Hour Valetone Cleaners DATE: 6/1/99  
 FACILITY LOCATION: 1361 Washington Ave.  
Miami Beach, FL 33139.

Annual Reporting Period: 03/11 1998 TO 06/01/ 1999

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

If NO, complete the following:

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

N/A

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

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

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

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

\_\_\_\_\_

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

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

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

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

RESPONSIBLE OFFICIAL: Bella Singer Bella Singer 6/1/99  
 Name (Please Print) Signature Date

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

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

*Walt*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1030 TIME OUT: 1100 AIRS ID#: 0250782  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: One Hour Valetone DATE: 4/19/00  
 FACILITY LOCATION: 1261 Washington Ave.  
Miami Beach, FL  
 RESPONSIBLE OFFICIAL: Bella Singer PHONE NUMBER: 305-532-5824

- 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
<i>Not maintaining rolling log of perc purchases or leak log</i>	<i>Begin recordkeeping requirements</i>
<i>Not maintaining receipts of perc purchases</i>	<i>Maintain receipts onsite</i>

COMMENTS: *Good housekeeping*

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

DATE OF NEXT INSPECTION: 4/01  
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin  
(Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fannin* PHONE NUMBER: 305-372-6925



RECEIVED

APR 28 2000

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Management Division

FACILITY NAME: One Hour Valetone DATE: 4/19/00
FACILITY LOCATION: 1361 Washington Ave. Miami Beach, FL

Annual Reporting Period: April 1999 TO April 2000

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

If NO, complete the following:

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

Not maintaining rolling log of perc purchases or leak log (N/A)

Exact period of non-compliance: from June 99 to April 2000

Action(s) taken to achieve compliance: Begin recordkeeping requirements

Method used to demonstrate compliance: FDEP Calendar

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

Not maintaining receipts of perc purchases (N/A)

Exact period of non-compliance: from June 99 to April 00

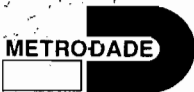
Action(s) taken to achieve compliance: Maintain receipts onsite

Method used to demonstrate compliance:

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

RESPONSIBLE OFFICIAL: Bella Singer Name (Please Print) Bella Singer Signature 4/25/00 Date

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



**NOTICE OF VIOLATION**

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

TO: Bella Singer  
ADDRESS: 1361 Washington Ave., Miami Beach, FL  
SOURCE/LOCATION: One Hour Valetone

YOU ARE HEREBY NOTIFIED that on 4/19/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: Not in compliance with Title V General Air Permit Part II (6)(a)(2): Facility shall maintain receipts for perc purchases onsite for 5 year minimum.

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).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. FAX perc purchase receipts for 1999 + 2000
- Within \_\_\_\_\_ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within \_\_\_\_\_ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

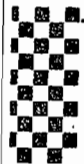
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,  
John W. Renfrow, P.E.  
Director

Received by: Jenny  
Title: Rep.  
Date: 4/19/00

By: Ivan Fannin  
Signature: [Signature]  
Section: Air Facilities



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# Office DEPOT®

## COPY and PRINT CENTER

### Fax Transmission

TO: IVAN W. FAUNIN

FROM: \_\_\_\_\_

FAX NUMBER: 305-372-6954

SENDER'S PHONE: ONE HOUR VALETONE

DATE: 4/28/00

TOTAL NUMBER OF PAGES: 5  
(Including Cover Sheet)

If you have any difficulties with this transmission, please contact the sender at the phone number listed above.

Message / Comment:

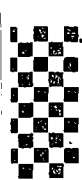
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VISIT OFFICE DEPOT FOR YOUR ...

Store Information

RECEIVED TIME APR. 24. 1:59PM

PRINT TIME APR. 24. 2:00PM  
Office Depot 91



# Office DEPOT®

## COPY and PRINT CENTER

### Fax Transmission

TO: IVAN W. FAUNIN

FROM: \_\_\_\_\_

FAX NUMBER: 305-372-6954

SENDER'S PHONE: ONE HOUR VALETONE

DATE: 4/28/00

TOTAL NUMBER OF PAGES: 5  
(Including Cover Sheet)

If you have any difficulties with this transmission, please contact the sender at the phone number listed above.

