

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 13, 1997

Mr. Antonio Figveroa, Jr. Brickell Cleaners 120 Southwest 13 Street Miami, Florida 33130

Re: Facility No. 0250812

Dear Mr. Figveroa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 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, 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

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

Printed on recycled paper.

MAY 0 2 1997

# #0250812 Brickell Cleaners

Air Quality

	P.14 3. should be new large area	anagement Division
1.	F Source Source	
	P.15 4 Should be new large area Source W/refrig. con.	18718
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{		
9.	Name and Title of Facility Contact (For example, plant manager):	
	SARTE REPOBUL	e .
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	

RECEIVED

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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Brickell Cleaners, Inc.							
2.	Site Name (For example, plant name or number):							
	Brickell Cleaners							
3	Hazardous Waste Generator Identification Number:	٦						
	Application in Process-							
4.	Facility Location:							
	Street Address: 120 S.W. 13 ST.							
	City: MIAMI, FL County: DADE Zip Code: 33130							
-5:	Facility Identification Number (DEP: Use):							
***	1. 02508/2							
	Responsible Official							
	·							
6.	Name and Title of Responsible Official:	ł						
	Antonio Figueroa, JR - President  Responsible Official Mailing Address: 1450 n.w. 102 way Coral Springs  Organization/Firm: Brickey Cleaners, Inc. Pa 336710							
7.	Responsible Official Mailing Address: 1450 n.w. 102 way Coral Somes							
	Street Address: BRICKEY CHANEIS, Inc. # 336710							
	City: County: Zip Code:							
	En county.							
8.	Responsible Official Telephone Number:	┨						
	Telephone: (305) 854 - 3035 Fax: (305) 552 - 0441							
	303 037 3033	╛						
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	SAME AS PABAL							
10.	Facility Contact Address:							
	Ctract Address.							
	Street Address: City: County: Zip Code:							
	City. Zip Code.							
11.	Facility Contact Telephone Number:	$\dashv$						
	Telephone: ( ) - Fax: ( ) -							
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RECEIVED

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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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	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
Dry-to-Dry Unit									
(1) w/ ref. condenser	71	3-97	3-97					,	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						1			
(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  (c) 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 quanti gallo	equired to be ty of perchlons	installed [A	<i>y]A</i> perc)	purchased in				
<ol> <li>What is the facility's so (Indicate with an "X".</li> <li>Existing small ar</li> </ol>	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
_			1100	. vv 311	ian arca soul		1		
Existing large are	ea sou	rce [ ]	Ne	w lar	ge area sour	ce [ '	1		

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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
All steam and hot water generating units exempt
All steam and hot water generating units exempt
All steam and hot water generating units exempt
All steam and hot water generating units exempt No such units on-site
All steam and hot water generating units exempt No such units on-site  Equipment Monitoring and Recordkeeping Information
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:
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
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
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

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### Surrender of Existing Air Permit(s)

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					
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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 will pro	mptly notify the Department of any changes to the information contained in this notification.    Mate					
X	nomo Grane XC-9-90					

TITLE V AIR QUALITY INSECTION SUM	Y GENERAL PERMIT IMARY REPORT
TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY   ZEE-INSPECTION
TIME IN: PRICKELL C.  TYPE OF FACILITY: BRICKELL C.  FACILITY NAME: 120 SW 13	/CANZAIRS FIDH:  (ENNICRS 5/9/97  BATE:
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ated during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: PRESE PRESE	
COMMENTS: / / / / / / / / / / / / / / / / / / /	Vs sapis mejorg
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	pproximațe)/
INSPECTION CONDUCTED BY:	(lease Print) 3/26722
INSPECTOR'S SIGNATURE: Page_	

AIR'S ID#: 02508/Z

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BRICKE,	11 Clisson	ERS	DATE: _	5/9/97
FACILITY LOCATION: 120	SW 1351			
MIAM	1, 33/30			
		-		
Annual Reporting Period: 3/8		97 to 5/6	<del>9</del>	19 <u>9</u> 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		_	_/ .	Rule INO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in contin	nuous compliance during the	reporting period	stated above:
	•			<del> </del>
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 contin	nuous compliance during the	e reporting period	stated above:
		<del>, _</del>		
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
·				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, m does not exceed 2,100 gal	y annual consumption of per	rchloroethylene so	olvent, based
RESPONSIBLE OFFICIAL: ////////Na	MIO FIGUEROR me (Pleaso Print)	Signature	O	Date
	· // /		_	

