

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Suleman Sadruddin Surf-Bal-Bay Cleaners 9417 Harding Avenue Surfside, Florida 33154

Re: Facility No.: 0250857

Dear Mr. Sadrudden:

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,

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"

,		
	# 0250857	
	p16 ald permit #'s of permits)	•
	being desage land	
	(DEP issued air permits only)	
	Lessoni ble Official sign and	
	mesponsing official sign and	
	dare for changes.	

•

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SHAHNOOR, INC.
2.	Site Name (For example, plant name or number):
	SURF-BAL-BAY CLEANERS.
3.	Hazardous Waste Generator Identification Number:
	FLO 000 195974
4.	Street Address: 7417 Harmy AVE
	City: Surffide County: 0 FL Zip Code: 33154
.5.	Facility Identification Number (DEP Use):
	0250857
	Responsible Official
6.	Name and Title of Responsible Official:
	SULEMAN SADRUDDIN, QUNER
7.	Organization/Firm: Street Address: SAME AS ABOVE
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (305) 86-0093 Fax: (305) 866 0093
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same asalso
10.	Facility Contact Address:
	Street Address: (Cane a absure
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

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	D	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			ĺ						
(1) w/ ref. condenser		11/93	11/93	T					
(2) w/ carbon adsorber		17/2	('						
(3) w/ no controls									
Washer Unit				1					
(4) w/ ref. condenser									<u> </u>
(5) w/ carbon adsorber									
(6) w/ no controls			_						
Dryer Unit			•						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					1				
Reclaimer Unit		-	1	1	•			•	1
(10) w/ ref. condenser									
(11) w/earbon adsorber									
(12) w/ no controls							1		
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are r quant gallo	equired to be ity of perchlons ow many? [e installed [_oroethylene ((perc)) purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar					initions found	d in section	(3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

art II of this notification form?
use the general permit pursuant on-site meet the following O million BTU/hr or less (298 ls of natural gas curtailment fired.
nation
irements of this general permit:
[X]
[X·]
[X·]
L
(X·)

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

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 ts 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	I will promptly notify the Department of any changes to the information contained in this notification.					
Signature	Date 197					

Effective: 6-25-96

ace

DRY CL	EANER AIR QUALITY G	ENERAL PERMIT	
ANN	TUAL COMPLIANCE CERTIFI	CATION FORM	Bureau
	SHAHNOOR INC SULEMAN SADRUDDIN 9417 HARDING AVE SURFSIDE FL 33154	250857 WODITE Sources	FEB 2 4 1998 Bureau of Air Monitoring
	Do NOT Remove Label		m D
Annual Reporting Period:	1, 97 19 97 TO	Dec, 31 st	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• • • •	<u> </u>	EP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous complia	ince during the reporting peri	od stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	•		
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous complia	ince during the reporting peri-	od stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, bass notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consumption of perchlo to dry facilities or 1,800 gallons per year for	roethylene solvent, based upon r transfer or combination facilit	purchase receipts,
RESPONSIBLE OFFICIAL: Nan	SULEMAN SADRUDDIN ne (Please Print)	Signature	2/12/98. 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:55 pm TIME OUT: 2:20	om AIRS 10#: 0250857
TYPE OF FACILITY: Perc Dry Clean	e Alacera
FACILITY NAME: Surf-Bau-Bau	J. Cleaners DATE: 9/28/98
FACILITY LOCATION: 941 Harding A	NC.
MB, FL 33934	din PHONE NUMBER: (305)8100-0093
RESPONSIBLE OFFICIAL: Suleman Sadrud	100 PHONE NUMBER: (305) 200-0093
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	OCT 2 7 1948
	Bureau of Air Monitoring & Mobile Sources
COMMENTS: Facility + Equip	ment Satisfactory.
On other Long	
Complete Loxx.	
· · · · · · · · · · · · · · · · · · ·	
0 100	ified and submitted to the inspector. YES NO NO
The Annual Compliance Certification form has been properly certing DATE OF NEXT INSPECTION:	74
DATE OF NEXT INSPECTION: 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pproximate)
DATE OF NEXT INSPECTION: (A) INSPECTION CONDUCTED BY: (A)	74
DATE OF NEXT INSPECTION: (A) (A) (A) (A)	pproximate) (Irese Print)
DATE OF NEXT INSPECTION: ONLY ONLY	pproximate) Or iner Please Print) PHONE NUMBER: (305) 372 - 698

