

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 1, 1997

Mr. Enrique Gonzalez Payless Cleaners 1290 West 68 Street Hialeah, Florida 33014

Re: Facility No.: 0250849

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 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,

Dótty 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"

	# 0250849
p14 1	(b) Should not be marked Mark
P16	Dell'and include
<u> </u>	Odd Permit #'s of permits) surrendered
	(D.E.P. issued permitsonly)
	Responsible Official sign and date
	Responsible Official sign and date for changes.
-	

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Perchloroethylene Dry Cleaning Facility Notification



Facility Name and Location

Air Qual	itv-
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Management	Divid
HOME STRAD CHEMIENS LNC.	Divisior
2. Site Name (For example, plant name or number):	
Pay Ess Cleaners 3. Hazardous Waste Generator Identification Number:	
920 98/755523 4. Facility Location: 1290 W 68 57 Street Address:	
City: HINLENH County: DDE Zip Code: 33014	
Se. Facility Identification Number (DEP Use):	
######################################	1
Responsible Official	
6. Name and Title of Responsible Official:	
l ————————————————————————————————————	
ENRIGUE GOOD ZA/EZ / DECRE.	
INRIGUE GON ZA/EZ SECRE- 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same As Above	
Organization/Firm: Street Address: Same As Above	
City: County: Zip Code:	
· ·	
8. Responsible Official Telephone Number:	
Telephone: 305)556-0024 Fax: () -	
Facility Contact (If different from Responsible Official)	
racincy contact (if different from Aesponsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS Shove	/
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	
<u> </u>	

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NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		-							
(1) w/ ref. condenser		DEC94	DEC94		DEC94	EC 94			
(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				1			1		
(9) w/ no controls									
Reclaimer Unit						_ 	<u> </u>		
(10) w/ ref. condenser				1			T	. [
(11) w/carbon adsorber	1			1 -			†	-	
(12) w/ no controls				1			†	+	
(b) Control devices are	are i	equired to be	e installed [
2.(a) What was the total	quan gall		oroethylene	(perc) purchased i	in the latest 1	2 mo	nths?	
(b) If less than 12 mon Check why it is less					_] New store	e: [] Did	l not l	keep records	:]
3. What is the facility's so (Indicate with an "X".					finitions foun	id in section	(3) of	f Part II?	
Existing small a	rea so	ource []	N	ew s	mall area sou	ırce 🔽	ر		•
Existing large ar	ea so	ource []	N	ew la	arge area sou	rce [J		

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source Carbon adsorber [] Refrigerated condenser []]					
New small area source Refrigerated condenser						
New large area source Refrigerated condenser []	•					
5. A facility which contains non-exempt emissions units shall not be eligible to us to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units o 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 to boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is find	of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site						
•,						
Equipment Monitoring and Recordkeeping Informa	tion					
Check all logs which are required to be kept on-site in accordance with the requir	ements of this general permit:					
(a) Purchase receipts and solvent purchases	<u>- </u>					
(b) Leak detection inspection and repair	V_1					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration	· <u>/ </u>					
(f) Start-up, shutdown, malfunction plan						

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Surrender of Existing Air Permit(s)

Please indicat	te 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
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 sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification. $ \frac{1}{\sqrt{1-3/-9}} $ Date

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MAR 0 4 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250849

HOMESTEAD CLEANRS INC ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014

Do NOT Remove Label

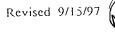
Annual Reporting Period:	26	19 <u>_97</u> TO	٦.	26-	19 <i>_88</i> _
62-213.300, Florida Administrative Code (F	_	•	-	_	NO
If NO, complete the following:					
#1. Term or condition of the general permit	t that has not been in	n continuous compliand	ce during the rep	orting period sta	ited above:
Exact 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 Exact period of non-compliance: from		continuous compliand		orting period sta	ited above:
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			·		
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t RESPONSIBLE OFFICIAL: National Property Company of the Property Company o	Further, my annual co to dry facilities or 1,8	nsumption of perchloro	ethy <mark>jq</mark> ne solvent, b	ased upon purch ation facilities.	