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

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
JUN 25 1999

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ANNUAL

Bureau of Air Monitoring COMPLAINT/DISCONDIA Sources

**RE-INSPECTION** 

	<del></del>
ſ	9 TIME IN: 2:20 TIME OUT: 2:45
FACILITY NAME: Brickell Plea	aner 5
FACILITY LOCATION: 120 SW 1	3 5+
Miami, Fr	33130
RESPONSIBLE OFFICIAL: Antonio F	33130 fueroa phone: (305)854-3035
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
PARTI: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startu	p

Facility indicated on notification form that it	t is:
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	1.
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 140 \text{ gal/yr}$	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, $x < 200 \text{ gal/yr}$
both types, $x < 140$ gal/yr	both types, x < 140 gal/yт
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	<b>-</b>
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1.800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5 This is a second facility of a significant	You The Title of the Control of the
5. This is a correct facility classification	Y □N □Can not determine
If no, please check the appropriate class	ssification:
	a general permit as number above
	ve limits and is not eligible for a general permit
a memity executs above	to finites and is not on blote for a general permit

2. Facility failed to notify DARM to use general permit

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 MN/A						
2. Examining the containers for leakage?	OY ON AN/A						
3. Closing and securing machine doors except during loading/unloading?	XY □N						
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Xy on on/a						
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND NO YO						
PART IV: PROCESS VENT CONTROLS							
In Part II-A:							
If classification 1 has been checked, no controls are required. Proceed to Part V							
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser						
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)							
Equipped all machines with the appropriate vent controls?	) У Пи						
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						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XY ON ON/A						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON XIN/A						
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON						

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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ΩN	□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?	ΟY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□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?	X/A ON
2. Maintained rolling monthly total of perc consumption?	AA ON
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	YY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	YY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON MYA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON STATE
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	OY ON XIN/A
Problem corrected?	DY DN ANA
8. Maintained compliance plan, if applicable?	OY ON X

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection	and repair
	inspection?			XY DN
2.	Has the facility maintained a leak log	?		y □ν
3.	Does the responsible official check th	e following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	A ON ON/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	XX ON ONV	Stills	Y ON ON/A
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	אואם אם צוא
	Pumps	YY ON ON/A	Diverter valves	Y ON ON/A
	Solvent tanks and containers	DA CINIA	Cartridge filter housings	s XY ON ON/A
	Water separators	XY ON ONA		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es) '	×
	Physical detection (airflow felt t	through gaskets)		X
	Odor (noticeable perc odor)			X
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			Ó
	If using direct-reading inst	rumentation, is the equip	oment:	N/A
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	מם עם
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in us	se?	OY ON
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Excellent Recordkeeping

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0250 81	2 TIME OUT: 2:2	20	2:45
TYPE OF FACILITY: $\mathcal{F}$	Perc Dry Clea	anon	·
FACILITY NAME: #	Brickell (le	aners	DATE: <u>6/9/99</u>
FACILITY LOCATION:	120 SW 13	<u>St</u>	· ' ·
	Miami, FL 3	3130	
RESPONSIBLE OFFICIAL:	Intonio Figuer	DAPHONE NUMBER	(305)854-3035
	the compliance requirements evalu		cility is found to be in
Based on the results of discrepancies were note	the compliance requirements evalued:	nated during this inspection, the fo	llowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	<del></del>		· ·
·	<del></del>		
•		·	
	_		
COMMENTS: Excell	ent Record	Keeping	
- , -	/(2.2		
The Annual Compliance Costifu	cation form has been properly certi	God and anharitted to the increase	r. YESK NO
	1.1000	ned and submitted to the hispector	r. YES NO
DATE OF NEXT INSPECTION		pproximate)	
INSPECTION CONDUCTED	1)0/000	Triner	
		Please Print)	10 3 -2 18-2
INSPECTOR'S SIGNATURE	Hond ()	PHONE NUMBER	::(305)37J·6431
	1 / / / /	of (	Revised 10/96

AIRS 10#: <u>025081</u> 2

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DECELVED CEIVED UN Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMET<sub>reau of Air Monitoring</sub> ANNUAL COMPLIANCE CERTIFICATION FORM. & Mobile Sources

ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources
FACILITY NAME: Drickell Pleasers DATE: (0/9/99)
FACILITY LOCATION: 120 SW 13 ST
Miami, FL 33130
Annual Reporting Period: 1998 TO U 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:
Exact period of non-compliance: fromto
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: fromto
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

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	time in: _//50
FACILITY NAME:	el Cleaners
FACILITY LOCATION:/20	
RESPONSIBLE OFFICIAL: Antonio F	., FL 33130 P
RESPONSIBLE OFFICIAL: Autorio F	gveroa PHONE: 030548546 3035
CONTACT NAME:	PHONE: CONTRACTOR OF THE PHONE:
PART I: NOTIFICATION	Hr. Tito.
(check appropriate box)	* &
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit .
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.  1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(	
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☑Y □N □Can not determine
If no, please check the appropriate classific	
it ito, prease check the appropriate diassirk	cation:
☐ facility qualified for a ge	eneral permit as numberabove
☐ facility qualified for a ge	
facility qualified for a ge facility exceeds above ling.  B. The total quantity of perchloroethylene (perc) perchloroethylene.	eneral permit as numberabove
facility qualified for a ge facility exceeds above lin	neral permit as number above mits and is not eligible for a general permit

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN BAKA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ☐Y ☐N ®AN/A ØHY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DAN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY UN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ETY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DAY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the A/442 NO YO condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after (ZIY DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:			-
I. 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?	ΔY (	ЦN	
2. Measured and recorded the washer exhaust temperature at the condenser			
1 · · · · · · · · · · · · · · · · · · ·	QΥ [	ПΝ	□N/A
Is the temperature differential equal to or greater than 20° F?		ΠNΙ	□N/A
15 the temperature differential equal to of greater than 20 T:	<b>.</b>	<b>114</b>	UIV/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 (	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	□Y [	ΠИ	□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 {	ПN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual		~~.	
condenser coils?	LIY L	NП	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?		אכ	□N/A
o. Routed antion to the carbon adsorber (it does) at an times:		, `	Ψ1.1//L

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØAY □N
2. Maintained rolling monthly total of perc consumption?	Ø¥Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/44Q NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON PAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON 1997N/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON SIN/A
Problem corrected?	DY DN ETWA
8. Maintained compliance plan, if applicable?	OY ON SON/A

PART VI: LEAK DETEC	TION AND REPAIRS	3				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?				ØY	ΠN	l
2. Has the facility maintaine	ed a leak log?			<b>12</b> Y	ΩN	1
3. Does the responsible offi	cial check the following	g areas for leaks?	•			
Hose connections,	-					
couplings, and val	ves 🛂 🗆	IN □N/A	Muck cookers	ШΥ	ON E	N/A
Door gaskets and se	eating 🗗 🗗	IN □N/A	Stills	<b>A</b> Y	ם אם	N/A
Filter gaskets and s	eating PY 🗆	IN □N/A	Exhaust dampers	<b>Æ</b> Y	ם אם	N/A
Pumps	<b>2</b> Ý 0	IN □N/A	Diverter valves	₫Y	ם אם	N/A
Solvent tanks and c	ontainers 🗹 🗆	IN CIN/A	Cartridge filter housings	ØY	ם אם	N/A
Water separators	ØY O	IN □N/A				
4. Which method of detection	on is used by the respon	sible official?				
Visual examination	(condensed solvent on	exterior surfaces)		4		
Physical detection (	airflow felt through gas	kets)		<b>4</b>		
Odor (noticeable pe	erc odor)			₽-		
Use of direct-reading	ng instrumentation (FID	/PID/calorimetric to	ubes)	<u> </u>		
Halogen leak detector						
If using direct-	reading instrumentati	on, is the equipme	nt:	MAK	A <sup>.</sup>	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N						
	ted against a standard g	as prior to and after	each use			
	(D only)?			ΠY		
c. Inspect	ed for leaks and obvious	s signs of wear on a	weekly basis?	□Y.		
	a clean and secure area			ΩY	ПN	
e. Verified	d for accuracy by use of	duplicate samples	(calorimetric only)?	ΠY	□N ·	
		•	ì			
Time	£		2/1	5/2	<b>7</b> 7	
Inspector's Nam	ne (Please Print)	<del></del>	Date of Inspection			
			1			
- Dan (	him					
Inchactor and	to a market market		a paravimata i lata at f	VEVILL	renection	71