/ ARS ID#: 0250857

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SURF-E	Sal-Bay	Cleanors	DATE: 9	28/98
FACILITY LOCATION: 9417	Harding ,		•	
- MD	FL 3375	Y	-	
Annual Reporting Period:	9 196	77 то	C	7 19 98
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.2)		•	/. N.	
If NO, complete the following:			•	
#1. Term or condition of the general permit t	hat has not been in continu	ous compliance during t	the reporting period stat	ted 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 contin	uous compliance during	the reporting period:sta	ted above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	· 	to	RECEIV	ED
Method used to demonstrate compliance:			OCT 2 7 199	18
			Bureau of Air Mor	
As the responsible official, I hereby certify, and in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Suler Nat	and complete. Further, my	annual consumption of pons per year for dry-to d	perchloroethylene solve lry facilities or 1,800 ga	statements ent, based

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

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

PERCHLOROETHYLENE DRY CLEANERS ECEIVED

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION	٧:

ANNUAL

COMPLAINT/DISCOVERY 28 סיפון

RE-INSPECTION

Bureau of Air Monitoring & Mobile Sources

		\neg		
AIRS ID#: 0250857 DATE: 9/28/98 TIME IN: 1-55pmme OUT: 2:20pm				
FACILITY NAME: SLUF-Bad-F	<i>7</i>			
FACILITY LOCATION: 9417 Have	tuo Avenue			
Subside	,凡 33154	İ		
	adruddin PHONE: (305) 8LOW - 0093			
		1		
CONTACT NAME:	PHONE:			
				
PART I: NOTIFICATION				
(check appropriate box)		THE REAL PROPERTY.		
1. New facility notified DARM 30 days prior to star	rtup \square			
2. Facility failed to notify DARM to use general per	rmit			
		<u> </u>		
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box) A.	☐ Drop store/out of business/petroleum			
I. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$			
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1{,}800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
5. This is a correct facility classification	□Y □Can not determine			
If no, please check the appropriate classifie				
facility qualified for a go	eneral permit as number above	∥		
☐ facility exceeds above li	mits and is not eligible for a general permit			
	urchased within the preceding 12 months by this dry cleaning			
facility was 50 gallons.				
		1		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN KNIA 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON XNA 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 DY DN MNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AN DI NA 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? OY ON X 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?	XY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AVA X NO YO
l I	Is the temperature differential equal to or greater than 20° F?	DY DN KNA
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?	UN DH XINV
	Is the perc concentration equal to or less than 100 ppm?	ANA NO YO
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON XNA
5.	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XVA
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON XWA

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ON ŪN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves A/N UN UN/A AYON ON/A MY ON ON/A Door gaskets and scating Stills XYY ON ONIA OY ON DOWN Filter gaskets and seating Exhaust dampers MY ON MYA XY ON ON/A Pumps Diverter valves XY ON ON/A Solvent tanks and containers Cartridge filter housings DY DN XN/A ON ON/A Water separators 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ON b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

9/28/98

Date of Inspection

Approximate Date of Next Inspection

EDEP Calendar provided during inspection.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY OF
AIRS ID#: 250857 DATE: 06/05 FACILITY NAME: SWY-Bal	1/99 TIME IN: 12:55 TIME OUT: 1. 25/20.
0	iding Ave.
RESPONSIBLE OFFICIAL: Suleman	SadruddanpHONE: (305) 866-0093.
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □Can not determine
If no, please check the appropriate classific facility qualified for a gentle facility exceeds above line	eation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was 130 gallons. Review +	urchased within the preceding 12 months by this dry cleaning

