

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 23, 1997

Mr. Salih Mirani Vice President Hurricane Dry Cleaners 11251 Southwest 24 Terrace Miami, Florida 33143

Re: Facility No. 0250811

Dear Mr. Mirani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 14, 1997.

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"

#0250811

i	
	Hurricane Drycleaners
p.13	7. add firm
,	
p.14	1.(a) add date control device installed
•	installed
	1.(b) if control equipment, mark out "X" and initial
	mark out "X" and initial
, j	16 mark out "X" and initial
	3 should be new small area
	Source
D.15	4. mark out "X" in existing
	large area source Whetria.
	large area source Wretrig.
	5.(b) required
, ,	J. Syc. 3
·	
, '	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Hurricano Drycleaners SALIH MIRANI 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
HURRICANE DRYCLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 6635 S. DIKIE HWY Street Address:
City: Miami County: DADE Zip Code: 33143
5. Facility Identification Number (DEP Use):
025084
Responsible Official
6. Name and Title of Responsible Official:
SALIH MIRANI, VICE PRESIDENT
SAUH MIRANI VICE PRESIDENT Responsible Official Mailing Address: Organization/Firm: 11251 SW 24 TER Street Address:
Street Address: 1 am; FL County: DADE Zip Code: 33165
8. Responsible Official Telephone Number: Telephone: (305) 662 2082 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
MARIA A ESCOTO, MANAGER
10. Facility Contact Address: 6635 S. DIXIE Highway
Street Address: City: Zip Code: > Zip Cod
ruami, fc 19408 33167
11. Facility Contact Telephone Number: Telephone: (56) 662 2082 Fax: ()
RECEIVED

MAR 1 4 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

	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
L	Example AEROTE	#1 3 C t	03-OCT-93 1	12-NOV-93 2000		08-DEC-91 LO 2	Feb	#3 8	02-MAR-92 1 996	02-MAR-92
	Dry-to-Dry Unit						-			
	(1) w/ ref. condenser									
	(2) w/ carbon adsorber									
_	(3) w/ no controls									
1	Washer Unit					•				
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
_	(6) w/ no controls									
1	Dryer Unit		and the second							*
	(7) w/ ref. condenser					• ,				1
	(8) w/ carbon adsorber									
_	(9) w/ no controls									
I	Reclaimer Unit			1. 3						
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls									
2	Control devices are No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are re luanti gallo	equired to be ity of perchlo	installed [proethylene	(perc)	purchased in				· .
nev Sma	12.	Selec ea so	t one classifi urce [/]	cation only	.) Iew sm	nitions found all area sour ge area sour	rce [3) of	Part II?	• .

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	entrol technology is require with an "X".)	red on machines	pursuant to section (5) of P	art II of this notification form?
Ex	xisting large area source			
	arbon adsorber	NO	Refrigerated condenser	(X)
Ne	ew small area source			•
	efrigerated condenser			
N	ew large area source	•		`
	efrigerated condenser			
				•
				•
to Rule 62-	213.300, F.A.C. Verify	that all steam and	hot water generating units	use the general permit pursuant son-site meet the following
exemption	criteria or that no such u	nits exist on-site:	•	- No. 1
boiler HP o	or less), and (2) are fired	exclusively by no		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
		_	~	,
All steam a No such un	and hot water generating hits on-site	units exempt		
	Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all lo	ogs which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase	se receipts and solvent pu	rchases		
(b) Leak de	etection inspection and re	epair		
(c) Refriger	rated condenser tempera	ture monitoring	1.	X
(d) Carbon	adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrume	ent calibration			
	a chutdown malfunction			\mathcal{N}

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

Surrender of Existing Air Permit(s)

Please indicate	e 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)
ίχη	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 3-5-97 Date

TITLE V_AIR QUALITY GENERAL PERMIT CTION SUMMARY REPORT 3COMPLAINT/DISCOVERY | / / ZETE INSPECTION TYPE OF INSPECTION: ANNUAL TIME IN: TYPE OF FACILITY: DATE: FACILITY NAME: FACILITY LOCATION: **RESPONSIBLE OFFICIAL:** PHONE NUMBER: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM PECONOS ANE The Annual Compliance Certification form has been properly certified and submitted to the inspector. МО DATE OF NEXT INSPECTION: (Ápproximate) 3726922 INSPECTION CONDUCTED BY:

(Please Print)

Page of

PHONE NUMBER:

Revised 10/96

INSPECTOR'S SIGNATURE!