ADDITIONAL SITE INFORMATION:		<u> </u>	
Good Hou	recordbeeping		
<b>(</b>			
			•

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPI	LAINT/DISCOVERY	RE-II	NSPECTION
TIME IN: //50	TIME OUT:	1230	AIRS ID#:_	80260	14
TYPE OF FACILITY:	Perc Dry	Claa	nev		
FACILITY NAME:		eaner	5	DATE:_	3/15/00
FACILITY LOCATION:	120 SW	(3 3 =(	٨.		·
RESPONSIBLE OFFICIAL:		100	PHONE NUME	BER; Sus	-854-3035
compliance with DEP	the compliance requirement Rule 62-213,300, Florida A	dministrati	ve Code (F.A.C.).		
discrepancies were not					-
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP A	CTION REQ	UIRED
				*	
	· · · · · · · · · · · · · · · · · · ·			:	
COMMENTS:	Good Housebe Excellent re	condbee	ong		
The Annual Compliance Certifi	cation form has been prope	rly certified	and submitted to the inspe	ector. YES	NO NO
DATE OF NEXT INSPECTIO	ON:	3/01	oximate)	<del></del>	<del>-</del>
INSPECTION CONDUCTED	BY:	~ Fa.	se Print)		
INSPECTOR'S SIGNATURE	: dvar Ja-		PHONE NUME	BER: <u>305-</u>	371-6922
		Pagec	of .		Revised 10/96

AIRS ID#: 0250 812-

Me

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

D 12 00 A		,	70 A 77772	-11
FACILITY NAME: Brickell C	leaner)		DATE	3//5/00
FACILITY LOCATION: /20 S	J /3 H		·	•
Miami	FL			
Annual Reporting Period: Murch	19	99 то	March	79200
Based on each term or condition of the Title V gener	ral air permit, my f	acility has remained	in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F.A.C.), o	•	•	_/	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has	s not been in contin	nuous compliance d	uring the reporting peri	od 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	s not been in contin	nuous compliance d	uring the reporting peri	od stated above:
Exact period of non-compliance: from		to	.,	· · ·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		_		
· · · · · · · · · · · · · · · · · · ·			***************************************	
As the responsible official, I hereby certify, based or made in this notification are true, accurate and com upon rolling averages of purchase receipts, does not year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Plea	plete. Further, my	annual consumptions per year for dr	on of perchloroethylene	solvent, based

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

# #0250812

		Brickell Cleaners
	P.14	3 should be new large area
	P.15	4 Should be new large area Source Wirefrig. Con.
-	•	
•		
• • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		
	-	
jen – komponinski samon se objektiva i se objektiv Se objektiva i se objektiva i		-
e de la companya de	,	
The state of the s		
<u> </u>		1

11 

### Perchloroethylene Dry Cleaning Facility Notification

£ 1 ... 6

### **Facility Name and Location**

1.	Facility Owner/Company Name (Nar	ne of corno	ration agency or	individual owner)			
[							
	Brickey Cleaners, Inc.						
2.	Site Name (For example, plant name						
	Berekell	Clear	ners				
3.	Hazardous Waste Generator Identifica						
	Application	n in	Process -	-	•		
4.	Facility Location: Street Address: 120 S.W.				-		
	City: MIAMI, FL		DADE	Zip Code: 3	3130		
5.	Facility Identification Number (DEP)	Use):	and a second				
				02501	312		
		Respons	sible Official				
6.	Name and Title of Responsible Offici				-		
	Antonio Figue	ROA	JR - F	President			
7.	Responsible Official Mailing Address Organization/Firm: BRICKEU	Clear	ners, Inc	02 way C	enal Springs		
	Street Hadress.						
	City:	Coun	t <b>y</b> :⊅	Zip Coo	ie:		
8.	Responsible Official Telephone Num	ber:					
	Telephone: (305) 854 - 30.		Fax: 3	051552-044	1		
	Facility Contact	rt (If differ	ent from Respons	ible Official)			
9.	Name and Title of Facility Contact (F	_					
	5AME	AS 1	BALL				
10.	Facility Contact Address:						
	Street Address:						
	City:	County	:	Zip Code:			
11	Facility Contact Telephone Number:						
11.	Telephone: ( ) -		Fax: (	) -			
	i ciopnone.		1 un. (	,			

