

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 25, 1997

Mr. Michael Eugene President One Low Price Cleaners 1486 Northeast Miami Gardens Drive Miami, Florida 33179

Re: Facility No.: 0250823

Dear Mr. Eugene:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 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"



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 21, 1997

Mr. Michael Eugene One Low Price Cleaners 1486 Northeast Miami Gardens Drive Miami, Florida 33179

Re: Facility No. 0250823

Dear Mr. Eugene:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 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.

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Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 31, 1997

Mr. Michael Eugene One Low Price Cleaners 1546 Northwest 16th Avenue Pembroke Pines, Florida 33025

Re: Facility No. 0250823

Dear Mr. Eugene:

address: 1486 NE. Miani Dardens Dr

33179

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 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.

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Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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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"

#0250823

1	
	One Low Price Cleaners
P.13	7 add firm 2.(a), 3, +4. verify small source
p./44/5	2.(a), 3, +4. Verity small source
,	
'	
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,	
,	
•	
I	

JUN 4 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	101-11-10 01-01/20- 11/0 0/11
	4 CKEHIUERS OF CHOICE 1100 SIBA
2.	Site Name (For example, plant name or number):
١,	DNELDW WILE PLEANERS
3.	Hazardous Waste Generator Identification Number:
	APPLIED ENT
4.	Facility Location:
	Street Address: 1486N=MAMI GARDENS DR
	City: Afficial County: Sip Code: 33/79
5.	Facility Identification Numbers (DEP Use):
	0250823
	Responsible Official
6.	Name and Title of Responsible Official:
"	Marcheller I as hello A
	WHATEL EUGENE MESIDENT
(7)	Responsible Official Mailing Address:
	Organization/Firm
	City: County And Zip Code:
	IEMBLOKE 11101-5 BENUMED 39825
8.	Responsible Official Telephone Number:
	Telephone: (937) 437-5768 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Facility Information

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

		Date	Date	·	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Į.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	1D	Purchased	Installed	1D	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	.—	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	····	/ f	; /						
(1) w/ ref. condenser		1/15/17	1/15/07			,			
(2) w/ carbon adsorber		11-11-	11111			_			
(3) w/ no controls									
Washer Unit		<u> </u>	<u>L</u>		<u>-\</u>			<u> </u>	
(4) w/ ref. condenser			1						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					<u> </u>	. '	·		<u> </u>
(7) w/ ref. condenser			Ī						
(8) w/ carbon adsorber									,
(9) w/ no controls									_
Reclaimer Unit			•			-			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		<u> </u>							
(b) Control devices are (c) No control devices (a) What was the total of the control of the control devices (b) If less than 12 montrol of the control of	are r quant	equired to be ity of perchlons $\frac{1}{10} \sqrt{1}$	oroethylene (perc)	_]) purchased in	,		nths? keep records:	[]
What is the facility's so (Indicate with an "X". Existing small an	Selecter sea so	et one classif	ication only.)	ew sr	mall area sou	rce	3) of /]	Part II?	
Small Existing large ar	ea so	urce []	No	ew la	rge area sour	ce [j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ired on machines p	oursuant to section (3) of P	art if of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	$\sqrt{}$		
New large area source Refrigerated condenser	/ 		
	-		
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	ntural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site			
	•		
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required t	o be kept on-site i	n accordance with the requ	nirements of this general permit:
(a) Purchase receipts and solvent p	urchases		
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n plan		

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

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)
W	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif 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 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.
	omptly notify the Department of any changes to the information contained in this notification.

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

TITLE V AIR QUALITY GENERAL PERMIT

NSP TION SUM	IMARY REPO
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:00 pm TIME OUT: 3:30	pm AIRS ID#: 0250823
TYPE OF FACILITY: Perc Dry Clean	2
FACILITY NAME: ONE. LOW Price	()
FACILITY LOCATION: 1486 Miani Gard	
Miani, Fr 3317	
RESPONSIBLE OFFICIAL: Michael Eugene	PHONE NUMBER: 944-3608
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No perc receipts on site.	Bring receipts from home and begin maintaining them on site.
No rolling 12 month log of perc purchase	Begin a rolling log.
No bi-weekly leak inspection	Keep leak inspection log
No record of refrigerated condenser temperature.	Keep los of refrigerated condons temperature.
Verified facility to be a small	ment is satisfactory
The Annual Compliance Certification form has been properly certifold DATE OF NEXT INSPECTION: 5/98	
_ (A	pproximate)

PHONE NUMBER: 070 0130

Page of .

