



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 16, 1997

Mr. James Niles  
Royal Linen of Florida, Inc.  
4020 Northwest 24 Street  
Miami, Florida 33142

Re: Facility No.: 0250833

Dear Mr. Niles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 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"

**Bowman, Sandy**

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Thursday, September 19, 2002 2:23 PM  
**To:** Bowman, Sandy  
**Subject:** RE: Necessary Changes in the ASGP

Hi Sandy:

While I was in the process of reviewing inspection reports, I found that the ASGP database was not updated regarding the new company names of these two facilities:

New Sunshine ARMS # 0251055  
L & M Quality Cleaners ARMS # 0250993

Please change those names to avoid confusion.

In addition, your office sent us recently a Notification Form submitted by Royal Airline Linen Corp., located at 7920 N.W. 76 Ave., Medley, with an erroneous ARMS # 0250833-002.

This ARMS # correspond to Royal Linen of Fl., located at 4020 NW 24 St., which is presently out of business.

Royal Airline Linen Corp., located at 7920 NW 76 Ave., it's operating with the following ARMS # 0251061.

Thanks.

Marcelo.

-----Original Message-----

**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]  
**Sent:** Thursday, May 30, 2002 8:35 AM  
**To:** Barros, Marcelo (DERM)  
**Subject:** RE: Necessary Changes in the ASGP

Marcelo,

These have been corrected. I waited until this morning to verify the Events screen to see if all is in order. The AIRS ID Numbers 0251114, 0251115, and 0251116 have been deleted in both ARMS and ASGP. All the information in ARMS was transferred to 0250780, 0251055, and 0250993 respectively.

Sorry for the inconvenience and thanks for letting us know.

Sandy

-----Original Message-----

**From:** Barros, Marcelo (DERM) [mailto:BarroM@miamidade.gov]

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

*acc*

AIRS ID#0250833 ROYAL LINEN OF FLORIDA INC JAMES NILES 4020 NW 24TH STREET MIAMI FL 33142
-------------------------------------------------------------------------------------------------------

Do NOT Remove Label

Annual Reporting Period: 9-1- 1997 TO 12-31- 1997

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

If NO, complete the following:

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

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

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

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

RECEIVED

JAN 22 1998

Bureau of Air Monitoring  
& Mobile Sources

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

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

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

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

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

RESPONSIBLE OFFICIAL: S. DANIEL *[Signature]* 1-15-98

Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250833 DATE: 1/8/99 TIME IN: 2:03pm TIME OUT: 2:00pm

FACILITY NAME: Royal Linen of Florida Inc.

FACILITY LOCATION: 4020 NW 24 St.  
Miami, FL 33142

RESPONSIBLE OFFICIAL: James Niles PHONE: (305) 281-0929

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**RECEIVED**  
Bureau of Air Monitoring  
& Mobile Sources  
FEB 05 1999

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 52 gallons.

ARMS  
1/22/99  
DG

MB  
1/2/99

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Deborah Griner  
Inspector's Name (Please Print)

1/8/99  
Date of Inspection

Deborah Griner  
Inspector's Signature

1/2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]



TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:03 pm TIME OUT: 3:00 pm AIRS ID#: 0250833  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Royal Linen of Florida Inc. DATE: 1/8/99  
 FACILITY LOCATION: 4020 NW 24 St  
 Miami, FL 33142  
 RESPONSIBLE OFFICIAL: James Niles PHONE NUMBER: (305) 299-0929

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

RECEIVED  
FEB 05 1999  
Bureau of Air Monitoring  
& Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No measurement + record of refrigerated condenser temperature.	Begin keeping record in FDEP calendar provided.
No bi-weekly leak inspection performed.	Begin performing inspection and record results in FDEP calendar provided.
No 12 month rolling log of Perc consumption.	Begin keeping rolling log in FDEP calendar provided.

COMMENTS: Dry cleaning equipment satisfactory. While inspecting machine noticed ~~an~~ an area of oil on floor to the left side of machine. RO informed me that this was coming from a compressor with a faulty part and he would replace the part within 24 hours. Compressor is within "epoxy" paint area. R.O. cleaned the oil spill with absorbent rags. I directed Mr. Niles to dispose of rags in his safety Keen containers. Also requested a receipt of part purchase to be faxed to BERM office. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6925

AIRS ID#: 0250833

<sup>ALL</sup>  
BEST AVAILABLE COPY

BEST AVAILABLE COPY

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Royal Linen of Florida Inc DATE: 1/8/99  
 FACILITY LOCATION: 4020 NW 24 St  
Miami, FL 33142

RECEIVED  
 FEB 05 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

Annual Reporting Period: 1 1998 TO 1999

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

If NO, complete the following:

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

No measurement + record of ref. condenser temp, leak detection inspection,  
+ 12 month rolling log.  
 Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Begin conducting inspection, measurement + documentation

Method used to demonstrate compliance: FDEP Calendar

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

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

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

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

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

RESPONSIBLE OFFICIAL: James R. Niles James R. Niles 1-8-99  
 Name (Please Print) Signature Date

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

DEPT. OF ENVIRONMENTAL 248955  
 RESOURCES MANAGEMENT (DERM)  
 AIR QUALITY MANAGEMENT DIVISION  
 33 S.W. SECOND AVENUE, SUITE 900  
 MIAMI, FLORIDA 33120-1540

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 MAR 13 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

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

**AIRS ID#:** 0250833    **DATE:** 2/2/00    **TIME IN:** 1110    **TIME OUT:** 1150

**FACILITY NAME:** Royal Linen of Florida

**FACILITY LOCATION:** 4020 NW 24 st.  
Miami, FL

**RESPONSIBLE OFFICIAL:** James Wiles    **PHONE:** (305) 299-0929

**CONTACT NAME:** \_\_\_\_\_    **PHONE:** \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup                     

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

AAMS  
2/25/00  
3/1/00

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

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

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

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

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

*Ivan Fannin*

Inspector's Name (Please Print)

*2/2/00*

Date of Inspection

*Ivan Fannin*

Inspector's Signature

*2/01*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Good Housekeeping / Recordkeeping

Installed "Booster Boiler" on machine;  
was having problems w/ coils (shorting out fuses,  
took too long to boil)

Machine not operating during inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1110 TIME OUT: 1150 AIRS ID#: 0280833

TYPE OF FACILITY: Perc Dry Cleaner

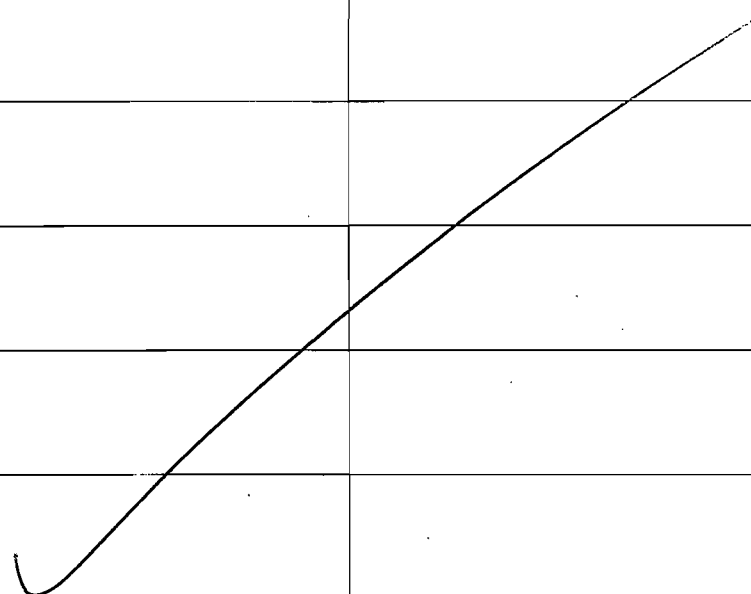
FACILITY NAME: Royal Linen of Florida DATE: 2/2/00

FACILITY LOCATION: 4030 NW 24 St.

Miami, FL

RESPONSIBLE OFFICIAL: James Wiles PHONE NUMBER: 305-295-0929

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	

COMMENTS: Good Housekeeping / Record Keeping

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

DATE OF NEXT INSPECTION: 2/01  
(Approximate)

INSPECTION CONDUCTED BY: Joan Farmer  
(Please Print)

INSPECTOR'S SIGNATURE: Joan Farmer PHONE NUMBER: 305-372-6925



*Ace*

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

FACILITY NAME: Royal Linen of Florida DATE: 2/26/00  
 FACILITY LOCATION: 4012 NW 24 St.  
Miami, FL

Annual Reporting Period: Feb 19 99 TO Feb 19 2000

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

If NO, complete the following:

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

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

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

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

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

RESPONSIBLE OFFICIAL: James R. Niles James R. Niles 2-2-00  
 Name (Please Print) Signature Date

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

#0250833

Royal Linen of Florida

- spoke with James Niles -  
10/20/97 - new business -  
plans to purchase less  
than 140 gal. perc/year

p.13 8. add note: "cellular", add  
business #- 305/871-4451  
fax #- 305/871-4452  
11. disconnected, mark out

p.14 1.(a) add date control device  
installed  
1.(c) mark out "X" and initial  
2.(a) add "0"

p.15 5.(d) not required, mark out  
and initial

p.16 - add permit number(s)