Message / Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VISIT OFFICE DEPOT FOR YOUR ...**  
**Color Copies - High Volume Copies**  
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**Letterhead & Envelopes**  
**Custom Pre-inked Stamps**  
**Custom Signs & Banners**  
**And All Your Printing Needs**

#### 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**

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

07/12/99 04:23 pm

ORDER NUMBER: 167264

ORDER DATE: 07/12/99

SOLD TO: ONE HOUR VALETONE  
ON136 S.I.E. ENTERPRISES INC.  
1361 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

SHIP TO: ONE HOUR VALETONE  
S.I.E. ENTERPRISES INC.  
1361 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

SHIP VIA  
OUR TRUCK

FUB

P.O. #

TERMS  
COD

SM  
07

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

LN#	ORDERED	SHIPPED	BACKORD	UNIT	PRODUCT #	DESCRIPTION	UNIT	EXTENS
1)	1.00	1.00	0.00	BOX	ULTIMATE	18" ULTIMATE WHITE SHIRT H	19.90	19
2)	3.00	3.00	0.00	Roll	006ELUM40	006 Blue Tint 21# Poly 40"	18.93	56
3)	3.00	3.00	0.00	BOX	UD141/2CAPRO	UD 141/2 CAPPE HANGER	27.50	89
4)	3.00	3.00	0.00	Box	STRUT	Strut Hangers	11.40	47
5)	4.00	1.00	0.00	CASE	DECCSITTE	LECC CONT D/C TAGE WHITE +	16.11	19
6)	39.00	39.00	0.00	Gal	PERC	Tetrachloroethylene, S.I. UN1897, PGII, RD, Marine Pollutant. EMERGENCY # (316) 524-5751	7.00	3192
	19.5	19.5						

WRONG D/C TAGS

ONLY CAN HOLD ONE  
DRUM OF PERC

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

Signature: *[Signature]* Date: 7-13-99

NET TOTAL	554.50	0.00	FREIGHT	6.00	SALES TAX	36.04	PERC TAX	2.30	EMVRY TAX	195.00	ALF TAX	0.00	REGOON	0.00	TOTAL	787.84
24 HOUR EMERGENCY NUMBER		RECEIVED TIME		APR. 24.		2:08PM		PRINT TIME		APR. 24.		2:10PM				

BEST AVAILABLE COPY

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

07/14/99 11:43 am  
ORDER NUMBER: 167264  
ORDER DATE: 07/14/99

SOLD TO: ONE HOUR VALETONE  
ON136 S.I.F. ENTERPRISES INC.  
1361 WASHINGTON AVENUE.  
MIAMI BEACH FL 33139

SHIP TO: ONE HOUR VALETONE  
S.I.E. ENTERPRISES INC.  
1361 WASHINGTON AVENUE.  
MIAMI BEACH FL 33139

SHIP VIA OUR TRUCK      FCB      P.O. #      TERMS COD      SM 07

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

LINE	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT PRICE	EXTENSION
1)	1.00	1.00	0.00		BOX	ULTIMATEWS00	18" ULTIMATE WHITE SHIRT H	19.90	19.90
2)	3.00	3.00	0.00		Roll	000BLUE40	000 Blue Tint 21# Poly 40"	18.90	56.70
3)	3.00	3.00	0.00		BOX	LD141/20CAPED	LD 141/2 CAPED HANGER	29.90	89.70
4)	3.00	3.00	0.00		Box	STRUT	Strut Hangers	15.90	47.70
5)	1.00	1.00	0.00		CASE	LFOCWHITE	LFOC CONT D/C TAGS WHITE 1	48.00	48.00
6)	19.50	19.50	0.00	**	Gal	PtHK	Perchloroethylene Tetrachloroethylene, 6.1, UN1897, PgIII, RG, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50	146.25

THIS IS A CORRECTED INVOICE

*Pd = cr # 1647*

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND  
AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES PERSON FOR  
DAILY SPECIALS.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL \$	FRIGHT	SALES TAX	PERM TAX	EMER TAX	ADF TAX	R-BOOM	TOTAL
438.85	0.00	29.54	1.15	97.30	0.00	0.00	566.84