INSPECTION CONDUCTED BY:

Revised 10/96

One. Low Price Cleaners JUL 28 1997 Bureau of Air Monitoring & Mobile Sources Air Quality

-D/3 7.ac	dd firm	Manägement D	ivision
1. 19 p. 1445 2. (a) 2. si Address a firm 3. H +he RD	do firm), 3, 44. Verify SN does not correspon or organization 's residence	nall Source od to . It is	10 NB/A
4. Fa S C	1		33/79
5. F:			23
6. N			
7. R			-10 T
8. R			te: 33825
1			
9. Name and Title of Facility C	Contact (For example, plant manage	er):	
10. Facility Contact Address:			
Street Address: City:	County:	Zip Code:	

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

Telephone:

11. Facility Contact Telephone Number:

(

)

Page 13 of 16

Fax: (

)

RECEIVED

JUN 4 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	APIERNERO DE PUNCE MICOMA
3	Site Name (For example, plant name or number):
^{2.}	Site Tvalle (1 of example, plant hand of haghoet).
/	DAVE LOW PRICE PLEATIERS
3.	Hazardous Waste Generator Identification Number:
İ	APPLIED TOP
<u> </u>	THINED FUIL
4.	Facility Location: Street Address: 1486NE/MANY/BARNENS DR
	City: Mill Zip Code: 27/7
	39/19
5.	Facility Identification Number (DEP Use):
	0250823
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Mindle Til and WECOLOGO
	WHATELIEUGENE MESIVENI
7.	Responsible Official Malling Address: Organization/Firms
1	Street Address: 1546NW167TH APPE
	City: / Zip Code: Zip Code:
	1511BLOKE 11101-5 19811111111 991125
8.	Responsible Official Telephone Number:
	Telephone: (977) 437-576 3 Fax: () -
<u> </u>	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	. Facility Contact Address:
10.	. I acrity Contact Address.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
1	Telephone: () - Fax: () -
	Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16



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	Γ.	Date	Date	l	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
Type of Machine		- or ornased	mstariou		. dremases			· di citasta	
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		1/15/117	1/15/07	*					
(2) w/ carbon adsorber		4471	11111	_		†		<u> </u>	
(3) w/ no controls		 				†			
Washer Unit		<u></u>	l					<u> </u>	
(4) w/ ref. condenser							I		
(5) w/ carbon adsorber									
(6) w/ no controls		-							
Dryer Unit			l	1	<u> </u>			J	
(7) w/ ref. condenser				T				T .	T -
(8) w/ carbon adsorber			-	1					,
(9) w/ no controls				1		-	-		_
Reclaimer Unit									
(10) w/ ref. condenser				T					T
(11) w/carbon adsorber						-			
(12) w/ no controls	_		1			 			1
		.1		<u> </u>					
(b) Control devices are(c) No control devices	_]				
		•							
2.(a) What was the total of	quant gallo	ity of perchlo	proethylene (perc)	purchased i	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less	hs, h thar	ow many? [¿ 12 months:	months	; [_] New store	:: Did	not k	keep records:	<u></u>]
,									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	N	ew si	nall area sou	rce]		
Existing large are	ea so	urce []	N	ew la	rge area soui	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96



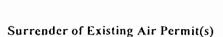


4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of F	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	<u>J</u>		
New large area source Refrigerated condenser			
			,
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	ntural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site.	units exempt		
Equipmo	ent Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required t	o be kept on-site i	n accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent po	urchases		
(b) Leak detection inspection and r	epair		ر لک
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			Ш ,

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(f) Start-up, shutdown, malfunction plan





Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature

Date

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



acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

						·
FACILITY NAME: ONE LO	ow Price	2 C	leaners	5	DATE:	5/27/97
FACILITY LOCATION: 1480	Miami	Gar	deus D	vive_		
Mia	mi, FL	33/	79			
Annual Reporting Period:		<u>3</u> 19	97 to _	5		19 <u>9</u> 7
Based on each term or condition of the T			•	ė,		Rule NO
62-213.300, Florida Administrative Cod	e (F.A.C.), during th	ne period c	overed by this sta	tement. \square	ÆS ,	#NO
If NO, complete the following:						
#1. Term or condition of the general pe	rmit that has not bee	n in conti	nuous compliance	during the re	porting period	stated above:
	EL WA	1/		,		
www.	2///	² 7		5/0	7	
Exact period of non-compliance: from			to		1. 101	11.6
Action(s) taken to achieve compliance:	My	en	Belly	ulf !	MU,	MILE
Method used to demonstrate compliance	: Mu	1/	So the	Jacu	ill	MAR
	All	U,	wal		_	//
#2. Term or condition of the general pe	rmit that has not bee	en in conti	nuous compliance	during the re	porting period	stated above:
					RECE	LVFD
Exact period of non-compliance: from			to			
	<u> </u>	-			AUG 2	2 1997
Action(s) taken to achieve compliance:						r Monitoring
Method used to demonstrate compliance	e:				& Mobile	Sources
As the responsible official, I hereby cer made in this notification are true, accur upon rolling averages of purchase rece year for transfer or combination faciliti	rate and complete. I	Further, m	y annual consump	otion of perchi	oroethylene s	olvent, based
RESPONSIBLE OFFICIAL:	////EL L	-UG	Fil Mi	Mach	ille	5/27/9/
	Name (Please Prin	t)		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