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Royal Linen of Florida Inc.
2. Site Name (For example, plant name or number):	Same as above
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 4020 N.W. 24th Street Street Address: City: miami County: Dade Zip Code: 33142	
5. Facility Identification Number (DEP Use):	0250833

## Responsible Official

6. Name and Title of Responsible Official:	James Niles V. President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: miami County: FL Zip Code: 33142	4020 N.W. 24th Street
8. Responsible Official Telephone Number: Telephone: (305) 299-0929 Fax: ( ) -	

## Facility Contact (If different from Responsible Official)

RECEIVED

9. Name and Title of Facility Contact (For example, plant manager):	Same as above	SEP 25 1997
10. Facility Contact Address: Street Address: City: County: Zip Code:		Bureau of Air Monitoring & Mobile Sources
11. Facility Contact Telephone Number: Telephone: (305) 871-1669 Fax: ( ) same		

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	Aero Tech 40 lbs. Dry to Dry								
(1) w/ ref. condenser	1	8-18-97							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

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

*new small p.a.*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Ⓒ Please indicate with an "X" the appropriate selection:

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

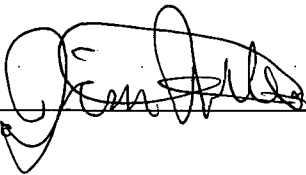
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Signature



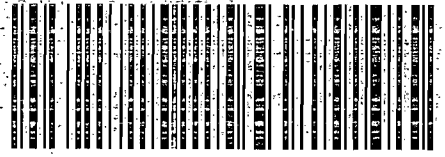
Date

8/21/97

MS# 6610 MC Acct # 5521

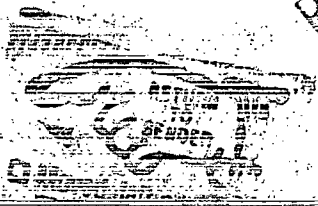
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

CERTIFIED MAIL

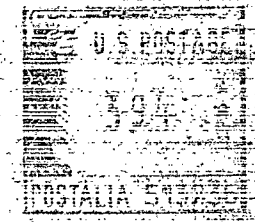
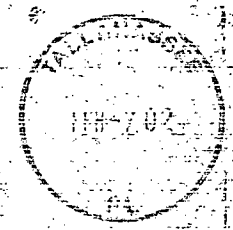


7000 0520 0020 9373 0824

RECEIVED  
EPA 2002  
Bureau of Air Monitoring  
Mobile Sciences



RECEIVED



AIRCHID: #0250833  
ROYAL LINDEN OF FLORIDA  
JAMES NILES  
4026 NW 24TH STREET  
MIAMI FL  
33142

3519276716

**SENDER - COMPLETE THIS SECTION**

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

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

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

1. Article Addressed to:

AIRS ID # 0250833

ROYAL LINEN OF FLORIDA  
 JAMES NILES  
 4020 NW 24TH STREET  
 MIAMI FL  
 33142

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A: Received by (Please Print Clearly) \_\_\_\_\_

B: Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_

Agent  
 Addressee

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

3. Service Type

Certified Mail     Express Mail

Registered         Return Receipt for Merchandise

Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7000 0520 0020 9373 0824

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

Postmark Here

AIRS ID # 0250833

To: ROYAL LINEN OF FLORIDA  
 JAMES NILES  
 4020 NW 24TH STREET  
 MIAMI FL  
 33142

PS Form 3811, July 1999 See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300314 ✓

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM  
JAN 20 98

Do **NOT** Remove Label

AIRS ID#0250833  
ROYAL LINEN OF FLORIDA INC  
JAMES NILES  
4020 NW 24TH STREET  
MIAMI FL 33142

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358090

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

RECEIVED  
MAIL ROOM

JAN 22 99

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0250833  
ROYAL LINEN OF FLORIDA  
JAMES NILES  
4020 NW 24TH STREET  
MIAMI FL 33142

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

ROYAL AIRLINE LINEN OF FLORIDA, INC. 4020 N.W. 24TH STREET, MIAMI, FL 33142

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD, MS  
TALLAHASSEE, FL  
32399-2405

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
RULE 62-213.300	12/06	50.00	0.00	50.00
TOTAL =				\$50.00

DATE  
12/15/00

CHECK NUMBER  
00007566

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400094

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 # 0250833

ROYAL LINEN OF FLORIDA  
JAMES NILES  
4020 NW 24TH STREET  
MIAMI FL 33142

12-16-00  
pd

Bureau of Air Monitoring  
& Mobile Sources

DEC 20 2000

RECEIVED

DEC 18 00

RECEIVED  
MAIL ROOM

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

R AIRLINE LINEN OF FLORIDA, INC. 4020 N.W. 24TH STREET, MIAMI, FL 33142

DESCRIPTION	INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
PROTECTION P.O. BOX 3070 TALLAHASSEE FL 32315-3070	12/99	12/15	50.00	0.00	50.00
TOTAL =					\$50.00