^{*}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 CLEARING FIVED

TYPE OF INSPECTION:	COMPLIANCE IN: ANNUAL RE-INSPECTION	9	COMPLAINT/DI	OCT 28 1779 ISCOVERY reau of Air Monir & Mobile Source	□ toring
AIRS ID#: 250849	DATE: 9-22-98	7 TIME IN	1: 1045 T	IME OUT:/	115
facility name: <u>P</u> ay	LESS CLEANERS		· 		
FACILITY LOCATION: _	1290 W. 68	ST			
	HIALEAH, 3	_			
RESPONSIBLE OFFICIAL			PHONE: 305	-556-0024	•
CONTACT NAME:	r		PHONE:	//	
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DAR	LM 30 days prior to starti	up			
2. Facility failed to notify DA					
DADAR OF ACCIDIOATI	0N	·		<u> </u>	
PART II: CLASSIFICATION					
Facility indicated on notific	ation form that it is:		☐ No notification		alaum.
(check appropriate box) A.			U Drop store/ou	nt of business/petr	oieum
1. Existing small area so	ource 🗆	2. New small a	irea source		
dry-to-dry only, x < 140 g	gal/yr	dry-to-dry only			
transfer only, x < 200 gal/	=	transfer only, x	~ .		
both types, x < 140 gal/yr		both types, x <	· ·		
(constructed before 12/9/9	₹1)	(constructed on	or after 12/9/91)		
3. Existing large area so	ource 🗆	4. New large a	rea source		
dry-to-dry only, $140 \le x \le 1$		-	y , $140 \le x \le 2,100$ g		
transfer only, $200 \le x \le 1$			$00 \le x \le 1,800 \text{ gal}.$		
both types, $140 \le x \le 1.80$			$0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/9			or after 12/9/91)		
5. This is a correct facility	y classification	MY ON	□Can not deter	mine	
If no, please check	the appropriate classifica	ation:			
1	acility qualified for a gen		umber :	above	
II .	ncility exceeds above lim			permit	
B. The total quantity of perc					





PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN WNA 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 אואם אם אא least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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? DY ON ONIA 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? 6. 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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ו אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□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?	ΩY	ПИ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ИΩ	□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?	. ПА	ΩИ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
Н	as 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 DN ØN/A 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 ØN/A and parts installed w/in 5 days of receipt? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DNA 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? DY DN EN/A 7. Maintained deviation reports? OY ON DINA Problem corrected? DY DN ZN/ 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a v	veekly (for small sources	s, bi-weekly) leak detection ar	td repair			
inspection?			QA ON			
2. Has the facility maintained a leak log?			DY Ø N			
3. Does the responsible official check the f	ollowing areas for leaks	?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	BY ON ONA			
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	WY ON ON/A					
4. Which method of detection is used by the	ne responsible official?		,			
Visual examination (condensed so	olvent on exterior surface	es)	\			
Physical detection (airflow felt the	rough gaskets)		\mathbf{z}			
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instr	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON			
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	חס אם			
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN			
d. Kept in a clean and s	ecure area when not in u	ise?	אם אם			
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN			
M. ENRIBUE FLORES 9-22-98						
Inspector's Name (Please Pri		Date of Inspection				
We H						
Maniquettoson		7/99	(2)			
Inspector's Signature		Approximate Date of	A Next Inspection			

ADDITIONAL SITE INFORMATION:

- STATE'S INSPECTION CALENDAR AND INSTRUCTIONS ON HOW TO PROPERLY FILL IT OUT WERE GIVEN TO MR. GONZALEZ.
- SERM'S BOOKLET ON POLLUTION CONTROL FOR DRY CLEANERS WAS ALSO GIVEN TO MR. GONZALEZ.
- I PERC TANK & LEFT SIDE) GASKET IS TO BE REPLACED BY A LICENSED CONTRACTOR.

 OWNER WAS ADVISED TO KEEP RELORDS OF WORK PERFORMED ON THE MACHINE.