24 HOUR EMERGENCY NUMBER

RECEIVED TIME APR. 24. 2:08PM

PRINT TIME APR. 24. 2:10PM

0130233338

PHENIX TAMPA

PAGE 04



1820 TAMPA EAST BLVD.  
TAMPA, FLORIDA 33618-3024  
(813) 623-3553  
(800) 283-2924  
FAX (813) 623-3558

2050 KINGS RD/BLDG. B  
JACKSONVILLE, FL 32209  
(904) 634-1002  
(800) 553-0040  
FAX (904) 634-0213

F-074382	10/21/99	1
----------	----------	---



JUST NO. 07-28951

BEST AVAILABLE COPY

F3

SOLD TO ONE HOUR VALATONE  
1361 WASHINGTON AVE  
MIAMI BEACH FL 0

SHIP TO ONE HOUR VALATONE  
1361 WASHINGTON AVE  
MIAMI BEACH FL 0

C.O.D. - REQUIRED	07	TRUCK	02
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SPECIAL INSTRUCTIONS

(305) 532-8824

QTY	UNIT	DESCRIPTION	UNIT PRICE	TAX	TOTAL
4.0	PL	RG TETRACHLOROETHYLENE, 6.1, UN-1897, "PG III", PERC #DUMPER* - 5-GAL PAIL			
1.0	BX	COMPUTER FORM #97-112 *20XSD* -2.5H	30.45	Y	30.45
2.0	RL	40" BLUE PHENIX PLUS #.0005* 469/RL	18.95	Y	37.90
4.0	PL	PERC #DUMPER* - 5-GAL PAIL	42.90	Y	171.60
1.0	EA	MSDS PERC #DUMPER* - 5-GAL	.00	N	.00
*10.0	BX	STAPLES HB-8 (2115-1/4) *RED BOX*	1.50	Y	15.00
*1.0	EA	HB-166 HI SPUN COVER	24.10	Y	24.10
*1.0	EA	HB-166 50 02 BONN-E-BLUE PAD	8.85	Y	8.85
1.0	EA	HB-230 50 02 BONN-E-BLUE PAD	14.90	Y	14.90
.0	EA	HB-1175 HI SPUN COVER	14.05	Y	.00
*1.0	EA	HB-1175 50 02 BONN-E-BLUE PAD	4.55	Y	4.55
*1.0	EA	HB-230 HI SPUN COVER	38.40	Y	38.40

This is to certify that the above named materials are properly sealed, described, packaged, marked and labeled, and are in proper condition for transportation, according to the regulations of the Department of Transportation.



