



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 27, 1997

Mr. Eddie Rodriguez  
Dryclean USA  
1875 West Commercial  
Boulevard, Suite 140  
Ft. Lauderdale, Florida 33309

Re: Facility I.D. No. 0250793

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 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, Florida 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

AIRS ID#: 0250793

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FOR

FACILITY NAME: Dry Clean USA #72119

FACILITY LOCATION: 13725 SW 152 St.  
Miami, FL 33184

Annual Reporting Period: 4 1999 TO \_\_\_\_\_

Based on each term or condition of the Title V general air permit, my facility has remained in conformance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. /

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the

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

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 information made in this notification are true, accurate and complete. Further, my annual consumption of petroleum-based solvents upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry cleaning facilities for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Angelo Izquierdo [Signature]  
Name (Please Print) Signature  
EDDIE J. RODRIGUEZ

\*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.

RECEIVED

DEC 16 2000

# DRYCLEAN-USA

7771 W. OAKLAND PARK BLVD. • SUITE 201 • SUNRISE, FLORIDA 33351  
TELEPHONE: (954) 747-7599 • FAX (954) 747-9878

December 5, 2000

Ms. Debbie Griner  
Pollution Control Inspector II  
Environmental Resources Management  
Air Quality Management Division  
33 SW 2<sup>nd</sup> Av., Suite 900  
Miami, FL 33130

RECEIVED

DEC 13 2000

Air Quality  
Management Division

**Re: Annual Compliance Certification Forms  
Dryclean USA of Florida, Inc.  
Miami-Dade County**

Dear Ms. Griner:

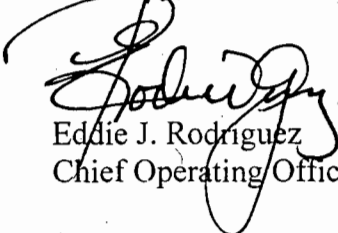
We received your letter dated November 21, 2000 regarding Annual Compliance Certification forms today, December 5, 2000. This letter requests that we sign and return these forms to you within 15 days of receipt.

Please be advised that these forms were mailed to an incorrect address. Since July 2000, we have been at the address shown on this letterhead. In order to ensure that future correspondence reaches us in a timely manner, we request that your files be updated with our new address.

In addition, please accept this letter as our authorization to change the designated Responsible Official from Angelo Izquierdo to Eddie J. Rodriguez. I have signed and am enclosing the Annual Compliance Certification Forms. Please be assured that it is Dryclean USA's policy to keep our stores in compliance with the State of Florida in all matters. All minor non-compliance issues will be settled immediately.

Please feel free to contact my assistant Ruth Fultz at 954/747-7599 with any questions.

Sincerely,

  
Eddie J. Rodriguez  
Chief Operating Officer

/rf



A member of the DCI Management Group

MIAMI-DADE COUNTY, FLORIDA



ENVIRONMENTAL RESOURCES MANAGEMENT  
 AIR QUALITY MANAGEMENT DIVISION  
 33 S.W. 2nd AVENUE  
 SUITE 900  
 MIAMI, FLORIDA 33130-1540  
 TELEPHONE: (305) 372-6925  
 FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo  
 Dryclean USA  
 1875 West Commercial Blvd., Suite 140 - *OLD ADDRESS!*  
 Fort Lauderdale, Florida 33309

RECEIVED  
 12/5/00

Dear Mr. Izquierdo:

As the designated Responsible Official (R.O.), please complete and sign the enclosed Annual Compliance Certification forms and mail them to this office within fifteen (15) days of the receipt of this notice. Failure to submit said forms within the stipulated time frame may result in enforcement action. You may keep the pink copy for your records. A copy of the Inspection Summary Report was issued during the most recent facility inspection of these sites and a copy is also enclosed.