BEST AVAILA	ABLE COPY
COMPLETE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1045 TIME OUT: 1/15	AIRS IDH: 251849
TYPE OF FACILITY: PERC DRY CIEANERS	
ACILITY NAME: PAYLESS CLEANERS	DATE: 9.22.98
FACILITY LOCATION: 1290 W. 68 ST.	
HIPLEPH, 33014	20/ 55/ 2020
RESPONSIBLE OFFICIAL: ENGIGE BONZALEZ	PHONE NUMBER: 305-556-0024
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluated to the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluated to the compliance requirements and the compliance requirements are complianced to the compliance requirements and the compliance requirements are complianced to the compliance requirements and the compliance requirements are complianced to the compliance requirements and the compliance requirements are complianced to the compliance requirements are complianced to the compliance requirements and the compliance requirements are complianced to the complianced to the compliance re	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO ROLLING LUG OF PERC PURCHASES	WILL START RECOLDING PERC PURCHOSES
AND KOLLING TON OF LEVE LOVE LACE	
HE CONDENSER TEMP. READINGS	WILL START RECORDING COND. TENIP.
HP CONDENSOR TEMP. RCHDINGS	READINGS
	AET DINGS .
NO LEAK INSPECTION RELORDKEEPING	WILL START RECORDING LIAK MOSPECTIONS
	Whe ON EBUPINENT.
2 M. C.	
	Ţ
COMMENTS: OWNER AND SEED TO STEAM UP DE	THIND THE TO MAY THAT CHINE : HAS HEELDING
- THUK WINDOW FILLTER /GASKIT T	O BE REPLACED BY LICENSED CONTRACTOR.
8	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
	G
ATE OF NEXT INSPECTION:	approximate)
<u> </u>	
	Vt 1 L(AKES Please Print)
NSPECTOR'S SIGNATURE: Manique Hover	PHONE NUMBER: 305-372-6925
1	THORIS HOMBER. JOS JEST OF CA
Page	of Revised 10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PAYLESS CLEANERS		DATE:	9-22-18
FACILITY LOCATION: 1290 W. 68 ST.			
HIALEAH, 37			
		1	
Annual Reporting Period: 9/97	19TO	9/98	19
Based on each term or condition of the Title V general	air permit, my facility has ren	nained in compliance with DE	IP Ruje
52-213.300, Florida Administrative Code (F.A.C.), dur	ring the period covered by this	s statement DYES	MNO
If NO, complete the following:			
#1. Term or condition of the general permit that has n	not been in continuous complia	ance during the reporting perio	od stated above:
, , ,	•	3	
FAILURE TO MAINTAIN A ROLLING LOW LEAK INSPECTIONS. Exact period of non-compliance: from	0/67	a las	<u>ECTIONOGO TITO</u>
Action(s) taken to achieve compliance: WILL 51	TART USING STATE'S INSI	PECTION CALENDAR TO	KEEP RECORD
	E MENTIONED ITEMS.		
#2. Term or condition of the general permit that has a Exact period of non-compliance: from	not been in continuous complia	ance during the reporting perion RECEIV	
Action(s) taken to achieve compliance:		OCT 2 7 19	998
Method used to demonstrate compliance:		Bureau of Air M	onitoring
	<u> </u>	4	
As the responsible official, I hereby certify, based on made in this notification are true, accurate and comp	olete. Further, my annual cons	sumption of perchloroethylene	
upon rolling averages of purchase receipts, does not year for transfer or combination facilities, RESPONSIBLE OFFICIAL:	TOM 20/12 E	Signature	

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0250849 DATE: 4/26/39 TIME IN: 1250 TIME OUT: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: Larique Gonzles PHONE: 556-0024 PHONE: CONTACT NAME:

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

Facility indicated on notification form that it is:

PART II: CLASSIFICATION

(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr(constructed before 12/9/91)

- 3. Existing large area source dry-to-dry only, $140 < x \le 2,100$ gal/yr transfer only, $200 < x \le 1,800$ gal/yr both types, $140 \le x < 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
- 5. This is a correct facility classification

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

- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer 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)

 $\square N$

Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- facility exceeds above limits and is not eligible for a general permit

 $\Box Y$

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

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	רם אם אם A/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. DY
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?				
2. Maintained rolling monthly total of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:	. /			
a. documentation of leaks repaired w/in 24 hrs? or;	אלם אם צם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days				
and parts installed w/in 5 days of receipt?	אואס אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם צם			
6. Maintained startup/shutdown/malfunction plan?	QY ΩN			
7. Maintained deviation reports?	DY DN ZNIK			
Problem corrected?	אינים אם אם			
8. Maintained compliance plan, if applicable?	אואם אם צם			

PA	PART VI: LEAK DETECTION AND REPAIRS					
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			•	ZY	ND
2.	Has the facility maintain	ned a leak log?			ΠY	M
3.	Does the responsible off	ficial check the fo	ollowing areas for leaks?			
	Hose connections, couplings, and va		DY ON ON/A	Muck cookers	ПОУ	ON ZINIA
	Door gaskets and s	seating	DY ON ON/A	Stills	PY	□N □N/A
	Filter gaskets and	seating	DA ON ONA	Exhaust dampers	QY I	ON ON/A
	Pumps		DY DN ON/A	Diverter valves	DY !	DN DN/A
	Solvent tanks and	containers	DY ON DN/A	Cartridge filter housings	ZY I	□N □N/A
	Water separators		AY ON ON/A			
4.	Which method of detecti	ion is used by the	e responsible official?			/ .
	Visual examination (condensed solvent on exterior surfaces)				.2/	1
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detec	ctor				
	If using direct	reading instrur	mentation, is the equipme	nt:	ÆN/A	
	a. Capabl	le of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	□Y '	□и
		ated against a star FID only)?	ndard gas prior to and after	each use	□Y [ַ אם
	c. Inspect	ted for leaks and	obvious signs of wear on a	ı weekly basis?	□Y∪	□N .
	d. Kept is	n a clean and seci	ure area when not in use?		□Y (□N
	e. Verifie	ed for accuracy by	y use of duplicate samples	(calorimetric only)?	□Y (□и ,
		·				

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

	ADDITIONAL SITE INFORMATION:
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1207m TIME OUT: 1200. TYPE OF FACILITY: Pec Dry FACILITY NAME: PAY 1230 FACILITY LOCATION: 1290 W 68 54	AIRS ID#: 0250-249 (leaner
RESPONSIBLE OFFICIAL: Enrique Gonz	PHONE NUMBER: 556-0624
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
no lean logues kept	to needs to keep leak
no recient of Perc Purchased	R.D. needs recipt of here Rurchseed
no leek log	R.o. reads to maintain leak log
No Perc Consumption 200 Kept	Perc Consumption (a)
COMMENTS:	Facility
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: 4/2003 (Ap	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: FO (PI	SMART case Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372-6922

Page of .