1 of 5

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MNA 2. Examining the containers for leakage? ΠN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN XXIN/A 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 DN MINA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a 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? AND ND YA 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 AND ND YA 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?	X (Y	□N ·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□n Xn/a
	ls the temperature differential equal to or greater than 20° F?	ΠY	ON DONA
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?		□N X(N/A
	ls the perc concentration equal to or less than 100 ppm?	□Y •	□N XN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	ΠY	ON XW/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON X (N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON XN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	XV. ON
2. Maintained rolling monthly total of perc consumption?	XX □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	V
and parts installed w/in 5 days of receipt?	XY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SKN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIN/A
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	AND ND YA
Problem corrected?	AND NO YK
8. Maintained compliance plan, if applicable?	OY ON MIN/A

		EPAIRS		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection	?			XY □N
2. Has the fa	cility maintained a leak log?			Y □N
3. Does the r	esponsible official check the	following areas for leaks?	?	, '
ll .	e connections, fittings, uplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A
Doo	r gaskets and seating	MY ON ON/A	Stills	DAY ON ON/A
Filte	r gaskets and seating	XY ON ON/A	Exhaust dampers	A/N UN UN/A
Pum	ps	ANO NO ANA	Diverter valves	Y ON ON/A
Solv	ent tanks and containers	AND NO LINIA	Cartridge filter housings	Y ON ON/A
Wat	er separators	Y ON ON/A		
4. Which me	thod of detection is used by th	e responsible official?		
Visu	al examination (condensed so	lvent on exterior surfaces	s) , *	X
Phys	sical detection (airflow felt thr	ough gaskets)		já
Odo	r (noticeable perc odor)			X
Use	of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	Ó
Halo	gen leak detector			
1	f using direct-reading instru	mentation, is the equip	ment:	XN/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	אם צם'
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and at	fter each use	אם צם
	c. Inspected for leaks and	l obvious signs of wear o	n a weekly basis?	מם צם
	d. Kept in a clean and see	cure area when not in use	?	אם עם
	e. Verified for accuracy l	by use of duplicate sampl	es (calorimetric only)?	אם אם

Inspector's Name (Please Print)

Middle Grant Gr

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

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
FACILITY LOCATION: 9417 Harding &	2 33184
RESPONSIBLE OFFICIAL: Suleman Sad	ry ddin phone number: (305) 866-0093
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.):
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NA	NIA
No vidations obser	Pere marchine in compliance
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 06/2000	proximate)
INSPECTION CONDUCTED BY: KRISTAL.	ease Print)
INSPECTOR'S SIGNATURE: Kirkal Gipon	PHONE NUMBER: (305) 866-0093. Revised 10/96

AUU)

AIRS 1D#: 250 857

Reguised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Surf -13 FACILITY LOCATION: 9417 Ho Surf-side	al - Bay cleans	275 8 BATE 306 104/99
FACILITY LOCATION: 9417 Hz	arding Ave,	To the second se
Surfside	, PL 33154	
	<u> </u>	
Annual Reporting Period: 9/28	1998 то	06/04 1999
Based on each term or condition of the Title V get 62-213.300, Florida Administrative Code (F.A.C		
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 made in this notification are true, accurate and a upon rolling averages of purchase receipts, does year for transfer or combination facilities.	complete. Further, my annual consumpt not exceed 2,100 gallons per year for a	tion of perchloroethylene solvent, based hry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL:	SULEA District A To 1	NAN SADRUDDAN 6/4/55 Signature Date
Name (F	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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0050857 DATE: 3/3/	00 TIME IN: 1315 TIME OUT: 1345
FACILITY NAME: Surf- Bal	- Bay - Clones
FACILITY LOCATION: 9417	Harding Ave.
Sor Fride	, FL
RESPONSIBLE OFFICIAL: Soleman	Sadruddin PHONE: 305-866-0093
CONTACT NAME:	PHONE:
	o o o
PART I: NOTIFICATION	0 T
(check appropriate box)	Source (E)
New facility notified DARM 30 days prior to s	Co et
	ne ne
2. Facility failed to notify DARM to use general p	регти
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
(check appropriate box)	☐ Drop store out of business/petroleum
I A .	
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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
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
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
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	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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ 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 (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
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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 general content of the con	2. ivew 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 fication: general permit as number above
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Revised 9/15/97

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 63N/A DY DN EMYA 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 least 24 hours prior to disposal? DY DN DXN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DINA 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? DAY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ₽Y □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ZY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN JON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? QY ON