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit							-		
(1) w/ ref. condenser	#1	3-97	3-97						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		The state				1			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			1.1		1.00 1.00		12.1		. Virtual
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				,		and the second second			Para Pro
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total	are ro	equired to be	installed [/	V/A	_] ) purchased ii	n the latest 12	2 moi	nths?	
(b) If less than 12 mon Check why it is les	ths, he s than	ow many? [_ 12 months:	] months New owner:	[ MA	New store	: [ <b>/</b> ] Did	not k	eep records:	
(Indicate with an "X".	Selec	t one classifi	ication only.)	)			3) of	Part II?	
Existing small a	ca so	urce []	Ne	ew SD	nall area sour	[	J		
Existing large ar	ea soi	urce []	Ne	ew la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuan d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e 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 mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

### Surrender of Existing Air Permit(s)

Please indica	ease 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)						
نگ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and at 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 will pro	omptly notify the Department of any changes to the information contained in this notification.    Jacob						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	NSPECTION C	HECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N O	COMPLAINT/DISC	OVERY 🗆
AIRS ID#: <u>OZSO 8 / 2</u> FACILITY NAME: Z  FACILITY LOCATION:	BRICKELL	Clean 13 St		
·				
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DA	ARM by 9/1/96			
2. New facility notified DARN	1 30 days prior to star	tup		
3. Facility failed to notify DAI	RM to use general per	mit		
PART II: CLASSIFICATIO	N		· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notifica (check appropriate box)	tion form that it is:			
A.  1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	yr	2. New small dry-to-dry only transfer only, a both types, x< (constructed or	y, x<140 gal/yr <<200 gal/yr	
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr ) gal/yr al/yr</td><td>transfer only, 2 both types, 140</td><td>arca source v, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr ) gal/yr al/yr	transfer only, 2 both types, 140	arca source v, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classi	fication	NO N		
If no, please check the approp	riate classification:			
	fied for a general perreds above limits and is		above a general permit	
B. The total quantity of perch facility was 120 gallon		urchased within	the preceding 12 month	hs by this dry cleaning

Revised 10/28/96 5/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
<ol> <li>Storing perchloroethylene in tightly sealed and impervious containers?</li> </ol>	DY DN NA
2. Examining the containers for leakage?	DY NO YO
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	QA ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINA
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 re (complete A below).	frigerated 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 installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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?	GY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. 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 wa
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ma Am

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?	מע באר
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
Is the temperature differential equal to or greater than 20° F?	מם 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	מם צם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם 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
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
Has the responsible official:	אם אים
Has the responsible official: (check appropriate boxes)	NO AG
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for pere purchased?	_
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	_
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	dy □n
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	אם צם אם
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אם צם אם אם אם אם אם
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for pere purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	NO YOU NO YOU OY ON OXION OY ON OXION OXION
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DY ON MALOY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY ON AVALORY ON OY ON NAA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	OY ON AMA OY ON ONIVA OY ON NA OY ON NA OY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	OY ON AMA OY ON ONIVA OY ON NA 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)					
	Odor (noticeable perc odor)	ď				
	Use of direct-reading instrumenta	tion (FID	/PID/calo	rimetric tubes)	0	
	If using direct-reading instrume	entation,	is the equ	ipment:	•	
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?		אנ
	b. Calibrated against a s	tandard g	gas prior t		ΟΥ C	75.7
	(PID/FID only)?					
	<ul> <li>c. Inspected for leaks an</li> </ul>	d obvious	s signs of	wear on a weekly basis?		אנ
	d. Kept in a clean and s	ecure area	a when no	ot in use?	OY C	אנ
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	ay c	אב
3.	Has the facility maintained a leak log?				dY C	אב
4.	Does the responsible official check the	following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	ďY	ПN	Muck cookers	ΩY	ON
	Door gaskets and seating	Y	ПN	Stills	<b>Y</b> Y	ΠИ
	Filter gaskets and seating	<b>Q</b> Y	ΠN	Exhaust dampers	ďУ	□N
	Pumps	qХ	ПN	Diverter valves	<b>©</b> Y	ΠN
	Solvent tanks and containers	ΔY	ПN	Cartridge filter housings	ďΥ	ПN
	Water separators	ďY	ПN			
_						

ector's Signature

5/93
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		·
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# DRY CLEANER AIR QUALITY GENERAL PERM Mobile Sources of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0250812 BRICKELL CLEANERS INC ANTONIO FIGUEROA JR 1450 NW 102 WAY CORAL SPRINGS FL 33071 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