Revised 10/96

AIRS ID#: حرح 3/49

Dag

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DATE: 4/30/99
FACILITY LOCATION: 12 90 W 68 8t
Annual Reporting Period: 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
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 Cech los was kept, No recients of Per purchasen + 7 ilters not brained and
No leak log was kept, No recients of Per purchasen + 7 liters not brained of Exact period of non-compliance: from April 1998 to April 1998
Action(s) taken to achieve compliance: to the following # 1 That his not been met
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:
Perc Consumption los was not kept
Exact period of non-compliance: from April 1992 to April 1999
Action(s) taken to achieve compliance: Start Haceping Fe a Consumption los
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: ENVIGUE CONTOLE GONTOLES 4/30/99
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.

Page ____ of ___

AIRS ID#: <u>0250849</u>

apus

Revised 10/10/96

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Payless Dry Cleaners DATE: 5/2/00
FACILITY LOCATION: 1290 W US ST
Hialeah 22014
Annual Reporting Period: 5 19 99 TO 5 20 60
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No perc receipts or logs
Exact period of non-compliance: from $5/99$ to $5/2000$
Action(s) taken to achieve compliance: Blain Keeping records
Method used to demonstrate compliance: Fax receipts within 7 days/Fax logs within 3 days
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Temp. gauge on outlet side of ref. condenser
Exact period of non-compliance: from 5/99 to 5/2006
Action(s) taken to achieve compliance: Install temp. Gauge Within 30 days
Method used to demonstrate compliance: fax receipts for parts and labor
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

alter

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>0250849</u> DATE: <u>5</u> [2]				
FACILITY NAME: Payless DV	y Cleaners			
FACILITY LOCATION: 1290 W U8 St				
Hialeal	Hialear			
RESPONSIBLE OFFICIAL: ENTIQUE	(7007alesphone: (305) 5500024			
CONTACT NAME:	PHONE:			
	0 % & L '			
PART I: NOTIFICATION	Continue Con			
(check appropriate box)	<u> </u>			
	rtun G			
1. New facility notified DARM 30 days prior to sta				
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)	☐ No notification form ☐ Drop store/out of business/petroleum			
(check appropriate box) A.	☐ Drop store/out of business/petroleum			
(check appropriate box)	2. New small area source dry-to-dry only, x < 140 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source □	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) 4. New large area source			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr			
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(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr			
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(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N Can not determine sation: neral permit as number above			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N Can not determine sation:			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? □Y □N XIN/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 MY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? □Y □N XN/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? 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 OY ON ANA 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	_ N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	Ωи	□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?	·ΩΥ	□и	□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?	ΠY	Ωи	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly total of perc consumption?	$\Box Y \mathcal{M}_{N}$			
3. Maintained leak detection inspection and repair reports for the following:	/ \			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MNA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אולם אם אם			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZYNA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ANA			
6. Maintained startup/shutdown/malfunction plan?	XY DN			
7. Maintained deviation reports?	DY DN XNA			
Problem corrected?	DY DN X			
8. Maintained compliance plan, if applicable?	DY ON XVA			

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	$\Box Y$ λ			
2. Has the facility maintained a leak log	g?		DY XV	
3. Does the responsible official check the following areas for leaks?			a t the	
Hose connections, fittings, couplings, and valves	בארם אלא	Muck cookers	DY ON ON/A	
Door gaskets and seating	DY DNA	Stills	באמם מאל צם	
Filter gaskets and seating	DY AN ONA	Exhaust dampers	DY YN DN/A	
Pumps	DY DN/A	Diverter valves	DY ON DNA	
Solvent tanks and containers	DY DYN CINIA	Cartridge filter housings	DY YOU DN/A	
Water separators	OY ON ON/A			
4. Which method of detection is used b				
Visual examination (condensed solvent on exterior surfaces)			蒙	
Physical detection (airflow felt through gaskets)			<u> </u>	
Odor (noticeable perc odor)				
Use of direct-reading instrumen	ntation (FID/PID/calorimetric	tubes)		
Halogen leak detector	·		, a	
If using direct-reading ins	N/A			
a. Capable of detecting perc vapor concentrations in 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 obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			מם עם	
e. Verified for accura	OY ON			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1 Herotech w/ gauge in back 1 Economatic - Ro says gauge on front measures outlet of ref. condense. Ro will contact Objic Rubio of Steiner Atlantic to verify. If not correct sauge Ro will have one installed within 3D days.