#0250811 Hiurricane Drycleaners



1. I	Facili	P.13 7. add firm	, Air Quality Managem ent Divisio
	Site N	p.14 1.(a) add date control installed	
3. I	lazar	1.(b) if control equipment out "X" and i	nent, initial
;	Facilit Street	1.(c) mark out "X" and of 3. should be new smo Source	rllarea 13
5. I	Facilit	p.15 4 mark out "X" in e. large area source?	xisting Vretrig. 311
7. F	Name Sespor	5.(b) required	· · · · · · · · · · · · · · · · · · ·
(Organi Street Dity:		3165
	Respon Feleph		
9. 1	Vame a	nd the of racinty Contact (For example, plant manager):	·

Street Address: 11. Facility Contact Telephone Number: (36) 662 2082 Fax: (Telephone:

MAR 1 4 1997

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
HURRICANE DRYCLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 6635 S. DIXIE HWY Street Address:
Street Address: City: Miami County: DADE Zip Code: 33143
5. Facility Identification Number (DEP Use):
02508//
Responsible Official
6. Name and Title of Responsible Official:
SALLY MIRAGINE INC. DPECIDENT
SALIH MIRANI VICE PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: 1/251 SW 24 TER HURRICONE Dry Chemical Street Address: City: City: County: DADE Zip Code: 33165
City: County: DADE Zip Code: 33165
8. Responsible Official Telephone Number: Telephone: (35) 662 2082 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (För example, plant manager):
MARIA A ESCOTO MANAGER
10. Facility Contact Address: 6635 S. D. XIE + (ighua)
Street Address: City: Marin Free County: DADE Zip Code: 33143
11. Facility Contact Telephone Number:
Telephone: (365 662 2082 Fax: ()
RECEIVED
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MARI 1 4 1997.

Bureau of Air Monitoring & Mobile Sources

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	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	-	#3	02-MAR-92	02-MAR-9
AEROTE	-C+		2000		402	Feb	8	1996	
Dry-to-Dry Unit		, 			100				
(1) w/ ref. condenser		2/8/90	2/8/90						
(2) w/ carbon adsorber		17	72/-		•				
(3) w/ no controls					-		·		
Washer Unit			•		•				· · · · · · · · · · · · · · · · · · ·
(4) w/ ref. condenser				1					
(5) w/ carbon adsorber				,					
(6) w/ no controls									
Dryer Unit									·
(7) w/ ref. condenser									
(8) w/ carbon adsorber	-	1						l	<u> </u>
(9) w/ no controls									
Reclaimer Unit						· · · · · · · · · · · · · · · · · · ·		•	1
(10) w/ ref. condenser							·		
(11) w/carbon adsorber	_								
(12) w/ no controls				ļ					
(b) Control devices are(c) No control devices				ø,				e E	
2.(a) What was the total of [gallo hs, ho	ons ow many? [4	6 months	· ~ .					[]
3. What is the facility's so					nitions found	d in section (I	6) of	Part II?	
(Indicate with an "X".		q.	cation only.)	}					
Existing small are	ea soi	urce [/	Ne	ew sn	nall area sour	rce X]		
Existing large are	a sou	irce []	Ne	ew lai	rge area sour	ce []		

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(Indicate	with an "X".)			
	sting large area source	<u>e</u>		
Car	bon adsorber		Refrigerated conde	nser []
	v small area source	. /		
Ref	rigerated condenser	\hookrightarrow		
Nev	v large area source			
Ref	rigerated condenser			
		,		
•		•	-	ible to use the general permit pursuant g units on-site meet the following
	riteria or that no such	•	-	
All steam on	d hat water generatin	a units on-site (1)	have a total heat inn	ut of 10 million BTU/hr or less (298
		•	-	periods of natural gas curtailment
during which	n propane or fuel oil o	containing no mor	e than one percent su	lfur is fired.
All steam an	d hot water generating	g units exempt	[*]	
No such unit		-		·
	•			
		•		
,	Fauinn	nent Monitoring	and Recordkeeping	Information
	•	_		
Check all log	gs which are required	to be kept on-site	in accordance with th	e requirements of this general permit:
(a) Purchase	receipts and solvent p	ourchases		
(b) Leak dete	ection inspection and	repair .		
(c) Refrigera	ted condenser temper	ature monitoring		\swarrow
(d) Carbon a	dsorber exhaust perc	concentration mo	nitoring	
(e) Instrumer	nt calibration			
(f) Startaun	shutdown, malfunction	an nian		1 1 .
(r) Start-up,	mateonii, manuncii	on bran		