Permit #	Compliance Status	Permit #	Compliance Status
0250786 3890 Bird Rd.	Minor Non-Compliance. Improper keeping of rolling log of perc purchases.	0250794 1401 Sunset Dr.	Minor Non-Compliance. Not properly draining cartridge filters for at least 24 hours & not conducting temp. monitoring after the cool-down period and after verifying the coolant has been completely recharged.
0250787 20355 Biscayne Blvd.	IN	0250795 13025 SW 112 St.	IN
0250788 13886 SW 56 St.	Minor Non-Compliance. Checking the wrong temp. gauge to record the outlet stream of refrigerated condenser	0250796 18468 NW 67 Ave.	IN
0250791 14097 SW 88 St.	IN	0250805 6685 NW 169 St.	IN
0250792 9069 SW 107 Ave.	IN	0250806 9525 NW 41 St.	IN
0250793 13725 SW 152 St.	IN	0250807 1101 SW 22 St.	IN

Pursuant to the General Permit for Perchloroethylene Dry Cleaners Part II (3)(a) **Administrative Corrections**, within 30 days of any changes requiring corrections to information contained in the initial notification form, the responsible official shall notify the Department in writing. Such changes shall include, but are not limited to, any change in name of the designated responsible official as well as change in or removal of perc dry cleaning machines.

If you need additional information on the above please contact me at (305) 372-6925.

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Griner", with a long horizontal flourish extending to the right.

Debbie Griner, Pollution Control Inspector II  
Air Facilities Section

Enc: Annual Certification Forms and Inspection Summary Reports



Eddie J. Rodriguez  
President and  
Chief Operating Officer  
Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources  
MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RECEIVED  
MAY 17 1999  
Bureau of Air Monitoring  
& Mobile Sources

Re: Responsible Official, Dryclean USA of Florida, Inc.

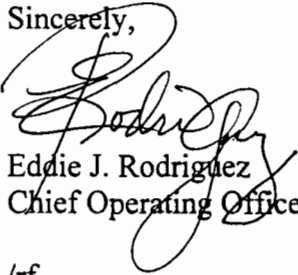
To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerely,

  
Eddie J. Rodriguez  
Chief Operating Officer

/rf

cc Angelo Izquierdo  
Art Pennetta, Natural Resource Specialist I, Broward County

#0250793

Dryclean USA

p.14

1.(a) add date control device  
installed

1.(c) mark out "X" and initial

p.15

5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dryclean USA
2. Site Name (For example, plant name or number):	Country Walk * 11119
3. Hazardous Waste Generator Identification Number:	FLD981019979
4. Facility Location: Street Address: 13725 S.W. 152 street City: Miami County: Dade Zip Code: 33186	
5. Facility Identification Number (DEP Use):	0250793

## Responsible Official

6. Name and Title of Responsible Official:	Eddie Rodriguez, President
7. Responsible Official Mailing Address: Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140 City: Ft. Lauderdale County: Broward Zip Code: 33309	
8. Responsible Official Telephone Number: Telephone: (954) 493-6700 Fax: (954) 493-8444	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Jodie Perez, District Manager
10. Facility Contact Address: Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140 City: Ft. Lauderdale County: Broward Zip Code: 33309	
11. Facility Contact Telephone Number: Telephone: (954) 493-6700 Fax: (954) 493-8444	

RECEIVED

NOV 8 1996



### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	12/11/85							
(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

No control devices are required to be installed

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

429 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 large area source*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

**Equipment Monitoring and Recordkeeping Information**

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

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

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

Please indicate with an "X" the appropriate selection:

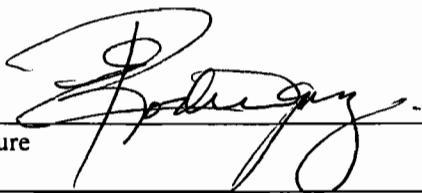
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

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.*

Signature 

Date 11/4/96

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:55 pm TIME OUT: 2:45 pm AIRS ID#: 0250793  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Dry Clean USA DATE: 2.4.97  
 FACILITY LOCATION: 13725 SW 152 St., Miami FL  
 RESPONSIBLE OFFICIAL: Carlos Vega, MGR. 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
<i>No start up shutdown plan.</i>	<i>Must keep one on site.</i>

COMMENTS:

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: Rosana RIVERA  
(Please Print)

INSPECTOR'S SIGNATURE: Rosana R PHONE NUMBER: 372-6942



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0250793 DATE: 2.4.97 TIME IN: 1:55pm TIME OUT: 2:45pm  
 FACILITY NAME: Dry Clean USA  
 FACILITY LOCATION: 13725 SW 152 St.  
Miami, FL.

### 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.

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

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 460 gallons.