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

### PERCALOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION, CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON   COMPLAINT/DISCOVERY  COMPLAINT/DISCOVERY
AIRS ID#: 02508/2 DATE: 8.3.C FACILITY NAME: BRICKELL CLEAN	78 TIME IN: 1300 TIME OUT: 1330  FRS
FACILITY LOCATION: 120 SW 13 S	
miami, FL	Ş0 · •
RESPONSIBLE OFFICIAL: ANTONIO FI	
CONTACT NAME:	PHONE: " S S S S S S S S S S S S S S S S S S
PART I: NOTIFICATION	gu .
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	✓Y □N □Can not determine
	ication: general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc)	



PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
Storing perchloroethylene in tightly sealed and impervious containers?	DY DN EN/A				
2. Examining the containers for leakage?	DY DN ØN/A				
3. Closing and securing machine doors except during loading/unloading?	MD VD				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN BN/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 refrigion. (complete A below).	gerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:				
1. Equipped all machines with the appropriate vent controls?	MD AD				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY 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				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY 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?	MY ON				

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
	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?	$\Box$ Y $\Box$ N	□N/A
	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 meables are equipmed with a carbon edge by?	ΟΥ ΟΝ	
	if machines are equipped with a carbon adsorber?	UY UN	UN/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?	OY ON	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)				
1. Maintained receipts for perc purchased?	OTY ON			
2. Maintained rolling monthly total of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MIN/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 DANA			
4. Maintained calibration data? (for applicable direct reading instruments)	איעם אם אים			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	CY ON			
7. Maintained deviation reports?	OY ON ZIN/A			
Problem corrected?	OY ON CONA			
8. Maintained compliance plan, if applicable?	DY DN ØN/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?			MA ON				
2.	Has the facility maintained a leak log?			ZY ON				
3.	Does the responsible official check the	following areas for leaks	?	·				
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A				
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A				
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ZY ON ON/A				
	Pumps	ON ON/A	Diverter valves	DY ON ON/A				
	Solvent tanks and containers	AND NO YO	Cartridge filter housings	dy on ona				
	Water separators	DY ON ONA						
4.	Which method of detection is used by the	he responsible official?						
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt th	rough gaskets)		<b>a</b>				
l li	Odor (noticeable perc odor)			<b>4</b>				
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	tric tubes)	۵				
	Halogen leak detector							
	If using direct-reading instr	umentation, is the equi	pment:	DAN/A				
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN				
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON				
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and s	ecure area when not in u	ise?	OY ON				
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON				
<u></u>								

M. ENRIQUE FLORES	8-3-58
Inspector's Name (Please Print)	Date of Inspection
nauigue floros	8 / 99
Inspector's Signature	Approximate Date of Next Inspect

ADDITIONAL SITE INFORMATION:		
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# ECTION SUMMARY REPORT

TADE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1300 TIME OUT: 1380	,AIRS ID#: 0250812
TYPE OF FACILITY: A PERC DRY CLETINER	-
FACILITY NAME: BRICKELL CLEANERS	DATE:
FACILITY LOCATION: 120 SW 13 ST	
minm1,33130	
RESPONSIBLE OFFICIAL: ANTONIO FIGUEROA'	PHONE NUMBER: 305-854 · 3035
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 evalu- discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · ·	
••	
<del></del>	
	·
COMMENTS: SATISFACTORY RECORD KEEPING.	ALL EGUIPMENT IN GOOD OPERATING
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $8/99$	pproximate)
INSPECTION CONDUCTED BY: M. ENRIGUE	FLORES
INSPECTOR'S SIGNATURE: Manique Horn	Please Print) PHONE NUMBER: 305 - 372 - 6925
Page	of Revised 10/