**DATE**  
12/15/99

**CHECK NUMBER**  
00006583

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389880

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 # 0250833  
ROYAL LINEN OF FLORIDA  
JAMES NILES  
4020 NW 24TH STREET  
MIAMI FL 33142

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

RECEIVED  
MAIL ROOM  
DEC 20 99

ROYAL AIRLINE LINEN OF FLORIDA, INC. 7920 N.W. 76TH AVENUE, MEDLEY, FL 33166

DEPARTMENT OF ENV. PROTEC	INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
TITLE V AIR GENERAL PERMI	MARCH 02	03/08	50.00	0.00	50.00
PO BOX 3070					
TALLAHASSEE, FL					
32315-3070					
			TOTAL =		\$50.00

DATE  
03/31/02

CHECK NUMBER  
00002671



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 415712 APR 5 2002

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

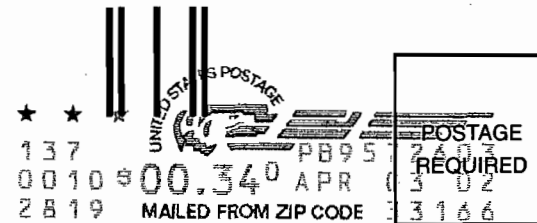
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250833  
ROYAL LINEN OF FLORIDA  
JAMES NILES  
~~4020 NW 24TH STREET~~ 7920 NW 76 Ave  
MIAMI FL Medley, FL-33166  
33142

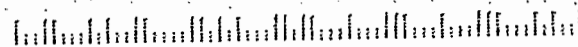
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

*Royal Airline Linen  
of Florida Inc.  
7920 N.W. 76<sup>th</sup> Ave.  
Medley, FL 33166*



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

22313+3070 99



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery 04/18
1. Article Addressed to:  <div style="border: 1px dashed black; padding: 5px; text-align: center;">             AIRS ID # 0250833              ROYAL LINEN OF FLORIDA              JAMES NILES              4020 NW 24TH STREET              MIAMI FL 33142           </div>	C. Signature X Felix Ortiz <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 7975 9821		
PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789		

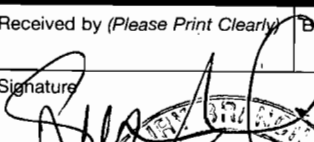
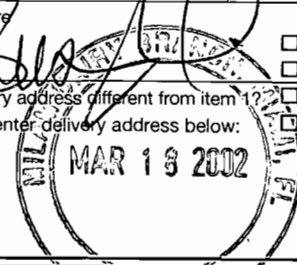
U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Postage & Fees	AIRS ID # 0250833
Sent to Street, or PO City, S ROYAL LINEN OF FLORIDA JAMES NILES 4020 NW 24TH STREET MIAMI FL 33142	
PS Form	Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
	<i>JC</i>	<i>07/27</i>
	C. Signature	<input type="checkbox"/> Agent
	<i>X JOSEFINA WAZO</i>	<input type="checkbox"/> Addressee
	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
	If YES, enter delivery address below:	<input type="checkbox"/> No
1. Article Addressed to:		
10 AIRS ID # 0250833001AG JAMES NILES ROYAL LINEN OF FLORIDA 7920 NW 76TH AVENUE MEDLEY FL 33166		
2. Article Number (Transfer from service label)	<i>7000 1670 0013 3095 4093</i>	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<i>10</i>
	AIRS ID # 0250833001AG
Sent To	JAMES NILES
Street, Apt. No.	ROYAL LINEN OF FLORIDA 7920 NW 76TH AVENUE
City, State, ZIP	MEDLEY FL 33166
<i>Receipt Here</i> <i>02</i>	
PS Form 3800, May 2000	See Reverse for Instructions



<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total P</b>	AIRS ID # 0250833
<b>Sent To</b>	ROYAL LINEN OF FLORIDA
<b>Street, A or PO Bc</b>	JAMES NILES 4020 NW 24TH STREET
<b>City, State</b>	MIAMI FL 33142
PS Form 3800, January 2001	
See Reverse for Instructions	

<small>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE</small>	
<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250833</p> <p>ROYAL LINEN OF FLORIDA JAMES NILES 4020 NW 24TH STREET MIAMI FL 33142</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7001 0320 0001 7976 2111	
PS Form 3811, July 1999 • Domestic Return Receipt 102595-99-M-1789	

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2450

Bureau of Air Monitoring  
Mobile Sources

MAR 22 2001

RECEIVED