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

Surrender of Existing Air Permit(s)

Please indicat	Please indicate with an "X" the appropriate selection:								
	l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
$\dot{\propto}$	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. I pollution the Department of any changes to the information contained in this notification.								
Signature	$\frac{3-5-97}{\text{Date}}$								
X	JUN X5/12/97								

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HURRI COME Day Cleans Date: 5/12/97
FACILITY LOCATION: 6635 So. XXIE HWY.
MIAMI, 33143
Annual Reporting Period: 3/5 1997 TO 5/12 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. WYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: 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.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 16, 1997

Mr. Salih Mirani Hurricane Cleaners 11251 Southwest 24 Terrace Miami, Florida 33165

Dear Mr. Mirani:

Thank you for submitting your check (#1251) in the amount of \$50 dated March 5.

Rule 62-213.300, Florida Administrative Code, requires upon written notice from the Department, the payment of an operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of this rule and general permit.

Your check is being returned since you just recently notified the Department of your intent to operate a dry cleaning facility under the Title V General Permit program.

If you have any questions or need further assistance, please contact me at 904/488-6140.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

PERCHLOROETHYLENE DRY CLEANERS

	COMPLIANCE	INSPECTION	CHECKLIST	
TYPE OF INSPECTION:	ANNUAL	œ	COMPLAINT/DISCO	VERY 🗆
	RE-INSPECTIO)N 🗆		
AIRS 10#: 025 08//	DATE: 5/12/	47 TIME	IN: 230pm TIME	OUT: 300pm
FACILITY NAME:	URRICANS	- DRY	CKAMERS	·
FACILITY LOCATION:	6635	SOUTH D	DIXIE HWY.	
	KNAMI,	PL. 33	3143	. <u> </u>
·		<u> </u>		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified D.	ARM by 9/1/96			
2. New facility notified DARI	№ 30 days prior to sta	ırtup		
3. Facility failed to notify DA	RM to use general pe	ermit	•	
PART II: CLASSIFICATIO	N			
Facility indicated on notification (check appropriate box)	ition form that it is:			
A. 1. Existing small area sond dry-to-dry only, x<140 gales transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9)	/yr ·	dry-to-dry on transfer only, both types, x-	l arca source ly, x<140 gal/yr x<200 gal/yr <140 gal/yr on or after 12/9/91)	
3. Existing large area sordry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</td><td>dry-to-dry on transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	dry-to-dry on transfer only, both types, 14	e area source ly, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility class	ification	DY W		
If no, please check the approp	priate classification:			
	ified for a general peeds above limits and			

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>OO</u> gallons.

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?	רט אם צם או
2. Examining the containers for leakage?	DY UN MA
3. Closing and securing machine doors except during loading/unloading?	QY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ZY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON NA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ON CON

ĸ		
٠.	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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	אם עם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
<u></u>	A DESCRIPTION DE CATEGORIA DE C	
=	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	MY ON
2.	Maintained rolling monthly averages of perc consumption?	MA ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	
u .		DY DN NA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON NA
4.		
1	and parts installed w/in 5 days of receipt?	אט אם אם אם אם אם אם
5.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON ANA
5. 6.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	אט אם אם אם אם אם אם
5. 6.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON ANA OY ON ANA OY ON
5. 6. 7.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OY ON OY ON OY ON OY ON OY ON
5. 6. 7.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON ON/A OY ON OY OY ON NA OY ON NA
5. 6. 7.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON ON/A OY ON OY OY ON NA OY ON NA

2.	. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)				ø ,		
	Odor (noticeable perc odor)				d		
	Use of direct-reading	; instrumentatio	n (FID	PID/calorimetric t	tubes)		
	If using direct-read	ing instrument	ation, i	s the equipment:			
	a. Capable	of detecting per	c vapoi	concentrations in	a range of 0-500 ppm?	ΩY	□и
		•	dard g	as prior to and afte	er each use	ΟY	ON
	(PID/FII						-
	c. Inspecte	d for leaks and o	bvious	signs of wear on a	a weekly basis?	QY	ΩИ
	d. Kept in a clean and secure area when not in use?					$\Box Y$	□и
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					$\Box Y$	ΩИ
3. Has the facility maintained a leak log?					$\mathbf{Z}_{\mathbf{Y}}$	ΩИ	
4.	Does the responsible offic	ial check the fol	lowing	areas for leaks?			
	Hose connections, fi couplings, and valv	.	ŹÍY	ПИ	Muck cookers	ΩΥ	ON
	Door gaskets and se	ating ·	\mathbf{Z}_{Y}	ΩΝ	Stills	$\mathbf{v}_{\mathbf{Y}}$	ON
	Filter gaskets and se	ating	ZYY	ПN	Exhaust dampers	T Y	ΩN
	Pumps	!	₫Y .	□N	Diverter valves	Q Y	ON
	Solvent tanks and co	ontainers	V Y	ΠN	Cartridge filter housings	ΔY	ПΝ
	Water separators		ন্⊼ ন	□и -			