RECEIVED BY \_\_\_\_\_ TIME: \_\_\_\_\_

CUMBERLAND • GREENSBORO • GREENVILLE • JACKSONVILLE • KNOXVILLE • NASHVILLE • TAMPA

*One Hour Valatone*  
*Supplies*  
 RECEIVED BY  
 STATE  
 TERMS  
 ADDRESS

RECEIVED TIME APR.24. 2:08PM

PRINT TIME APR.24. 2:10PM

PHENIX TAMPA

PAGE 06

F-084665

02/06/00

1

1820 TAMPA EAST BLVD.  
TAMPA FLORIDA 33618-33024  
(813) 823-3558  
(800) 282-2924  
FAX (813) 623-3558

2080 KINGS RD./BLDG. B  
JACKSONVILLE, FL 32209  
(904) 634-1002  
(800) 583-9040  
FAX (904) 634-0213

BEST AVAILABLE COPY

JUST NO. 07-28951

MM 53

SOLD TO ONE HOUR VALATONE  
1361 WASHINGTON AVE  
MIAMI BEACH FL 33139

SHIP TO ONE HOUR VALATONE  
1361 WASHINGTON AVE  
MIAMI BEACH FL 33139

C.O.D.-REQUIRED

07

TRUCK

03

SPECIAL INSTRUCTIONS

(305) 532-2884

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL	Y/N	AMOUNT
3.0	PL	RQ TETRACHLOROETHYLENE, 6.1, UN-1897, "PG III", PERC #DOMPER# - 5-GAL PAIL				
3.0	CS	P A STRUT HANGERS - 250/CS	15.95	47.85	Y	47.85
2.0	CS	P A #14.5 GA FLAIN CAPED 500/CS	29.95	59.90	Y	59.90
1.0	CS	P A 18" SHIRT HANGERS WHITE 500/CS	16.95	16.95	Y	16.95
3.0	PL	PERC #DOMPER# - 5-GAL PAIL	42.90	128.70	Y	128.70
2.0	EA	HS-1178 HI SPUN COVER	10.25	20.50	Y	20.50
1.0	CS	HYPUR DOUBLE H CARBON FILTERS -2/CS	85.65	85.65	Y	85.65
SUBTOTAL				359.55		359.55
SALES TAX				23.37		23.37
ENVIRONMENTAL TAX				.88		.88
ENVIRONMENTAL TAX				75.00		75.00
REGCOM				1.00		1.00
TOTAL				459.81		459.81

*not paid  
OK P.K.*

EPACK 13  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.



Priority Supply Company  
P.O. Box 7848  
Tampa, FL 33675

RECEIVED BY *[Signature]*

TIME: \_\_\_\_\_

ATLANTA • BIRMINGHAM • COLUMBIA • GREENSBORO • GREENVILLE • JACKSONVILLE • KNOXVILLE • NASHVILLE • TAMPA



all

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

FEB 24 1998

RECEIVED

AIRS ID#0250782
SIE ENTERPRISES INC BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139

Do NOT Remove Label

Annual Reporting Period: 1 - 19 97 TO 1 - 19 98

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

\*If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Bella Singer Bella Singer 2/14/98  
 Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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: 12812  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN 27 9 51 AM

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391950

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

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

AIRS ID # 0250782

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

RECEIVED  
MAIL ROOM  
FEB - 8 2000

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406599 MAR 1 2001

*pd*

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
--

Bureau of Internal Revenue  
& Multiple Sources

MAR - 5 2001

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258404 ✓

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

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

AIRS ID# 0250782

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

RECEIVED

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

Bureau of Air Monitoring  
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

*Business Closed  
as of Sept. 2001*

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

*One Hour Valetone  
1361 Washington Ave.  
Miami Beach, Fl. 33139*



Bureau of Air Monitoring  
& Mobile Sources

FEB 22 2002

RECEIVED

TITLE V - General Permit  
Receipts  
~~Box 6070~~  
Tallahassee, FL 32315-3070

*0250782  
Inactive  
2/26/2002*

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

V303024

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**

RECEIVED  
MAIL ROOM

FEB 19 98

Do **NOT** Remove Label

SIE ENTERPRISES INC  
BELLA SINGER  
1361 WASHINGTON AVE  
MIAMI BEACH FL 33139

AIRS ID#0250782

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

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

7000 0520 0250 0200 0200 9373 0664 4990

--	--

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

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

( mailer)



Is your RETURN ADDRESS completed 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 can return this card to you.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 AIRS ID 0250782  
 SIE ENTERPRISES INC  
 BELLA SINGER  
 1361 WASHINGTON AVE  
 MIAMI BEACH FL 33139

4a. Article Number  
 Z 333 613 330  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-14-95  
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
*Pat Sumers*  
 6. Signature (Addressee or Agent)  
*Maria C. Martinez*

Thank you for using Return Receipt Service.

Z 333 613 330

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage 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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

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

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250782

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

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 3/5/01

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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 label)  
7000 0600 0026 4125 7952

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

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

7000 0600 0026 4125 7952

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

AIRS ID # 0250782

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

See for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 2/9/09
1. Article Addressed to:		C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent	
<p style="text-align: right;">AIRS ID # 0250782</p> <p>ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139</p> <p>7000 0600 0026 4127 4508</p>		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)																			
7000 0600 0026 4127 4508	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td colspan="2">Total P<sub>c</sub></td> <td>AIRS ID # 0250782</td> </tr> <tr> <td colspan="3"> <p><b>Recipient</b> ONE HOUR VALETONE            BELLA SINGER            Street, Ap 1361 WASHINGTON AVE            City, State MIAMI BEACH FL 33139</p> </td> </tr> <tr> <td colspan="2">PS Form 3800, February 2000</td> <td>See Reverse for Instructions</td> </tr> </table>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total P <sub>c</sub>		AIRS ID # 0250782	<p><b>Recipient</b> ONE HOUR VALETONE            BELLA SINGER            Street, Ap 1361 WASHINGTON AVE            City, State MIAMI BEACH FL 33139</p>			PS Form 3800, February 2000		See Reverse for Instructions
Postage	\$	Postmark Here																	
Certified Fee																			
Return Receipt Fee (Endorsement Required)																			
Restricted Delivery Fee (Endorsement Required)																			
Total P <sub>c</sub>		AIRS ID # 0250782																	
<p><b>Recipient</b> ONE HOUR VALETONE            BELLA SINGER            Street, Ap 1361 WASHINGTON AVE            City, State MIAMI BEACH FL 33139</p>																			
PS Form 3800, February 2000		See Reverse for Instructions																	