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØN. □N
2. Maintained rolling monthly total of perc consumption?	ØLY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N ØTN/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 Ø N/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N @RN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY∵ON ©MN/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON WIN/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OA ON QUIVA

REPAIRS		
weekly (for small sourc	es, bi-weekly) leak detection a	ind repair
	•	ØY ON
		QTY ON
following areas for leak	s?	
ØY ON ON/A	Muck cookers	OY ON PIN/A
ØY ON ON/A	Stills	DAY ON ON/A
ØY ON ONA	Exhaust dampers	PY ON ON/A
ØY ON ON/A	Diverter valves	DY ON ON/A
DY ON ONA	Cartridge filter housings	ØY □N □N/A
DY ON ON/A		
he responsible official?		
olvent on exterior surfac	es)	9
rough gaskets)		⋈
		Ø
tion (FID/PID/calorimet	ric tubes)	
imentation, is the equip	pment:	ZN/A
erc vapor concentration	s in a range of 0-500 ppm?	OY ON
andard gas prior to and	after cach use	
		OY ON
	•	OY ON
•	·	OY ON
by use of duplicate samp	oles (calorimetric only)?	OY ON
	3/31/0	ن
1)	Date of Inspection	
	,	•
		Vext Inspection
	weekly (for small source following areas for leak 2/	following areas for leaks?

•	
ADDITIONAL SITE INFORM	IATION:
1	Excellent Recordharping Good Househarping Machine not in use during imparter

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	L COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1315TIME	ME OUT: /345	AIRS ID#:	320822
TYPE OF FACILITY:	Dry Cleaner		•
FACILITY NAME: SUFF-	Bol- Bon Clara		DATE: Slotles
	11. 1.0 1.0		
FACILITY LOCATION: 54/7	Marding Me.		
Surface			011 + 0 >
RESPONSIBLE OFFICIAL: Sule maa	Sadruddin	PHONE NUMBER:	305-866-0093
Based on the results of the complian	nce requirements evaluated dur	ing this inspection, the facilit	y is found to be in
compliance with DEP Rule 62-213.	300, Florida Administrative Co	ode (F.A.C.).	
Based on the results of the complian	nce requirements evaluated dur	ing this inspection, the follow	ing compliance
discrepancies were noted:		••	
COMPLIANCE REQUIREMENT	NT/PROBLEM	FOLLOW-UP AÇTIO	N REQUIRED
·			
		·	
		•	
•			
	·		
1			
COMMENTS:	S Record Keepin	- /	
5000	3 Kecord Koepin	J/ Housek	eaping
			1 0
The Annual Compliance Cortification forms		aubacittad to the inquesta	VCC NOC
The Annual Compliance Certification form		•	YES NO
DATE OF NEXT INSPECTION:	3/01	rate)	
		ate)	
INSPECTION CONDUCTED BY:	Ivan Fann		
	(Please Pr	int)	
INSPECTOR'S SIGNATURE:	Jan-	PHONE NUMBER:	305-372-6922

Page___of___.

Revised 10/96.

AIRS ID#: 0250857

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: S.F-BI- Bay	logues	DAT	TE: 3/31/00
FACILITY LOCATION: 9417 Handing	Ave		•
FACILITY LOCATION: 9417 Handing			
Annual Reporting Period: March	19 <u>9</u> 9 то	March	1920
Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the permi	•	· - /	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in	continuous complianc	e during the reporting po	eriod stated above:
Exact period of non-compliance: from		<u> </u>	<u> </u>
Action(s) taken to achieve compliance:			<u> </u>
Method used to demonstrate compliance:	/	· · ·	
#2. Term or condition of the general permit that has not been in	continuous complianc	e during the reporting po	eriod stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:		·	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on informatio made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,1 year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	ner, my annual consum 00 gallons per year for	ption of perchloroethyle.	ne solvent, based 1,800 gallons per
Name (Please Print)		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.