5/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		Į.
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	•	
	•	
	•	

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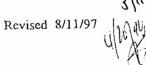
* *

AS. .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ď	COMPLAINT/DISCOVE	ERY 🗀
	RE-INSPECTION	<u>D</u>		
AIRS 1D#: <u>0250811</u> 1	DATE: 4-1-9	PS TIME	n: ZOV time o	OUT:220
FACILITY NAME:	<i>HURRICAN</i>	ve Da	ry Clamier	-5
FACILITY NAME:	6635	Soup-	DIXIE A	twy.
RESPONSIBLE OFFICIAL	ALID MUR	ANI	рнопе: <u>662</u> -	-2082
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startı	up		. 🗖
2. Facility failed to notify DARM	M to use general perm	nit		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busi	ness/petroleum
Facility indicated on notification	ce	transfer only, x both types, $x <$	☐ Drop store/out of busi area source ☐ , x < 140 gal/yr < 200 gal/yr	-
Facility indicated on notification (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	ce In 100 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out of busing area source ☐ , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	-
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	ce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out of busing area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	-
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91) 5. This is a correct facility classified in the constructed before 12/9/91) If no, please check the analysis of facility classified in the constructed before 12/9/91)	ce of 100 gal/yr gal/yr assification appropriate classification qualified for a general	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or 12) IN tion: eral permit as n	☐ Drop store/out of busing the property of t	-



Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN ON/A
2. Examining the containers for leakage?	OY ON CONIA
3. Closing and securing machine doors except during loading/unloading?	מם צעט
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON /A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DNA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refrience (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ÖN
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?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	***	• •	
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 (ЭΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (⊐и	□N/A
	Is the temperature differential equal to or greater than 20° F?	_OY (ЛN	□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 (ЛΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (ЛΝ	□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?	ΠVΙ	⊓NI	□n/a
	of expansion, and downstream from no other finet?	UI (□1N	UIV/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟΥ	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (ПИ	□N/A

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

P.	PART VI: LEAK DETECTION AND REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			tory on
2.	Has the facility maintained a leak log?	,	·	MD N
3.	Does the responsible official check the fe	ollowing areas for leaks	?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON WN/A
	Door gaskets and seating	DY ON ON/A	Stills	ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	ON ON ON/A
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by th	e responsible official?		
	Visual examination (condensed solvent on exterior surfaces)			₩.
	Physical detection (airflow felt thr		a	
ļ	Odor (noticeable perc odor)			र्च
	Use of direct-reading instrumental	tion (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading instru	umentation, is the equi	pment:	- □N/A
1	a. Capable of detecting p	perc vapor concentration	as in a range of 0-500 ppm?	□Y □N ·
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□У □И	
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in u	se?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON

Inspector's Name (Please Print)

٠,

4-7-98
Date of Inspection

Inspector's Signature

April 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	<u> </u>			
				
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION:	ANNUAL COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT: 22	AIRS ID#:	02508//
TYPE OF FACILITY:	LCC Dey C	Contre.	
FACILITY NAME:	HULLICHAR D	a langua	DATE: 47 90,
FACILITY LOCATION:	635 200g	1 Dixie He	114
	2477		
RESPONSIBLE OFFICIAL:	SAUD MARY	PHONE NUMBER:	42 2081
L <u>w</u>	the compliance requirements evaluate Rule 62-213.300, Florida Administra		ility is found to be in
Based on the results of discrepancies were not	the compliance requirements evaluated:	ted during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			,
		<u> </u>	
			,
			-
			•
<u> </u>			<u> </u>
,		·	
			