2/19/97  
MB

**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"/> NA |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 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                             |
| 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"/> NA |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N
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
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  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 leak detection and repair inspection?  Y  N

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input 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 |                           |  |

Carlos Vega, Manager  
Name of Responsible Official

Rosana RIVERA  
Inspector's Name (Please Print)

Rosana R  
Inspector's Signature

2.4.97  
Date of Inspection

2.98  
Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION:**

This section is currently blank, intended for providing additional site information.

AIRS ID#: 0250793

**BEST AVAILABLE COPY**

**RECEIVED**  
REVISED 10/10/96  
SEP 23 1997

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

FACILITY NAME: Dry Clean USA

FACILITY LOCATION: 13725 SW 152 St., Miami FL.

Air Quality  
Management Division

Annual Reporting Period: January 1996 TO December 1996

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:

No startup/shutdown plan.

Exact period of non-compliance: from January 20, 1997 to February 6, 1997

Action(s) taken to achieve compliance: Had copy made from same machine.

Method used to demonstrate compliance: Copy of startup/shutdown plan in Compliance Manual

#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: \_\_\_\_\_

**RECEIVED**

SEP 29 1997

Bureau of Air Monitoring  
& Mobile Sources

*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: EDDIE J. Rodriguez [Signature] 9/5/97  
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 RESOURCES MANAGEMENT (DERM)  
AIR QUALITY MANAGEMENT DIVISION  
33 S.W. SECOND AVENUE, SUITE 900  
MIAMI, FLORIDA 33120-1540

**Perchloroethylene Dry Cleaning Facility Notification**

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>Dryclean USA</b>
2. Site Name (For example, plant name or number): <b>Country Walk # 11119</b>
3. Hazardous Waste Generator Identification Number: <b>FLD981019979</b>
4. Facility Location: Street Address: <b>13725 S.W. 152 street</b> City: <b>miami</b> County: <b>Dade</b> Zip Code: <b>33186</b>
5. Facility Identification Number (DEP Use): <b>0250793</b>

**Responsible Official**

6. Name and Title of Responsible Official: <b>Eddie Rodriguez, President</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>Dryclean USA</b> Street Address: <b>1875 W. Commercial Blvd., Suite 140</b> City: <b>Ft. Lauderdale</b> County: <b>Broward</b> Zip Code: <b>33309</b>
8. Responsible Official Telephone Number: Telephone: <b>(954) 493-6700</b> Fax: <b>(954) 493-8444</b>

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): <b>Jodie Perez, District Manager</b>
10. Facility Contact Address: Organization/Firm: <b>Dryclean USA</b> Street Address: <b>1875 W. Commercial Blvd., Suite 140</b> City: <b>Ft. Lauderdale</b> County: <b>Broward</b> Zip Code: <b>33309</b>
11. Facility Contact Telephone Number: Telephone: <b>(954) 493-6700</b> Fax: <b>(954) 493-8444</b>

**RECEIVED**

NOV 8 1996

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	12/11/85	12/11/85						
(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  *free*

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".)

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:

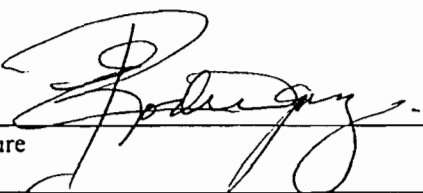
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

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.*

  
\_\_\_\_\_  
Signature

11/4/96  
Date

  
\_\_\_\_\_  
Signature

2-4-97  
DATE

JODIE PEREZ  
PRINT NAME

DISTRICT Manager  
POSITION w/ Company

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

OCT 20 1998

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 250793 DATE: 9/28/98 TIME IN: 10:30 TIME OUT: 11:15 FACILITY NAME: Dryclean USA FACILITY LOCATION: 13725 SW 152nd St RESPONSIBLE OFFICIAL: District Judge Perez PHONE: (305) 285-8392 CONTACT NAME: Dominica Melenciano PHONE: (305) 232-2276

PART I: NOTIFICATION

(check appropriate box) 1. New facility notified DARM 30 days prior to startup [ ] 2. Facility failed to notify DARM to use general permit [ ]

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box) [ ] No notification form [ ] Drop store/out of business/petroleum A. 1. Existing small area source [ ] 2. New small area source [ ] 3. Existing large area source [X] 4. New large area source [ ] 5. This is a correct facility classification [X] 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 340 gallons.