No perc receipts No 1088

To: Debra Griner

Inspecta + V

FAX # (305) 372 -6954

From: Payless Cleaness

Purder. Peciest, es
requestel

7800 W 25	th AVENUE
HIALEAH	FL 33016

DADE - (385) 556-5831 BROWARD - (954) 462-3390

PURCHASER

Payless 1290 W. 68 St. ...

INVOICE DATE	SALESMAN
SPECIAL INSTRUCTIONS	
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invoica due and payable on the 10th of the month following delivery. Delinquent after 30 days and subject to highest prevailing legal rate of interest,

COURE OF	DEA PO	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TEFMS	J	7	
ZUAN.	UNIT		DESCRIPTION	The state of the s	UNIT PE	RICE	TOTAL	L
30	gal	Perc						
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		**		Poll TAX	,			
				Poll TAX				
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Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay allcosts of collection, including reasonable afterney's fees. Extensions and additions on this order are subject to furtier audit.

RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

PACKING LIST/DELIVERY RECEIPT

3:53

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3:47PM

TIME MAY 9

3:54PM

GARLAND SUPPLY	CO.
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78:00 W. 25th AVENUE, HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

PAYLESS CLEANERS 1290 WEST 68 ST

HIALEAH, FL 33014

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SPECIAL INSTRUCTIONS

-556 0024

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

PA1290		7 8/09/99 8-10-99		<i>H</i> ~	
QUANTITY	UNIT OF MEASURE	DESCRIPTION	НМ	UNIT PRICE	TOTAL
30.00	GAL	DIAMOND PERC PUMP IN "RQ" TETRACHLOROETHYLENE ('HARMFUL-STOW AWAY FROM FOODSTUFFS) 5.1, UN-1897, PG III MARINE POLLUTANT	H	7.75	232.50
30.00 30.00	.	FLORIDA PERC CLEANUP FUND OLLUTION TAX		5.00 .10	
,		÷e ^{ne} √ _V • •			·
		Supply Co. until invoice paid in full. Purchaser agrees to pay	SALES TA		INVOICE TOTAL

Title to myrchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost o collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

15.11 400.61

Thank You

PACKING LIST/DELIVERY RECEIPT

7800 W. 25th AVENUE, HALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

PAYLESS CLEANERS 1290 WEST 68 ST

HIALEAH, FL 33014

ORDER NO194620

SPECIAL INSTRUCTIONS

556 00:4

HOCE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELIN JE T AFER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST. ^前PA1290

MANTITY	UNIT OF MEASURE	DESCRIPTION	нм	UNIT PRICE	TOTAL
	GAL	DIAMOND PERC PUMP IN TRO' TETRACHLOROETHYLENE (HARMFUL STOW AWAY FROM LOODSTUFFS)	Н	7.75	232.50
3:47PM	/	6.1, UN-1897, PG III		21	· · · · · · · · · · · · · · · · · · ·
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 43 L
30.00 30.00		FLORIDA PERC CLEANUP FUND POLLUTION TAX		5.00 10	150.0
PRINT		Å			
TIME		#: 			
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MAY.		·		1	•
9					. !
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Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees troay al cost of collection, including reasonable attorney's fees. Extensions and additions on this orde are subject to further audit.

RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

15.11 400.61

PACKING LIST/DELIVERY RECEIPT

7800 W. 25th AVENUE: HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

PAYLESS CLEANERS 1290 WEST 68 ST

SH

3:54PM

HIALEAH, FL 33014

BEST AVAILABLE COPY ORDER NO. 00198000 SPECIAL INSTRUCTIONS

..- 22 556 002H

T O INVOICE DUE AN	PAYABLE ON THE 10th OF	THE MONTH FOLLOWING DELIVERY. DE	LINQUENT AFTER 30 DAYS AN	ND SUBJECT TO HIGH	HEST PREVAILING F	RATE OF INTEREST
CUSTOMER ND. PA1290	CUSTOMER P.O. SLM. CO	DE DATE ORDERED DATE SHIPPED	SHIPPED VIA	JERMS	一個	
QUANTITY	UNIT OF MEASURE	DES	CRIPTION	ŀ	IM UNIT PRICE	TOTAL
50.00	GAL	DIAMOND PERC PUMP TETRACHLOROETHYLEN (HARMFUL-STOW AWAY 6.1, UN-1897, PG I MARINE POLLUTANT	E FROM FOODSTUFF		H 7.50	375.00
50.00 50.00	GAL	REGCOM FLORIDA PERC CLEAN POLLUTION TAX	JP FUND		1.00 5.00 10	250.00 5.00
. .1 . 		PAD	4 5842			
	#** • * •			296		
'all cost of	rchandise remains with Garland collection, including reasonable further audit.	Supply Co. until invoice paid in full. Purchase attorney's fees. Extensions and additions of	r agrees to pay this order are	SALE	84.38	655.38
; : x		OOD CONDITION EXCEPT AS NOTED		Thank	You	
	HECEIVED ABOVE IN G	OUD CONDITION EXCEPT AS NOTED		PACKING LIS	ST/DELIVERY R	ECEIPT