Z 094 212 735 US Postal Service Possint for Cartified Mail AIRS ID # 0250857 SURF-BAL-BAY CLEANERS SULEMAN SADRUDDIN 9417 HARDING AVE SURFSIDE FL 33154 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800, TOTAL Postage & Fees \$ Postmark or Date Form S Fold at line over top of envelope to I also wish to receive the ■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not following services (for an extra fee): 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number AIRS ID # 0250857 4b. Service Type SURF-BAL-BAY CLEANERS ☐ Registered SULEMAN SADRUDDIN 9417 HARDING AVE ☐ Express Mail ☐ Insured SURFSIDE FL 33154 ☐ Return Receipt for Merchandise ☐ COD ₫ 7. Date of Delivery 29.00 5. Received By: (Print Name) 8. Addressec's Address (Only if i 'quested

and fee is paid)

Domestic Return Receipt

102595-98-B-0229

SENDER:

ö

completed

RETURN ADDRESS

6. Signature: (Addressee

PS Form 3811, December 1994

or Agent)

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360924

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

MAIL ROOM FEB 18 99

Do NOT Remove Label

AIRS ID # 0250857

SURF-BAL-BAY CLEANERS SULEMAN SADRUDDIN 9417 HARDING AVE SURFSIDE FL 33154

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								
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} H	OFFICIAL USA								
25	Postage \$								
品	Certified Fee Postmark								
)	Return Receipt Fee (Endorsement Required)								
0013	Restricted Delivery Fee (Endorsement Required)								
2	Total Postage 10 AIRS ID # 0250857001AG								
1670	Sent To SULEMAN SADRUDDIN SURF-BAL-BAY CLEANERS								
	SURF-BAL-BAY CLEANERS Street, Apt. No.; 9417 HARDING AVE								
7000	City, State, ZIP++ 33154								
	PS Form 3800, May 2000								

.

1	. *
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 7.29 C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter defivery address below: No
0 AIRS ID # 0250857001AG SULEMAN SADRUDDIN SURF-BAL-BAY CLEANERS	J.
1417 HARDING AVE	3. Service Type
33154	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
ľ	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 1670	0013 3095 3942
PS Form 3811, March 2001 Domestic Reti	urn Receipt 102595-01-M-1424

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

SURF-BAL-BAY GLEANERS
SULEMAN SADDUSTION 9417 HARDING AVE SURFSIDE FL 33154

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

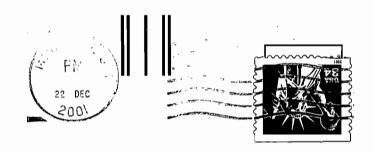
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Do NOT Remove Label

AIRS ID # 0250857 SURF-BAL-BAY CLEANERS SULEMAN SADRUDDIN 9417 HARDING AVE SURFSIDE FL 33154

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

32315+3070 99

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	3800,	TOTAL Postage & Fees	\$			
	PS Form 3	Postmark or Date				
SENDER: Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. Print your name and address card to you.			at we	can return this	 to receive the ervices (for an	ø
Attach this form to the front of permit.					 ldressee's Address	ž
 Write "Return Receipt Request The Return Receipt will show delivered. 					stricted Delivery stmaster for fee.	ipt S
3. Article Addressed to:		AIRS ID 0250857		4a. Article Nu		using Return Receipt Service
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SULEMAN SADRUDE 9417 HARDING AVE	ΛΙΙΛ	1		☐ Registere	Certified	ğ
SURFSIDE FL 33154				☐ Express M	☐ Insured	usir

7. Date of Delivery

and fee is paid)

8. Addressee's Address (Only if requested

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form **3811**, December 1994

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250857

SURF-BAL-BAY CLEANERS

SULEMAN SADRUDDIN
9417 HARDING AVE
SURFSIDE FL 33154

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

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

TOTAL Postage & Fees

Postmark or Date

of envelope to	Fold at line over t		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee		
1. Article Addressed to: AIRS ID # 0250857 SURF-BAL-BAY CLEANERS (SULEMAN SADRUDDIN	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
417 HARDING AVE URFSIDE FL 33154	3. Service Type Certified Mail Registered Registered Insured Mail C.O.D.		
2 333 667 400	4. Restricted Delivery? (Extra Fee) Yes		
Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

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on the reverse side	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	celpt Service.
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

| The CETVED | MAIL ROOM!

TOTAL AMOUNT DUE: \$50.00

AIRS ID 0250857

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