Handwritten signature and date 10/1/98

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <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:
- 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

Mitchell Fishkind  
Inspector's Name (Please Print)

9/28/98  
Date of Inspection

Mitchell Fishkind  
Inspector's Signature

9/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:00 / 10:30 TIME OUT: 10:30 AIRS ID#: 250793  
 TYPE OF FACILITY: Dry to Dry  
 FACILITY NAME: Dry Clean USA DATE: \_\_\_\_\_  
 FACILITY LOCATION: 13725 SW 152 ST  
 RESPONSIBLE OFFICIAL: Jodie Perez, District Manager PHONE NUMBER: (305) 385-8392  
(305) 232-2276

- 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:

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

DATE OF NEXT INSPECTION: 9/99 (Approximate)

INSPECTION CONDUCTED BY: Mitchell Fishkind (Please Print)

INSPECTOR'S SIGNATURE: Mitchell Fishkind PHONE NUMBER: (305) 372-6925

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA 11119 DATE: 9/28/98  
 FACILITY LOCATION: 13725 SW 152nd St.

Annual Reporting Period: 9 1997 TO 9 1998

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

If NO, complete the following:

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

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

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

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

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OCT 27 1998

Bureau of Air Monitoring  
& Mobile Sources

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: JODIE PEREZ [Signature] 9/28/98  
 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.

cc  
Later

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250793 DATE: 3/31/99 TIME IN: 11:00am TIME OUT: 11:15am  
FACILITY NAME: Dry Clean USA  
FACILITY LOCATION: 13725 SW 152 St  
Miami FL 33186  
RESPONSIBLE OFFICIAL: Eddie Rodriguez PHONE: (954) 493-6700  
CONTACT NAME: Raul Mas PHONE: (305) 385-8392

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

- 1. Existing small area source   
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,  $140 \leq x \leq 2,100$  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   
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 200 gallons.

3/31/99  
ARMS  
DG

17B  
4/1/99

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

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

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

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

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

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

Deborah Griner  
Inspector's Name (Please Print)

3/31/99  
Date of Inspection

Deborah Griner  
Inspector's Signature

3/2000  
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: 11:00 am TIME OUT: 11:15 am AIRS ID#: 0250793  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Dry Clean USA DATE: 3/31/99  
 FACILITY LOCATION: 13725 SW 152 St.  
Miami, FL 33180  
 RESPONSIBLE OFFICIAL: Eddie Rodriguez PHONE NUMBER: (954) 493-6700

- 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: Excellent Recordkeeping

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

DATE OF NEXT INSPECTION: 3/3000  
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-0925

AIRS ID#: 0250793

*Acc*

Revised 10/10/96

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

**RECEIVED**

JUL 14 1999

FACILITY NAME: Dry Clean USA #11119 Air Qual DATE: 6/23/99  
 FACILITY LOCATION: 13725 SW 152 St Management Division  
Miami, FL 33186

Annual Reporting Period: 3 1998 TO 3 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:

N/A

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

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

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

**RECEIVED**  
JUL 14 1999  
Bureau of Air Monitoring  
& Mobile Sources

*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: Eddie Rodriguez Angelo Izquierdo 7/1/99  
 Name (Please Print) Signature Date  
ANGELO IZQUIERDO

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250793 DATE: 4/16/00 TIME IN: 3:15pm TIME OUT: 3:45pm  
FACILITY NAME: Dry Clean USA  
FACILITY LOCATION: 13725 SW 152 St  
Miami, FL 33186  
RESPONSIBLE OFFICIAL: Angelo Izquierdo PHONE: (954) 493-6700  
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

RECEIVED  
JUN 15 2000  
Bureau of Air Monitoring  
& Mobile Sources

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

A.	1. Existing small area source <input type="checkbox"/> 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 checked="" 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 260 gallons.