GARL	AND	SUP	PLY	CO.
7900 M 2546	AVENUE 11	AAL CALL CL	22016	

/800 W. 25th AVENUE, HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

PAYLESS CLEANERS 1290 WEST 68 ST

HIALEAH, FL 33014

	ORDER N@0201259	
	SPECIAL INSTRUCTIONS	
4		
. •	'	

5.6 002 INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELIQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST. CUSTOMER NO. | CUSTOMER P.O. | SLM. CODE | DATE ORDERED | DATE SHIPPED 07 4/10/00 PA1290 4-11-10 UNIT OF MEASURE DESCRIPTION UNIT PRICE TOTAL QUANTITY 7.75 193.75 DIAMOND PERC PUMP IN "RQ" 25.00 GAL TETRACHLOROETHYLENE 😐 (HARMFUL-STOW AWAY FLOM FOODSTUFFS) 6.1, UN-1897, PG III MARINE POLLUTANT FLORIDA PERC CLEANUPFUND 125.00 25.00 GAL 5.00 POLLUTION TAX .10 . 2.50 25.00 Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaseagrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions orthis order are 12.60 333.85 subject to further audit.

INDITION EXCEPT AS NOTED

PACKING LIST/DELIVERY RECEIPT

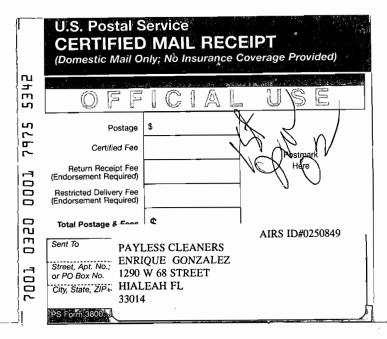
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TYPE OF FACILITY: Perc Dry (FACILITY NAME: Payless D FACILITY LOCATION: 1290 W Hialan	2:30 pm AIRS ID#: 0250849 Cleaner my Cleaners DATE: 5/2/00 18 St. 33014
RESPONSIBLE OFFICIAL: Enrique Gonz	PHONE NUMBER: (305) 556-6024
compliance with DEP Rule 62-213.300, Florida Adn Based on the results of the compliance requirements discrepancies were noted:	ts evaluated during this inspection, the following compliance
No perc requirement/proble	Fax 12 months of perc receipts to DERM within 7 days
No logs	Fax May records to DERMY within 30 days.
Temp. gauge on Economia may not be measuring outlets of ref condenser.	atic Verify it is measuring correct side place—if not, have a gauge installed within 30 days.
·	
COMMENTS:	
The Annual Compliance Certification form has been properly DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE: P	ly certified and submitted to the inspector. YES NO (Approximate) (Please Print) PHONE NUMBER (305) 372 - 0930 Revised 10/96 (305) 372 - 0954

2 hhh	}	Only; No Insurance	EIPT Coverage Provided)
1 624+-2	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
	PAYLESS C ENRIQUE (1290 W 68 S Street, HIALEAH F	LEANERS GONZALEZ TREET	S ID # 0250849
,	PS Form 3800, February	2000	See Reverse for Instructions

,

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMIT LETE TITLE GEOTION CIT BELIVEIT
■ Complete items 1, "2;" and 3. Also complete item 4 if Restricted, Delivery is desired. ■ Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery 2-9-0
so that we can return the card to you. Attach this card to the back of the mailpiece.	C. Signature
or on the front if space permits.	VA LI Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 0250849	$ \wedge V $
PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68.STREET	<i>U</i>
HIALEAH FL 33014	3. Service Type ☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1000 0600 0026427 4447	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	
<u></u>	



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. 1. Article Addressed to: AIRS ID#0250849 PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET	A. Received by (Please Print Clearly) B. Date of Pielivery C. Signature X
HIALEAH FL 33014	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952