AUG 2 2 1997

TYPE OF INSPECTION: ANNUA		Bureau of Air Monitor vekvMobileஞources
FACILITY NAME: A	127/97 TIME IN: 3:00 pm TIME ers of Choice Alb/A Dne Low Miami Gardens Drive , FL 33179	Price Cleaners
PART I: NOTIFICATION	· ·	
(check appropriate box)		
1. Existing facility notified DARM by 9/1/	96	
2. New facility notified DARM 30 days pr	or to startup	X
3. Facility failed to notify DARM to use ge	neral permit	
PART II: CLASSIFICATION Facility indicated on notification form the (check appropriate box)	at it is:	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	*
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>a</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>a</td></x<2,>	a
This is a correct facility classification	QA ON	
If no, please check the appropriate classifi	cation:	
facility qualified for a ge facility exceeds above lir	neral permit as number above hits and is not eligible for a general permit	

facility was 180 gallons.

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

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?	ANV NO Y, II
2. Examining the containers for leakage?	DY UN VNA
3. Closing and securing machine doors except during loading/unloading?	DX ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A.	Has the responsible	official of	f all new	sources	and	existing	large area	ı sources:
(ch	eck appropriate boxes)							

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

NO NO Y

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?

DY ON V NA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

OY DIN

			_
В.	Has the responsible official of an existing large or new large area source also:		
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N _.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN

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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩΥ	ПΝ	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩИ	
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?	ΩY	ΩΝ	□N/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	_	
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	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	Ωи	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DAY
2. Maintained rolling monthly averages of perc consumption?	OX OM
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON VNA
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 NO YWA
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY NO YA
6. Maintained startup/shutdown/malfunction plan?	אם צוע
7. Maintained deviation reports?	סצ סא √ אם אס
Problem corrected?	DY UN VNA
8. Maintained compliance plan, if applicable?	OY ON DANIA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ON CAP

2.	Which method of detection is used by th	e respon	sible offic	cial?		
	Visual examination (condensed so	surfaces)	q (
	Physical detection (airflow felt three	ough gas	skets)	•	\alpha' ,	·
	Odor (noticeable perc odor)				D/	
	Use of direct-reading instrumentat	ion (FID	/PID/calo	orimetric tubes)	Image: control of the	
	If using direct-reading instrumen	ntation,	is the eq	uipment:		
	a. Capable of detecting p	erc vapo	r concent	rations in a range of 0-500 ppm?	QΥ	□и
	b. Calibrated against a st (PID/FID only)?	andard g	gas prior t		ΟY	□и
	c. Inspected for leaks and	d obviou	s signs of	wear on a weekly basis?	ΠY	□и
	d. Kept in a clean and se	cure are	a when no	ot in use?	ΩY	ПN
	e. Verified for accuracy t	y use of	duplicate	e samples (calorimetric only)?	ΠY	חא⊓
3.	Has the facility maintained a leak log?		QΥ	₩ N		
4.	Does the responsible official check the f	ollowing	g areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	√ Y	ПN	Muck cookers	ΟY	ONVITA
	Door gaskets and seating	¥Υ	ΩΝ	Stills	P Y/	ПΝ
	Filter gaskets and seating	ΜY	ΠN	Exhaust dampers	ŒΥ	□N
	Pumps	ďΥ	ПП	Diverter valves	d y	ПN
'	Solvent tanks and containers	ΦY	ΠN	Cartridge filter housings	ØΥ	□N
	Water separators	ÞΥ	ПN			

Name of Responsible Official

Debbio Griner

Inspector's Name (Please Print)

Debora Griner

Inspector's Signature

5/98

Approximate Date of Next Inspection

Verified facility to be a small Source

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/E	DISCOVERY	
airs id#: <u>250823</u> facility name: <u>#</u>				
FACILITY LOCATION: _/	<u>486 NE MIAMI GA</u> NIAMI , 33179	RDENS DR.	Bureau	SE CT
RESPONSIBLE OFFICIAL CONTACT NAME:	: MIKE EUGENE ".	PHONE: <u>30</u> 5	5 · 944 · \$4,08	Monitoring
PART 1: NOTIFICATION	-			·]
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA				<u> </u>
Facility indicated on notificate (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/S	urce 2. al/yr dry yr trai	□ No notificati □ Drop store/o New small area source y-to-dry only, x < 140 gal/yr nsfer only, x < 200 gal/yr th types, x < 140 gal/yr onstructed on or after 12/9/91)	out of business/peti	roleum
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1.80$ (constructed before $12/9/9$	urce	New large area source y-to-dry only, $140 \le x \le 2,100$ ansfer only, $200 \le x \le 1,800$ gally onstructed on or after $12/9/91$)	□ gal/yr al/yr yr	
1 -	r classification the appropriate classification cility qualified for a genera	n:	above	·



PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at אא טא טאעס least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/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) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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	□N	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□n/a
6	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
Ţ.				_

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON 🗹 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 DY DN DN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A DY ON DNA 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? MY ON ON/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND F	REPAIRS .		
1.	Does the responsible official conduct a	weckly (for small source	s, bi-weekly) leak detection ar	id repair
	inspection?			BY ON
2.	Has the facility maintained a leak log?			A 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	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	N/A	Diverter valves	CY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	dy ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		/
	Visual examination (condensed s	solvent on exterior surfac	es)	⊌
	Physical detection (airflow felt the	rrough gaskets)		\square
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	ation (F1D/P1D/calorime	tric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	ipment:	M/V
İ	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	NO YO
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY OX
	c. Inspected for leaks a	and obvious signs of wea	r on a weekly basis?	DY DW
	d. Kept in a clean and	secure area when not in t	use?	OY ON
	e. Verified for accurac	y by use of duplicate san	aples (calorimetric only)?	אם אם
				•
-	M. ENRIQUE FURES Inspector's Name (Please P	rint)	9-1-9 Date of Inspection	î8
	Menian Flow	•	9 /99	
	Inspector's Signature		Approximate Date o	f Next Inspection

ADDITIONAL SITE INFORMATION:

- * DRY TO DRY MACHINE FAILED THE DAY BEFORE THIS INSPECTION.

 IT DOES NOT PUMP PERC. OWNER ADVISED TO KEEP REPAIR

 RECORDS.
 - A STATE'S INSPECTION CALENDAR AND DERM'S BOOKLET ON POLLUTION CONTROLL FOR DRY CLEANERS WERE GIVEN TO MR. EVICENE.
 - * THIS SHOP WAS INSPECTED BY INSPECTOR DEBORAH GRINER ON MAY 1997: RECORD KEEPING DISCREPANCIES FOUND THEN HAD NOW BEEN CORRECTED.

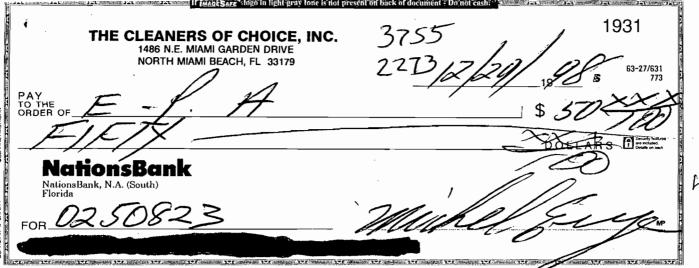
TYPE OF INSPECTION: ANNUAL COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT:	AIRS ID#:
TYPE OF FACILITY! PERT NAY CLEANERS	150823
FACILITY NAME: A CLEANERS OF CHOICE INC.	DATE: 9-1-98
1486 NE MITTINI GARDENS D	
RESPONSIBLE OFFICIAL: MIAMI 23179	рноме number:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	··
	·
\$ · · · · · · · · · · · · · · · · · · ·	
·	
·	
COMMENTS:	N 50
SHOP IN GOLD HOUSE KEEPING OR	
	MEKATION AWAITING REPAIRS = DOES NOT
The Annual Compliance Certification form has been properly certification.	field and submitted to the linspector. S. YES NO
ATE OF NEXT INSPECTION:	pproximate)
· · ·	
NSPECTION CONDUCTED BY:	Wedse Printy RES
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PHONE NUMBER: 303.372.6925
Page_	of Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A CLEANE	RS OF CHOICE IN	C. DBA ONE LOW	PRICE LIEANERS DATE	9-1-98
FACILITY LOCATION: 1486				
	11,33179	·		
Annual Reporting Period:	9/97	19 TO	9 /98	19
Based on each term or condition of t			_/	EP Rulc
If NO, complete the following:				
#1. Term or condition of the genera	d permit that has not be	cen in continuous complia	ance during the reporting per	iod stated above:
Exact period of non-compliance: fr	om		_ to	
Action(s) taken to achieve complian	nce:			_
Method used to demonstrate compli	ance:			
#2. Term or condition of the gener	al permit that has not b	œn in ∞ntinuous compli	ance during the reporting per	riod-stated above:
			RECE	IVED
Exact period of non-compliance: fi	rom		_to	
Action(s) taken to achieve complia	лсе:		SEP 2	8 1440
Method used to demonstrate compl	liance:			ir Monitoring e Sources
·			A WICOM	e Sources
As the responsible official, I hereby made in this notification are true, upon rolling averages of purchase year for transfer or combination for	accurate and complete. receipts, does not exce	Further, my annual con	sumption of perchloroethyles	ne solvent, based
RESPONSIBLE OFFICIAL:/_	Name (Please Pr	int)	Signature	Date

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

^{*}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.