**ETE THIS SECTION ON DELIVERY**

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

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0250782001AG  
 BELLA SINGER  
 ONE HOUR VALETONE  
 1361 WASHINGTON AVE  
 MIAMI BEACH FL 33139

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 8/18/07

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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 label)  
7000060002641302607

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

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

7000 0600 0026 4130 2607

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

T 10 AIRS ID # 0250782001AG  
 Re BELLA SINGER  
 St ONE HOUR VALETONE  
 Ave 1361 WASHINGTON AVE  
 Ci MIAMI BEACH FL 33139

*[Signature]*

PS Form 3811, July 1999 for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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 <u>3/9/02</u>
1. Article Addressed to:  <p style="text-align: center;">AIRS ID # 0250782</p> ONE HOUR VALETONE BELLA SINGER 1361 WASHINGTON AVE MIAMI BEACH FL 33139	C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, Jul 1999 Domestic Return Receipt	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)											
<b>OFFICIAL USE</b>											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total		Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total											
AIRS ID # 0250782 Sent to ONE HOUR VALETONE BELLA SINGER Street or PO 1361 WASHINGTON AVE City MIAMI BEACH FL 33139											
PS Form	Instructions										

Fold at line over top of envelope to

**SENDER: COMPLETE THIS SECTION**      **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250782

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

**Z 333 667 107**

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)      B. Date of Delivery

C. Signature       Agent  
 Addressee

D. Is delivery address different from item 1?       Yes  
If YES, enter delivery address below:       No

3. Service Type

Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)       Yes

**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 Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 0250782  
 BELLA SINGER  
 ONE HOUR VALETONE  
 5740 COACH HOUSE CIRCLE  
 BOCA RATON FL 33486-8698

2. Article Number (Copy from service label)  
 7000 0520 0020 93728142

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature: **X** \_\_\_\_\_  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

*Remailed 5/22/02*

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Postmark Here

AIRS ID# 0250782  
 BELLA SINGER  
 ONE HOUR VALETONE  
 5740 COACH HOUSE CIRCLE  
 BOCA RATON FL 33486-8698

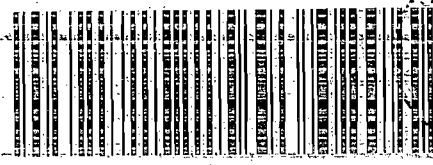
PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0020 9372 8142

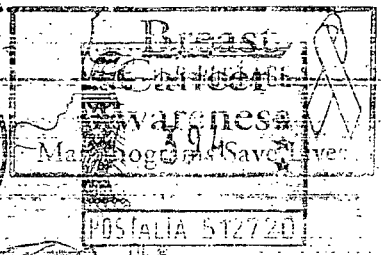
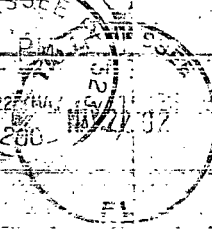
MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7000 0520 0020 9372 8142



AIRS ID# 0250782  
 BELLA SINGER  
 ONE HOUR VALETONE  
 5740 COACH HOUSE CIR  
 BOCA RATON FL 33486-8698

**RECEIVED**  
 JUN 13 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

*Handwritten signature: BELLA SINGER*  
 5-24  
 5/29  
 6/9

- Not Deliverable As Addressed Unable To Forward
- Insufficient Address
- Mailed, Left No Address
- Unclaimed  Refused
- Attempted-Not Known
- No Such Street  Number
- Vacant  Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due