UNITED STATES POSTAL SERVICE



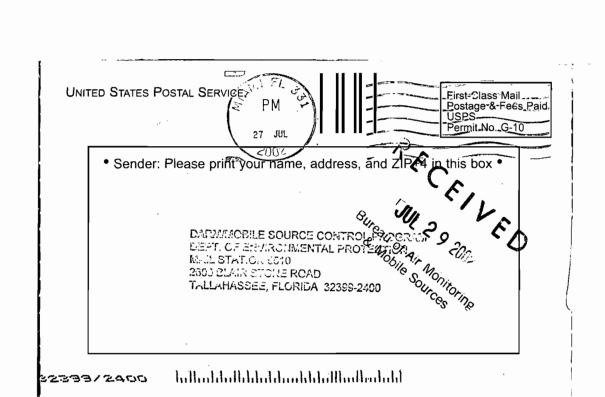
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

DARIMMOBILE SOURCE CONTROL PROGRAM MODILE SOURCE CONTROL PROGRAM MODILE SOURCE CONTROL PROGRAM MODILE SOURCES SOURCES SOURCES SOURCES

	<u>,</u> √	U.S. Postal Service
	4075	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	3 3095	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required)
	70 007	Restricted Delivery Fee (Endorsement Required) Total Postag 10 AIRS ID # 0250849001AG
	7000 76	Sent To ENRIQUE GONZALEZ PAYLESS CLEANERS Street, Apt. No 1290 W 68 STREET City, State, Zip HIALEAH FL 33014
- Chamical and		PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE	MPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0250849001AG ENRIQUE GONZALEZ PAYLESS CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1290 W 68 STREET HIALEAH FL 33014	3. Service Type Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service läbel) 7000 16.70	0013_3095 HOIM
	oturn Receipt 102595-01-M-1424





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

416219 APR25 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: \$75.00

Do NOT Remove Label

AIRS ID # 0250849 PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014

Printed on recycled paper.

Bureau of Air Monitores Only

FOR GOVERNMENT USE ONLY

Org.: 37550101000 E.O. A1

Fund: 20-2-035001

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								
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97			AL	. USE					
75	Postage	\$							
79.	Certified Fee			Postmark					
	Return Receipt Fee (Endorsement Required)			Here					
0007	Restricted Delivery Fee (Endorsement Required)								
20	Total Bostone & Start	AIRS II) # 0250	849					
03	Seni PAYLESS CLEANERS -								
í	ENRIQUE GO								
7007	or P. 1290 W 68 ST City, HIALEAH FL 33014								
i	PS ⁷		and the second second	i Instructions					

<u> </u>	<u></u>
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. 1. Article Addressed to: AIRS ID # 0250849 PAYLESS CLEANERS ENRIQUE GONZALEZ 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
1290 W 68 STREET HIALEAH FL 33014	3. Service Type 10 Certified Mail
2. Article Number (Copy from service label) 7001	0320 0001 7975 9722
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
2203	OFFICIAL USE				
9252 1000	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)				
7001 0320	Total Pos AIRS ID # 0250849 PAYLESS CLEANERS Sent To ENRIQUE GONZALEZ Street, Apt. or PO Box i HIALEAH FL City, State, 33014				
	PS Form 3800, January 2001 See Heverse normalizations				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature X
Article Addressed to:	D. 4s delivery address different from item 1? LJ Yes If YES, enter delivery address below: No
AIRS ID # 0250849 PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET	
HIALEAH FL	3. Serwice Type
33014	Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2005: 15.45 Toloo 100 000 Tolo 100 000 000 000 000 000 000 000 000 00	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
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}		IAIL RECEIPT	e Coverage Provided)
0633			
9373	Postage Certified Fee	\$	
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0520	PAYLESS CLI ENRIQUE GC Stre 1290 W 68 STI HIALEAH FL City, 33014	NZALEZ	maller)
<u> </u>	PS Form 3800, Februa	ary 2000	See Reverse for Instructions

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	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
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.	X Gent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0250849	
PAYLESS CLEANERS ENRIQUE GONZALEZ	
1290 W 68 STREET	
HIALEAH FL	3. Service Type
33014	□ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 700005 20 80209 3730 (33
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

.