MAIL ROOM

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS 1999 TITLE V GENERAL PERMIT

COMPLIANCE INSPEC	TION C.	HECKLEwieau of Air Monitoring	
ANNUAL	Ø	& Mobile Sources COMPLAINT/DISCOVERY	

RE-INSPECTION

TYPE OF INSPECTION:

AIRS ID#: <u>0250823</u> DATE: <u>5/23</u>	5/99 TIME IN: 1225 TIME OUT: 12 411 PM DBA		
FACILITY NAME:	1000 Price DBA cleanors of		
FACILITY LOCATION: 1486 NE	Mia. Grarden Drive Choice		
RESPONSIBLE OFFICIAL: Cugene	Mike PHONE: (305) 944-3608		
CONTACT NAME:	PHONE: 11		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	rtup		
2. Facility failed to notify DARM to use general pe	rmit		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box) A.	☐ Drop store/out of business/petroleum		
1. Existing small area source 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		
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit			
facility was <u>www</u> gallons.	rchased within the preceding 12 months by this dry cleaning		

595

Sez

12045 E St 6/4/99 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?	OY ON ON/A		
2. Examining the containers for leakage?	□Y □N □N/A		
3. Closing and securing machine doors except during loading/unloading?	OY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, to controls are required. Proceed to Part V.			
If classification 2 has been checked the machine should be equipped with a refrig. (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 refrigi (complete A and B below).	erated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON A		
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?	אם אם		

<u></u>	
B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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 ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained manifest for many numbered 19	

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

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
inspection?		•	□Y □N
2. Has the facility maintained a leak log?			□Y □N
3. Does the responsible official check the	following areas for leaks?	•	
Hose connections, fittings,			
couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	OY ON,ON/A	Exhaust dampers	OY ON ON/A
Pumps	DY ON/A	Diverter valves	OY ON ON/A
Solvent tanks and containers	DY XN DNA	Partridge filter housings	□Y □N □N/A
Water separators	DY DN DWA	1	
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfaces	/	
Physical detection (airflow felt thr	ough gaskets) 🖟 💮		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	
Halogen leak detector			
If using direct-reading instru	mentation, is the equipm	ient:	□N/A
a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	QY ON
d. Kept in a clean and se	cure area when not in use?		DYON
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	אם אם
Inspector's Name (Please Prin	t)	Date of Inspection	
Inspector's Signature		Approximate Date of t	Next Inspection

ADDITIONAL SITE INFORMATION:

Visited Dite for inspection, documents were not present and Ro was not present proposed with store attendent and she informed me that he will be in pat three (3:00 pm). I then left messages with her to give to him & call me to set up an appointment).

6/4/99 Never Record any messages from mr. Eugene I the called again end left nos. on nonesponse Non compliant.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1225 RM TIME OUT: 1241	Pm AIRS ID#: 0250823
TYPE OF FACILITY: Perc Dry (leaner
FACILITY NAME: ONE PO	DATE: 5/25/99
	liami Garden Drive
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administr	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility Refused inspection	Tracility needs to se Ovailable for Anoual inspection
	·
COMMENTS: Record Respired After learing facility to being performed numerous	Uislations that having an inspection messages were left no respon
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $5/2$	oproximate)
INSPECTION CONDUCTED BY:	SMART lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6912

Page 1 of 1.

Revised 10/96

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON C		
	00 TIME IN: ///5 TIME OUT: 1145		
V	price Cleaners		
FACILITY LOCATION: 1486	DE Miam, Gardens Dr.		
	FL		
RESPONSIBLE OFFICIAL: W.Ke (Eugene PHONE: 305-944-3608		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to star			
2. Facility failed to notify DARM to use general per			
_	9 0		
PART II: CLASSIFICATION	ਰ <u></u>		
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box) A.	☐ Drop store/out of business/petroleum		
1. Existing small area source	2. Ivew small area source		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$		
both types, x < 140 gal/yr	both types, x < 140 gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification '	Y ON OCan not determine		
If no, please check the appropriate classific	ation:		
facility qualified for a general permit as number above			
facility exceeds above lin	nits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pufacility was gallons.	rchased within the preceding 12 months by this dry cleaning		