COMMENTS:	17 11 mol	e latice	
The Annual Compliance Certif	ication form has been properly certifi	ed and submitted to the inspector	YES NO
DATE OF NEXT INSPECTI		<u> 19 </u>	·
,		proximate)	
INSPECTION CONDUCTED		12 /4.W	
Wilden amania at a transition		ease Print)	. 372 (SIZ
INSPECTOR'S SIGNATURI	E: 1/4 \ (1/2)	PHONE NUMBER	: 216 3716
	Page /	of /	Revised 10/96

AIRS 10#: 0250811

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Revised 10/10/96

1

DRY CLEANER AIR QUALITY GENERAL PERMITAPR 0 9 1998

ANNUAL COMPLIANCE CERTIFICATION FORM

Air Quality

Management Division

FACILITY NAME: #UPPLEANE Dry Changes 5 DATE: #7-98

FACILITY LOCATION: 635 Durit Dixie flug

MIRMI

Annual Reporting Period: 5-12 1997 TO 4-8 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:

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: Sally MIRANI X

lature Date

MAY 1 9 1998

Bureau of Air Monitoring

& Mobile Sources

'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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 🗇
RE-INSPECTION	v C)
0/10/9	79
AIRS ID#: 0250811 DATE: 10/6/9	TIME IN: 1 AM TIME OUT: 120 NOON
FACILITY NAME: Hurrica	we Dry Cleaners
FACILITY LOCATION: GG	35 South Dirie Hwy
	A3S SE
RESPONSIBLE OFFICIAL: SAL-A M	WAN: PHORES -662-2082
CONTACT NAME:	рномер 3 7
	S of live
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general pe	rmit 🔻 🖸
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. (c)	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gaVyr both types, x < 140 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	
3. Existing large area source \Box dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 2,100$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	DY DN Can not determine
If no, please check the appropriate classif	ication:
	eneral permit as numberabove
	imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	purchased within the preceding 12 months by this dry cleaning

Roview 1994

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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility:				
(check appropriate boxes)	. /			
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ØNIA			
2. Examining the containers for leakage?	DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in sealed containers for at	/			
least 24 hours prior to disposal?	AND NO YE			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מואש אם עם			
beds according to the manufacturer's specifications?	DY UN MINN			
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חט מא			
u				

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B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser to on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated ÜY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אואם אם צם
Is the temperature differential equal to or greater than 20° F?	אואם אם צם
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?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	Oy On On/a
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מאמ אם אם אם
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ZN

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

3 of 5

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PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official co	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?	DN DN					
2. Has the facility maintained a le	ak log?		DN DN			
3. Does the responsible official cl						
Hose connections, fitting couplings, and valves	s,	Muck cookers	OY ON ANA			
Door gaskets and seating	AND NO YE	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DA DH DHIV			
Pumps	AVON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and contain	ners DY/ON ON/A	Cartridge filter housings	אואם אם אס			
Water separators	AVON ON/A					
4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:			ØN/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אם אם			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			DY DN			
c. Inspected for leaks and obvious signs of wear on a weekly basis?			UY UN			
d. Kept in a clean and secure area when not in use?			אם אם			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON			

LEO SHIRT
Inspector's Name (Please Print)

Date of Inspection

Recordheeping violetion

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT,

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 1123	AIRS ID#: 0250811		
TYPE OF FACILITY: Perc D.	my Cleane 10/10/99		
FACILITY NAME: Huroicane Dry	Cleane DATE: 10/6/99		
FACILITY LOCATION: 66 35 South	a Dixie Highway		
RESPONSIBLE OFFICIAL: Salie Muzan:	PHONE NUMBER: 662-2082		
Based on the results of the compliance requirements evaluated and the second se	- · · · · · · · · · · · · · · · · · · ·		
compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua			
discrepancies were noted:	accidenting this hispection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
no Recc	voed to morder		
Consemption log	Perely consumption		
** Transcription .			
	·		
<u> </u>			
COMMENTS:			
l A	dheeping violation		
ecor.	dheeping violation		
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: 6/206	proximate)		
INSPECTION CONDUCTED BY:	Syart		
(Please Print)			
INSPECTOR'S SIGNATURE:	+ PHONE NUMBER: 305-372-6922		
Page	of Revised 10/96		