Revised 10/10/96

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

FACILITY NAME: BLICKEL CL	EANERS		_		re: 8-3.98
FACILITY LOCATION: 120 SW (					
miami					
Annual Reporting Period: 8-98	<del></del>	19	_ OT	8-99	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.				,	DEP Rulc
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been	in continuou	s complianc	e during the reporting p	period stated above:
Exact period of non-compliance: from			to	0	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the general permit	that has not been	in continuo	ıs complianc	æ during the reporting	period:stated above:
Exact period of non-compliance: from			to	RECE	IVED
Action(s) taken to achieve compliance:	<del></del>			SEP 2	<del>8 1&gt;&gt;0</del>
Method used to demonstrate compliance:	. '			Bureau of A	ir Monitoring Sources
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Fu	irther, my an	nual consum	ption of perchloroethy	lene solvent, based

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

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

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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:	l-also wish to receive the following services (for an extra fee):	P 174 052 036 US Postal Service
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 an		Receipt for Certified Mail \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
是 f = The Heturn Heceipt will show to whom the article was delivered and delivered.  32.0  33. Article Addressed to:	Consult posimaster for fee.	BRICKELL CLEANERS AIRS ID # 0250812 ANTONIO FIGUEROA IR 1450 NW 102 WAY CORAL SPRINGS PRO
AIRS ID # 0250812	10114 052 036 45 4b. Service Type	CORAL SPRINGS FE 33071
ANTONIO FIGUEROA JR  1450 NW 102 WAY  CORAL SPRINGS FL 33071	☐ Registered	Postage \$
NAME OF THE PROPERTY OF THE PR	7. Date of Delivery	Certifled Fee Special Delivery Fee
5. Received By: (Print Name)	8: Addressee's Address (Only if requested X in and fee is paid)	Restricted Delivery Fee
6. Signature: (Addressee or Agent)		Whom & Date Delivered Return Receipt Showing to Whom, Date; & Addressee's Address
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Complete items 3, 48, and 4b.     Print your name and address on the reverse of this form so that the reverse of th	following services (for an	No Insurance Coverage Provided.
Print your name and address on the reverse of this form so that	ve can return this extra fee):	Do not use for International Mail (See reverse)
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PATTACH this form to the front of the mallbiece; or on the back if spi		
write: Return Receipt Requested on the mailpiece below the arti-	cle number. 2. Restricted Delivery	BRICKELL CLEANERS AIRS ID # 0250812
The Return Receipt will show to whom the article was delivered and delivered.	and the date	TANACINIII ETCITIONIA
8	Consult postmaster for fee.	ANTONIO FIGUEROA-IR  1450 NW 102 WAY
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AIRS:ID # 0250812		
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ANTONIO FIGUEROA IR	☐ Registered	Soundane.
1450 NW 102 WAY	☐ Express Mail ☐ Insured ☐	Special Delivery Fee
CORAL SPRINGS FL 33071	100 Pt 120	
H. ISTORY	☐ Return Receipt for Merchandise ☐ COD	Restricted Delivery Fee
	7. Date of Delivery	ζ.
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so that we can return the card to you.	C. Signature ☐ Agent	BRICKELL	CLEANERS	1121. g . R	* .
Attach this card to the back of the mailpiece,     or on the front if space permits.	Addressee	ANTONIO I	FIGUEROA JR	in the ∰east of the little of	*
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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

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Do NOT Remove Label

AIRS ID 0250812

BRICKELL CLEANERS INC ANTONIO FIGUEROA JR 1450 NW 102 WAY CORAL SPRINGS FL 33071 FOR GOVERNMENT USE ONLY

Оъј.: 002273

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BRICKELL CLEANERS, INC.

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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** 

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AIRS 1D # 0250812

BRICKELL CLEANERS ANTONIO FIGUEROA JR 120 SW 13TH STREET MIAMI FL 33130

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

PLEASE DETACH AND RETAIN THIS STATEMENT-ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE.

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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**

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BRICKELL CLEANERS ANTONIO FIGUEROA JR 120 SW 13TH STREET **MIAMI FL 33130** 

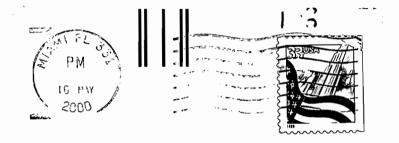
BRICKELL CLÉANERS, INC.

FOR GOVERNMENT USE ONLY

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Obj.: 002273

BRICKELL CLEANERS, INC.
120 S.W. 13 Sti
Micmil FL 63130
(305) 854:3035



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

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DATE	DESCRIPTION	AMOUNT	DEDUCTIONS	NET AMOUNT
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BRICKELL CLEANERS, INC.