Revised 9 15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DNA		
2. Examining the containers for leakage?	DY DN DNA		
3. Closing and securing machine doors except during loading/unloading?	ØY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PANIA		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a earbon 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 refrige (complete A and B below).	rated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
Equipped all machines with the appropriate vent controls?	AT 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?	CÓY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□ү Ийи		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON SINVA		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y ØN		

PART III: GENERAL CONTROL REQUIREMENTS

_==				
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?	ΟY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	$\square N$	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПN	□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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПN	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weckly) leak detection a	and repair	
inspection?	QA ON			
2. Has the facility maintained a leak log?	•		ΟΥ ØN	
3. Does the responsible official check the	4			
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON ØN/A	
Door gaskets and seating	AA ON ON/V	Stills	DY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	AY ON ON/A	
Solvent tanks and containers	AND NO AND	Cartridge filter housings	DY ON ON/A	
Water separators	ON ON/A			
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)			Ø	
Odor (noticeable perc odor)		-	Ø	
Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)		
Halogen leak detector			α .	
If using direct-reading instr	umentation, is the equip	oment:	ØN/A	
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			
c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and secure area when not in use?			OYON	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	מט עם	

Ivan Fannin	4/21/60
Inspector's Name (Please Print)	Date of Inspection
Jean Jan.	4/01
Inspector's Signature	Approximate Date of Next Inspection

Provided FDEP Calander + explanation
to D.O.

Need to begin all record keeping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	NNUAL 🗹 COM	PLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: /// TYPE OF FACILITY:	TIME OUT: 1/45	AIRS ID#:	0250873	
	e to Price Clas	~~~	DATE: 4/24/30	
FACILITY LOCATION:	486 NE 183 st. Ur Many, EL	•		
	ke Eugene	PHONE NUMBER	: 305 944 3608	
·	ompliance requirements evaluat 52-213.300, Florida Administrat	ed during this inspection, the factive Code (F.A.C.).	cility is found to be in	
discrepancies were noted:		ed during this inspection, the fol		
COMPLIANCE REQUIR		FOLLOW-UP ACT	-	
Not maintaining wood long or temp. le	lley log, laske	Begin record	Keeping	
			5. · · · · · · · · · · · · · · · · · · ·	
•				
1				
COMMENTS:	Provided FOEP C	alender		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. VES NO (Approximate)				
INSPECTION CONDUCTED BY: Ican Fanni (Please Print)				
NSPECTOR'S SIGNATURE: PHONE NUMBER: 305 372-6525				

Page___of___.

Revised 10/96

· AIRS ID#: 0250823

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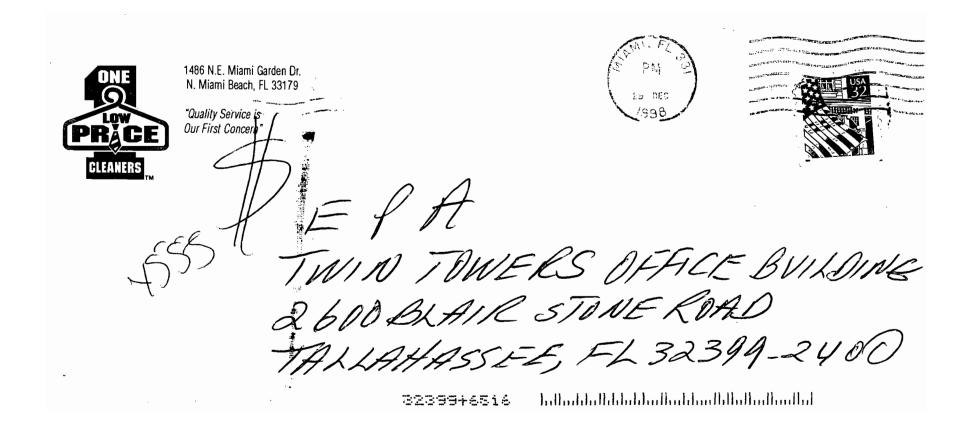
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Low Price Clas		DAT	E: ysiloo
FACILITY LOCATION: 1486 NE Mian	ne budons 1	Jr.	
N. Mani FL	•		
		·	<i>M</i>
Annual Reporting Period:	.19 <u>9</u> 7 то	April	19
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period	-		DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in con			eriod stated above:
Exact period of non-compliance: from	99 to_	Aprila	2
Action(s) taken to achieve compliance:	- and beeping	·	
Method used to demonstrate compliance:	absda		
#2. Term or condition of the general permit that has not been in cor	ntinuous compliance duri	ng the reporting po	eriod stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 givear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	my annual consumption	of perchloroethyle.	ne solvent, based
Name (Please Print)	Sign	ature	Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of _____.

discretion of the responsible official to use this form.