4/16/00  
JG

**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 type="checkbox"/> N/A            |

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

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

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

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

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

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

Deborah Griner  
Inspector's Name (Please Print)

4/6/00  
Date of Inspection

Deborah G.  
Inspector's Signature

4/01  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Machine not operating at time of inspection.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:15pm TIME OUT: 3:25pm AIRS ID#: 0250793  
 TYPE OF FACILITY: Peric Dry Cleaner  
 FACILITY NAME: Dry Clean USA DATE: 4/6/00  
 FACILITY LOCATION: 13725 SW 152 St  
Miami  
 RESPONSIBLE OFFICIAL: Angelo Izquierdo PHONE NUMBER: (954) 493-10700

- 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: Patrick Taylor  
Excellent Housekeeping / Recordkeeping

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: Deborah Griner  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-0936

ACC

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

RECEIVED

FACILITY NAME: Dry Clean USA #72119 DATE: 12/10/00  
 FACILITY LOCATION: 13725 SW 152 St. DEC 13 2000  
Miami, FL 33184 Air Quality Management Division

Annual Reporting Period: 4 1999 TO 4 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:

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: Angelo Izquierdo [Signature] 12/5/00  
 Name (Please Print) Signature Date  
EDDIE J. RODRIGUEZ

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



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

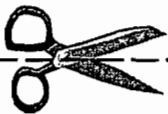
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

*Courtesy Work*



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

DRYCLEAN USA # 72119  
ANGELO IZQUIERDO  
AIRS ID # 0250793  
7771 W. OAKLAND PARK BLVD  
SUITE 201  
SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

*Handwritten signature/initials*

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 1998

RECEIVED

AIRS ID#0250793
COUNTRY WALK #11119 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Do NOT Remove Label

Annual Reporting Period: January 1, 1997 TO December 31, 1997

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

If NO, complete the following:

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

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

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

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

#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: MICHAEL GAGLIANO *[Signature]* 2/9/98  
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.

8  
-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING** ✓

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

DRYCLEAN USA  
EDDIE RODRIGUEZ  
1875 W COMMERCIAL BLVD SUITE 140  
FT LAUDERDALE FL 33309

AIRS ID# 0250793

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

*1-16-01 pd*

Do NOT Remove Label

	AIRS ID # 0250793
DRYCLEAN USA #72119	
ANGELO IZQUIERDO	
7771 W. OAKLAND PARK BLVD	
SUITE 201	
SUNRISE, FL 33351	

<b>FOR GOVERNMENT USE ONLY</b>
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250793

DRYCLEAN USA #11119  
MICHAEL GAGLIANO  
1875 W COMMERCIAL BLVD SUITE 140  
FT LAUDERDALE FL 33309

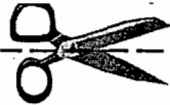
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

DRYCLEAN USA #1119 AIRS ID # 0250793  
ANGELO IZQUIERDO  
1875 W COMMERCIAL BLVD SUITE 140  
FT LAUDERDALE FL 33309

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302656 ✓

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#0250793

COUNTRY WALK #11119  
MICHAEL GAGLIANO  
1875 W COMMERCIAL BLVD SUITE 140  
FT LAUDERDALE FL 33309

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

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 0250793

COUNTRY WALK #11119  
 MICHAEL GAGLIANO  
 1875 W COMMERCIAL BLVD SUITE 140  
 FT LAUDERDALE FL 33309

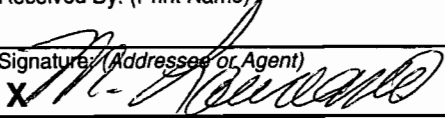
4a. Article Number  
 Z 333 613 339

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-17-98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
 X 

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 339

US Postal Service  
**Receipt for Certified Mail**  
 AIRS ID 0250793

COUNTRY WALK #11119  
 MICHAEL GAGLIANO  
 1875 W COMMERCIAL BLVD SUITE 140  
 FT LAUDERDALE FL 33309

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

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

**SEND IT...**

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0250793

COUNTRY WALK #11119  
 EDDIE RODRIGUEZ  
 1875 W COMMERCIAL BLVD SUITE 140  
 FT LAUDERDALE FL 33309

4a. Article Number  
 265302483

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-29-97

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
 X *Eddie Rodriguez*

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

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 265 302 483

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

Sent to

AIRS ID#: 0250793

COUNTRY WALK #11119  
 EDDIE RODRIGUEZ  
 1875 W COMMERCIAL BLVD SUITE 140  
 FT LAUDERDALE FL 33309

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	2/17/97

PS Form 3800, April 1995