AIRS 1D#: 0250 811

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FORM (1/0/99
FACILITY NAME: Harricane Don Clemen DATE: 10/6/99
FACILITY LOCATION: 6635 South Dixie Hwy
Annual Reporting Period: 1998 TO The 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.
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 term (consumption log Exact period of non-compliance: from Tanke 98 to Tanke 199)
Exact period of non-compliance: from Jane 98 to Jane 99
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for try-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/	DISCOVERY	
	RE-INSPECTION				
AIRS ID#: 0250811 D.	ATE: 3/15/00	TIME	N: 245	TIME OUT:	3/30
	-				<u> </u>
FACILITY NAME:	Hurricane	17.4	Cleaners		
FACILITY NAME:FACILITY LOCATION:	6635	South	Dixie	P	^
	Miami,	ĒL		*	<u>C</u>
RESPONSIBLE OFFICIAL : _	Sall Mira		PHONE: 30	5 627	3082
			•	100x 7	
CONTACT NAME:			_ PHONE:	S. 7.	Con Co
				EL 7/2	
PART I: NOTIFICATION					120
(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 notificati	on form	
(check appropriate box)	iorm that it is.			ut of business/pe	troleum
A.			•		
1. Existing small area source			rea source		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			, x < 140 gal/yr <200 gal/yr		
both types, $x < 140$ gal/yr		h types, x <	~ ~		
(constructed before 12/9/91)		•	or after 12/9/91)		
			•	 -	
3. Existing large area source		New large a		u a	
dry-to-dry only, $140 \le x \le 2,10$			$140 \le x \le 2,100$		
transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal			$00 \le x \le 1,800 \text{ gal/y}.$ $\le x \le 1,800 \text{ gal/y}.$		
(constructed before 12/9/91)			or after 12/9/91)	•	
5. This is a correct facility class	sification 😡	Z □N	Can not deter	mine	
_					
If no, please check the ap	•		ımber .	above	
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 perchloro	athylana (nyra) nyraha	ed within th	ia precading 12 m	onthe by this day	cleaning
facility was 40 gallons.	caryione (perc) purchas	oo winiiii li	to preceding 12 m	oning by tills dry	cicaimig
	J.NS.		() (1 7)		
	ACT S		#/) // \		

1 of 5

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DAN/A DY DN 237 /A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? σΩY ΩΝ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN PN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DYN 2. Maintained rolling monthly total of perc consumption? DY (SAN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN ETN/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A DY DN PAN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON DAN/A 6. Maintained startup/shutdown/malfunction plan? DAY ON DY DN 2N/A 7. Maintained deviation reports? Problem corrected? DY DN 20N/A 8. Maintained compliance plan, if applicable? DY DN PN/A

P	PART VI: LEAK DETECTION AND REPAIRS						
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			æY	ПN		
2.	Has the facility maintained a leak log	?		æY	ПN		
3.	Does the responsible official check th	e following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers		DN -EMÑ/A		
	Door gaskets and seating	DY ON ON/A	Stills	ØŶ C	ON □N/A		
	Filter gaskets and seating	PY ON ON/A	Exhaust dampers	QY C	N □N/A		
	Pumps	ØY ON ON/A	Diverter valves	2 Y C	N □N/A		
	Solvent tanks and containers	PY ON UNIA	Cartridge filter housings	ØY □	IN □N/A		
	Water separators	AY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	es)	Ø			
	Physical detection (airflow felt t	hrough gaskets)		ø			
	Odor (noticeable perc odor)			Ø			
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector	•		, o			
	If using direct-reading inst	rumentation, is the equi	pment:	DN/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use		אנ		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	UY C	NE		
	d. Kept in a clean and	secure area when not in us	se?	۵Y	NE		
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?		אָכ		
	Ivan fam. Inspector's Name (Please Pr	int)	3/15/o Date of Inspection	0			
			7/21				
_	Inspector's Signature	•	Approximate Date of 1	Next Ins	pection		

No receipts available at inspection Not maintaining rolling log.

Machine not in operation at inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 245 TIME OUT: 3	:30 AIRS ID#: 02508-11
TYPE OF FACILITY: Perc Dry Clean	<u></u>
FACILITY NAME: Horricane Dy Cl	DATE: 3/15/00
FACILITY LOCATION: 6635 South	Dijire
Miamy FL	
RESPONSIBLE OFFICIAL: Solih Mirani	PHONE NUMBER: 305-662-2082
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining rolling log of pere prochases	Manitain rolling leg in
Not maintaining receipts of para purchases	Maintain availability of pere receipts for inspection
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 361	pproximate)
INSPECTION CONDUCTED BY: Jan Fa	nnin
INSPECTOR'S SIGNATURE: (PI	ease Print) PHONE NUMBER: 355-372-6922
Page	of Revised 10/96

| 1807CO : # 団 2知A

Are)

DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

· -	•	•	',	MAN & /	Zuuri — —
FACILITY NAME: Hurcan	2 Dry	Claam		AI, DĄTĘ	ity 3/15/00
FACILITY LOCATION: 6635	South	Dixa		Management	Division
Mesini	FL	. /			
	,	•		^	, ,
Annual Reporting Period:	L	19 <u>99</u>	то	Murch	19,000
Based on each term or condition of the Title V g	eneral air permi	it, my facility l	has remained i	n compliance with D	EP Rule
62-213.300, Florida Administrative Code (F.A.C	C.), during the p	eriod covered	by this stateme	ent. UYES	DÍNO
If NO, complete the following:					
#1. Term or condition of the general permit that	t has not been ir	continuous co	ompliance dur	ing the reporting peri	od stated above:
Not maintaining nee	aint or	rolling	Son of	some such	mes .
Exact period of non-compliance: from	Man	19	to	March	
Action(s) taken to achieve compliance:	ree / ti	1/2	240	-bod	
NAME OF THE PARTY	ree 1 ti	188	ull		
Method used to demonstrate compliance:			•		
#2. Term or condition of the general permit that	t has not been in	o continuous ce	ompliance dur	ing the reporting peri	od stated above:
"2. Term of condition of the general permit that	i nas not been n	· Continuous C	omphance gur	ing the jeporting peri	ou stated above.
	,		<i>/</i>		- 18
Exact period of non-compliance: from			_:to	. 1%	
Action(s) taken to achieve compliance:				÷	
Method used to demonstrate compliance:					
		1			
<u>. </u>	``			•	
As the responsible official, I hereby certify, base					
made in this notification are true, accurate and upon rolling averages of purchase receipts, does					
year for transfer or combination facilities?	Shot exceed 2,1	oo ganons per	r year jor ary-i	o ary jacililles or 1,6	ou gaitons per
RESPONSIBLE OFFICIAL:		SALIX	1 1/1	RANI	3-23
	Please Print)	-1-711	Sign	nature	Date
	<i>†</i>			<u> </u>	

^{*}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: Salih Mirani	
ADDRESS: GG35 South Dirie	Mann FL
SOURCE/LOCATION: Hurricane Di-	Cleanan
YOU ARE HEREBY NOTIFIED that on 3/15/06 Chapter 24, Metropolitan Dade County Environmental Pro-Administrative Code, was observed at the referenced local code.	tection Ordinance, and/or regulations of the Florida
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with	Non-compliance with CFC regulations
Stage II Vapor Recovery	OTHER
Specifically: Not in compliance with 62-213.300 (c) (a) Recordberging Reguns perc solvent are to be Kept on	Title V General Air Permit Rule
62-213.300 (6) (a) Recordberging Reguire	ments. All purchase recorpts of
perc solved are to be Kapt ons	ite for inspection a minimum of To
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Ord	granted to me by Sections 24-54 and 24-5(15)a,
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or violation(s).
you have taken to ensure that no furt evidence of equipment repairs, adjustm	TICE, submit to this office in writing the steps which ther violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NO 372-6925 to discuss air permit requirem	OTICE, contact the Air Section of this Department at
□ Within days of receipt of this No discuss other Departmental permitting r	OTICÉ, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 a	
For further information regarding the above, please cont	act the Air Section of this office at 372-6925.
	Sincerely
	John W. Renfrow, P.E. Director
Received by: Wa a. Escoti	By: Ivan Famin
Received by: Wa a. Coscore	Signatura
Title:	Signature:
Date:	Section: Air Faculties