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400





RECEIVED

BEC 1 5 2003

Bureau of Air Monitoring
Bureau of Air Monitoring
Bureau of Air Monitoring

250823 EUGENE MICHAEL, ONE LOW PRICE CLEANERS 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

250823 EUGENE MICHAEL ONE LOW PRICE CLEANERS 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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■ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the roverse of this form so that we can return this i also wish to receive the following services (for an extra tee): 1. Addressee's Address permit. Write *Return Receipt Requested* on the mailbiege below the article number, The Return Receipt will show to whom the article was delivered and the date 2. Restricted Delivery Consult postmaster for fee 3. Article Addressed to: 4a. Article Number 2333613 572 ONE LOW PRICE CLEANERS 4b. Service Type EUGENE MICHAEL □ Registered -- ☐ Certified 1546 NW 16TH AVENUE ☐ Express Mail ☐ Insured PEMBROKE PINES FL 33025 Return Receipt for Merchandise COD. 7. Date of Delivery 5. Received By: (Print Name) and fee is paid) 6. Signature: (Addressee or Adent) PS Form 3811; December 1994 Domestic Return Receipt 102595-97-B-0179

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US Postal Service
Receipt for Certified Mail

AIRS ID# 0250823 ONE LOW PRICE CLEANERS EUGENE MICHAEL 1546 NW 16TH AVENUE PEMBROKE PINES FL 33025

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

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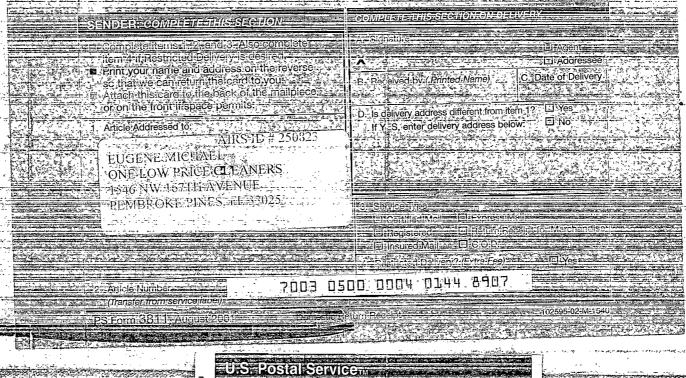
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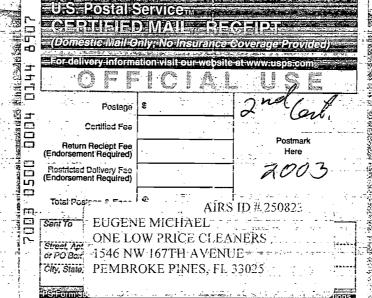
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TO: EUGENE MICHAEL
1546 NW 16TH AVENUE
PEMBROKE PINES FL 33025

Department of Environmental Protection 2600 Blair Stone Rd-Tallahassee FL 32399-2400 שמשי שיים אססם סספס בססד ETI- UNCLAIMED Burcan of Air Monitores