PLEASE DETACH AND RETAIN THIS STATEMENT-ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE.



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

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

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Do NOT Remove Label

AIRS ID # 0250812

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FOR GOVERNMENT USE ONLY"
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BRICKELL CLEANERS, INC.

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RECEIVED AIL ROOM IAR - 1 99

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

Do NOT Remove Label

AIRS ID # 0250812

BRICKELL CLEANERS ANTONIO FIGUEROA JR 1450 NW 102 WAY CORAL SPRINGS FL 33071 FOR GOVERNMENT USE ONLY

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<ul> <li>■ Complete items. Is 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 02508</li> <li>BRICKELL CLEANERS                 ANTONIO FIGUEROA JR                 1450 NW 102 WAY                 CORAL SPRINGS FL 33071</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X
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Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

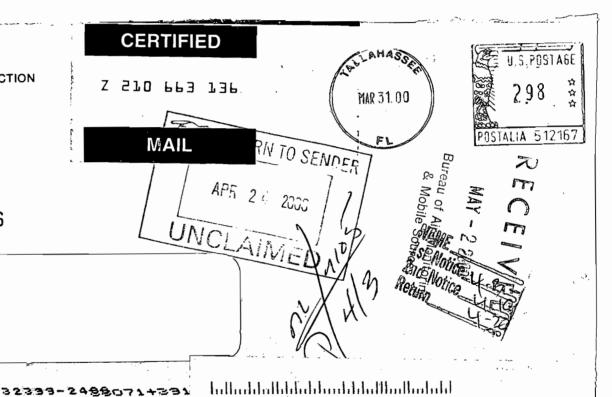
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Postmark or Date

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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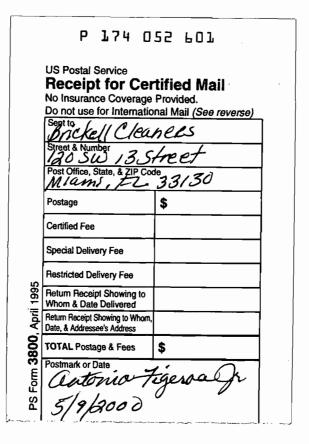


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120 SW/3 Street

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SENDER:  Complete items 1 and Complete items 3, 4a, 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.  AIRS ID# 0250812  BRICKELL CLEANERS  ANTONIO FIGUEROA JR 120 SW 13 STREET  MIAMI FL 33130  6. Signature (Addressee or Agent)	sh to receive the  se can return this extra fee):  1.  Addressee's Address  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.
6. Signature. (Addressee or Agent) P.S. Porm 3811, December 1994.	Domestic Return Receipt

United States Postal Service



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

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

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 card to you.  Attach this form to the front of the mailpiece, or on the b permit.  Write "Return Receipt Requested" on the mailpiece belo  The Return Receipt will show to whom the article was dedlivered.	tck if space does not  1.  Addressee's Address  7 the article number.  2.  Restricted Delivery
3. Article Addressed to:  AIRS ID 02508 BRICKELL CLEANERS INC ANTONIO FIGUEROA JR 1450 NW 102 WAY CORAL SPRINGS FL 33071	4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 38.11. December 1	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt

### - Z 333 612 918 **US Postal Service** Receipt for Certified Mail AIRS ID 0250812 BRICKELL CLEANERS INC ANTONIO FIGUEDO ANTONIO FIGUEROA JR 1450 NW 102 WAY CORAL SPRINGS FL 33071 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 Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date \$ <u>S</u>

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0250812001AG ANTONIO FIGUEROA JR BRICKELL CLEANERS</li> <li>120 SW 13TH STREET</li> <li>MIAMI FL 33130</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
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7000	33130 City, St.		
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AIRS ID # 0250812  BRICKELL CLEANERS ANTONIO FIGUER®A JR 120 SW 13TH STREET MIAM1 FL 33130	3. Service Type  ↓ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise
Hann 0/60 mm 1/10 H/1/100	☐ Insured Mail ☐ C.O.D.
1000 060 00264/274478	4. Restricted Delivery? (Extra Fee) ☐ Yes
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7000 0P00 005P	Restricted Delivery Fee (Endorsement Required)  Tot: Recij ANTONIO FII 120 SW 13TH MIAMI FL 331	LEANERS GUEROA JR STREET	RS ID # 0250812