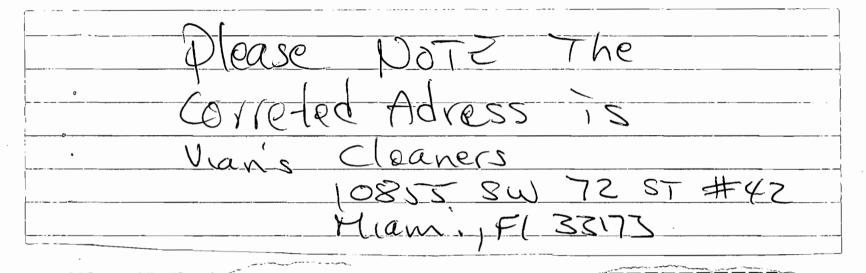




NOTICE OF VIOLATION

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

TO: Salih Mirani	
ADDRESS: 6635 South Biorie	Mani FL
SOURCE/LOCATION: Horricana Ara	Cleanus
YOU ARE HEREBY NOTIFIED that on	the following violation(s) of tection Ordinance, and/or regulations of the Florida
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER
Specifically: Alot in complexie with 10	the V Garad An Parmit Pula GJ-213. 300 6XB
Resordering Regumments: The respons	the official shall record the total amount
pore purchased for the provious month	In and calculate for the precading 12 mens
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Ord	
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or liviolation(s).
you have taken to ensure that no furt evidence of equipment repairs, adjustment	TICE, submit to this office in writing the steps which her violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NC 372-6925 to discuss air permit requirem	TICE, contact the Air Section of this Department at ents.
□ Within days of receipt of this NC discuss other Departmental permitting r	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 at	
For further information regarding the above, please conta	act the Air Section of this office at 372-6925.
	Sincerely,
	John W. Renfrow, P.E. Director
Received by: Ma G Seco Co	By: Ivan Fannin
Title: Worker	Signature: Don Jan
2/15/10	1 - 12



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

303511

Do NOT Remove Label

AIRS ID 0250811 SALIH MIRANI SALIH MIRANI 10855 SW72ST 442 MIRMI, Fl 33173

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250811

HURRICANE DRYCLEANERS

SALIH MIRANI

10890 SWEEDING STIRE E 142

4635751 DIXIE

X18 450 1 331

FOR GOVERNMENT USE ON Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Harricant cleaners 6635 S. DIX. E HWY Mam; H 33173 Proc Proc

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

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THIS PORTION MUST BE ATTACHED. REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250811

HURRICANE DRYCLEANERS SALIH MIRANI 6635 SOUTH DIXIE HWY

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

ในระถบ cf Air Monitoring C: Mobile Sources

Obj.: 002273

MIAMI FL 33173



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250811

HURRICANE DRYCLEANERS SALIH MIRANI 10855 SW 72ND STREET #42 **MIAMI FL 33173**

FOR GOVERNMENT USE ONEY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



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

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Do NOT Remove Label

AIRS ID # 0250811 HURRICANE DRYCLEANERS SALIH MIRANI 6635 SOUTH DIXIE HWY MIAMI FL 33173

FOR GOVERNMENT USE ONLY

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Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250811

HURRICANE DRYCLEANERS SALIH MIRANI 6635 SOUTH DIXIE HWY MIAMI FL 33173

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

Obj.: 002273

SENDER: COMPLETE THIS SECTION	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. 	A. Received by (Please Print Clearly) B. Date of Delivery 2600 C. Signature Agent Addressee
1. Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
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Article Addressed to:	If YES, enter delivery address below:		
AIRS ID # 0250811 HURRICANE DRYCLEANERS SALIH MIRANI 6635 SOUTH DIXIE HWY			
MIAMI FL 33173	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
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PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789		



on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	3. Article Addressed to: AIRS ID 0250811 SALIH MIRANI SALIH MIRANI 11251:SW 24 TER MIAMI FL 33165	4a. Article Number 233 6/2 9/7 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		c you for using Return Receipt (
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

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1000 060000264127 4485	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
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Street, Apt. No.; SALIH MIRANI or PO Box No. 6635 SOUTH DIXIE HWY		
City, State, ZiP+ MIAMI FL		
33173		
PS Form 3800, 0		

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SENDER: COMPLETE THIS SECTION	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. 	A. Received by (Please Print Clearly) B. Date of Defivery C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0250811 HURRICANE DRYCLEANERS SALIH MIRANI 6635 SOUTH DIXIE HWY	
MIAMI FL 33173	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811 July 1999	urn Receipt 102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM OF AUTOMOBILE SOURCE SO

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7.0	Street, Apt. MIAMI FL or PO Box MIAMI FL		
7007	City, State, 33173		
<u> </u>	PS Form 3800, January 20	01 See Reverse lor Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
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.	A. Signature X B. Received by (Printed Name)	☐ Agent☐ Addressee C. Date of Delivery
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United States Postal Service



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EUR. OF AIR MONITORING & MOBILE SOURCES & Mobile SOURCES Mobile Sources

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Air Monitoring & Mobile Sources

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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6635 SOUTH DIXIE HWY MIAMI FL 33173	3. Service Type Certified Mail
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