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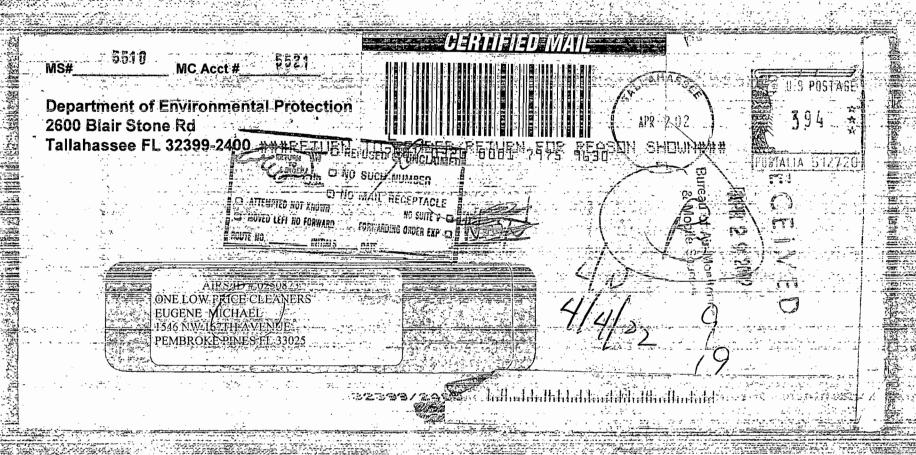
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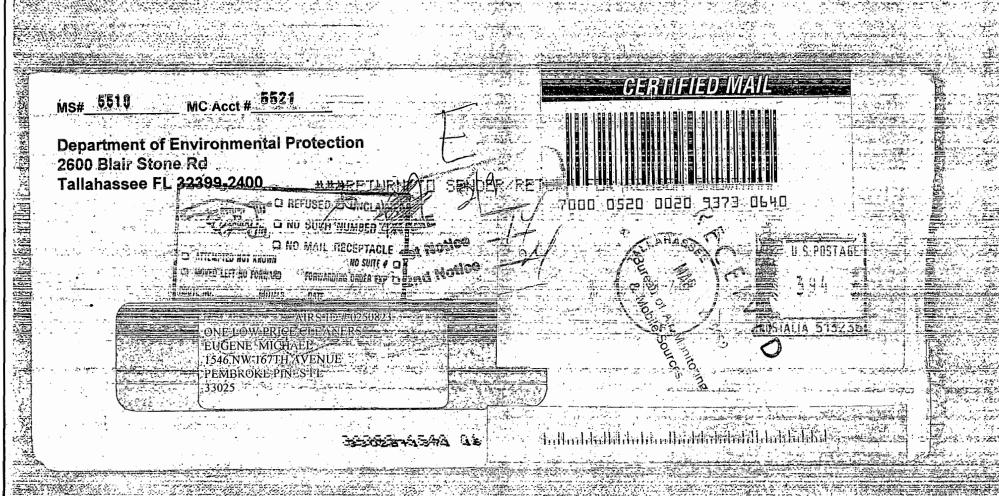
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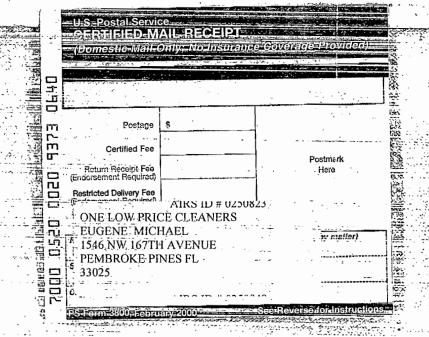


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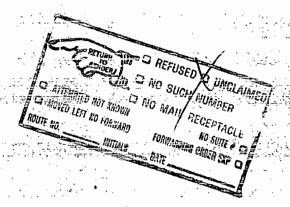
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PS Form 3811, July 1999 Domestic Retu	urn,Receipt 102595-99-M-1789



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400







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AIRS ID # 0250823 EUGENE MICHAEL ONE LOW PRICE CLEANERS 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025

	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: C C. Signature X D. Is delivery address different from item 1?	Agent Addressee		
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Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0250823 ONE LOW PRICE CLEANERS EUGENE MICHAEL 1546 NW 167TH AVENUE PEMBROKE PINES FL	3Service Type D. Certified Mail □ Express Mail
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· · · · · ·	☐ Insured Mail ☐ C.O.D.
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00	Restricted Delivery Fee (Endorsement Required)		
7001, 0320	Street, Apt. No. 1546 N	OW PRICE CLEAN NE MICHAEL NW 167TH AVENU ROKE PINES FL	
ı	PS Form 3800 January-20	10,11225 - 0. 1421	See Reverse for Institution



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415733 APR 8 2002 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

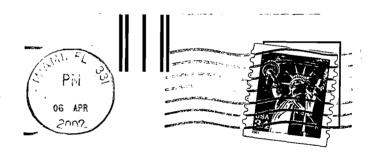
AIRS ID # 0250823 ONE LOW PRICE CLEANERS EUGENE MICHAEL 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

1485 AL Miss - Harden Dr. North Marni Beach, FL 33179



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



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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250823

ONE LOW PRICE CLEANERS EUGENE MICHAEL 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025 Nooi E

Org.: 37550 F01000 EO: A1

Fund: 20-2-09-5001 Obj.: 002273

One Low Price 1486 NE Miami Garden Dr. North Miami Beach, FL 33179 PM 2003

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

Receipts

Post Office Box 3070 Tallahassee, FL 32315-3070

Do NOT Remove Label

AIRS ID # 0250823

ONE LOW PRICE CLEANERS EUGENE MICHAEL **1546 NW 167TH AVENUE** PEMBROKE PINES FL 33025

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

15 JAN TITLE V - General Permit



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.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250823

ONE LOW PRICE CLEANERS EUGENE MICHAEL 1546 NW 167TH AVENUE PEMBROKE PINES FL 33025

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 613 345 **US Postal Service Receipt for Certified Mail** AIRS ID 0250823 A CLEANERS OF CHOICE INC EUGENE MICHAEL 1546 NW 16TH AVENUE PEMBROKE PINES FL 33025 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 3800, TOTAL Postage & Fees Postmark or Date Form S

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