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405411 FEB15 2001

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

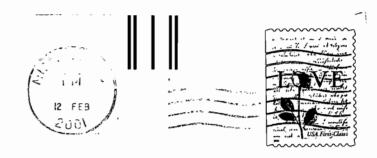
Do NOT Remove Label

AIRS ID # 0250849

PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014

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

Obj.: 002273



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

32315X3070

17

		P./ E1	P 174 056 US Postal Service Receipt for Cer No Insurance Coverage AYLESS CLEANRS NRIQUE, GONZALEZ 290 W 68 STREET IALEAH FL 33014	tifiec Provide . A	i Mail	0849	
			Postage	\$			
	Ì		Certified Fee				
			Special Delivery Fee				
		10	Restricted Delivery Fee			7	
		1995	Return Receipt Showing to Whom & Date Delivered				
		April	Return Receipt Showing to Whom, Date, & Addressee's Address				
		3800	TOTAL Postage & Fees	\$			
		Form 3	Postmark or Date		•		
		PS Fc					
reverse side?	card to you. Attach this form to the permit.	and 4b ddress front of	on the reverse of this form so the mailpiece, or on the bac	o that we	e can return this	Taiso wish to receive the following services (for an extra fee): 1. Addressee's Address	ervice.
the state			ted" on the mailpiece below to whom the article was deli-			 Restricted Delivery Consult postmaster for fee. 	ipt S
completed on the reverse	3. Article Addressed	d to:	AIRS ID # 025084		4a. Article Nu	umber 4 052016	g Return Receipt Service.
COM	PAYLESS CLEAN	IRS			4b. Service T ☐ Registere	ype d ⊠ Certified ¹	Ret
ြလ္လ	ENRIQUE GONZ 1290 W 68 STREE	ALEZ T			☐ Express N	Mail Insured .	řii gi
	HIALEAH FL:330	14				ceipt for Merchandise	<u>بر</u>
s your RETURN ADDRE				•	Z Date of De	3-1-99	Thank you for us
RETU	5. Received By: (Pro		<u> </u>		8. Addressee and fee is	o's Address (Only if requested paid)	Than
on	8. Signature: (Addre	essee					į
s	X / Sana		Chinterer			Domestic Return Receipt	[
	PS Form 3811 , De	cemb	er 1994			Domestic neturn necelpt	



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0250849

HOMESTEAD CLEANRS INC ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014 304074

MAIL ROUMAR -2

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	Z 333 6	5 7	111	20	00				
US Postal Service Receipt for Certified Mail									
AIRS ID # 0250849									
ENI 129	YLESS CLEANERS RIQUE GONZALEZ 0 W 68 STREET ALEAH FL 33014								
	Postage	\$							
	Certified Fee								
	Special Delivery Fee								
LO.	Restricted Delivery Fee								
199	Return Receipt Showing to Whom & Date Delivered								
, April	Return Receipt Showing to Whom, Date, & Addressee's Address								
800	TOTAL Postage & Fees	\$							
PS Form 3800 , April 1995	Postmark or Date								

Best Available Copy

P 174 052 292

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0250849

		EN 129	YLESS CLEANRS RIQUE GONZALEZ 00 W 68 STREET ALEAH FL 33014	AIR	.S ID # 02508	349			
			Certified Fee	,		ı			
			Special Delivery Fee						
		10	Restricted Delivery Fee						
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		, April	Return Receipt Showing to Whom, Date, & Addressee's Address						
		900	TOTAL Postage & Fees	\$					
		PS Form 3800	Postmark or Date						
RETURN ADDRESS completed on the reverse side?	Complete iterus; a, = Print your name and card to you. Attach this form to the permit. Write Return Receipt	address address are front of the Requestivial show and the ANRS NZALE	Interpretation of the source of the mailpiece, or on the backet on the mailpiece below to whom the article was delicated. AIRS ID # 02508	ck if space the articl vered an	e does not e number.	followin extra fe	Addresse Restricte t postmas	s (for an ee's Address ed Delivery ster for fee. C Certified Insured	nk you for using Return Receipt Service.
s your RETURN	5 6 Signature: (Addresses or Agent)				8. Addresses and fee is		<u>1 </u>	if requested	ne nk yo
_ -	PS Form 3611 , D	ecemb	e/ 1994	102	2595-97-B-0179	Dome	stic Retu	urn Receir	

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
100 BLAIR STONE ROAD
14ASSEE, FLORIDA 32399-2400
15 July 15 July 16 Jul

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

373034

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0250849

PAYLESS CLEANRS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014 FOR GOVERNMENT USE ONEY
Org.: 37550101000 EO: BI
Fund: 20-2-035001
Obj.: 002273

. Z 333 PTS 595 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID 0250849 HOMESTEAD CLEANRS INC ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

S = Complete items 3, 4 Print your name and card to you. = Attach this form to to permit. Write "Return Received."	nd/or 2 for additional services. ta, and 4b. d address on the reverse of this form so the front of the mailpiece, or on the back pt Requested* on the mailpiece below to will show to whom the article was delive	k if space does not he article number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Address 1	AIRS ID 0250849 CLEANRS INC DNZALEZ REET	4a. Article N 2 33 4b. Service Registere Express Return Ret 7. Date of December 1	Type ed X Certified Mail □ Insured ceight for Merchandise □ COD
X X	Print Name) dressee or Agent) December 1994	8. Andresse and fee is	e's Address (Only if requested

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250849

PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014

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

Obj.: 002273