

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 24, 1997

Mr. Soloman Hashim Parisian Cleaners 13170 Biscayne Boulevard North Miami, Florida 33181

Re: Facility No.: 0250862

Dear Mr. Hashim:

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"

Printed on recycled paper.

	Facility Name and Location U.5(MITO5)	al
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	7
	BEACH CLEANERS INC.	
2.	Site Name (For example, plant name or number):	ĺ
	PARISIAN CLEANIERS.	
3.	Hazardous Waste Generator Identification Number:	
	GAD 981269095	
4.	Facility Location: 13/70 BISCAYNE BND, Street Address: City: N. HIAMI County: DADE Zip Code: 33/8/	
	City: N. HIAMI County: DADE Zip Code: 33/8/	
5.	Facility-Identification Number (DEP Use): [175] 14 17 17 17 17 17 17 17 17 17 17 17 17 17	
	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
	Responsible Official	
		7
6.	Name and Title of Responsible Official:	
	Soloman HAShIM, PRES.	
7.	Responsible Official Mailing Address:	ĺ
	Organization/Firm: Street Address:	
	Street Address: City: County: Zip Code:	
	Zip code.	
8.	Responsible Official Telephone Number:	1
	Telephone: (957) 892-148f Fax: () -	
I	Facility Contact (If different from Responsible Official)	
	New Althors CR. 12: Co. Act (Proceedings)	7
9.	Name and Title of Facility Contact (For example, plant manager):	,
10.	Facility Contact Address: SAME	
	Street Address:	
	City: County: Zip Code:	
	Zip code.	
11.	Facility Contact Telephone Number:	1
	Telephone: () - Fax: () -	
·		1

Perchloroethylene Dry Cleaning Facility Notification 2661 8 0 100

RECEIVED

NOV 5 1997

0250862

p14 (c) Should be marked.	
P15 (c) Not refuired. Marbout and initial.	_
p16 Add Permit H's	_
(D.E.P. issued Gernits only)	
(DEP. issued ferrity only) Responsible Official sign and date for clanges.	_
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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		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		MAY 89	May 89			_			
(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				1					
(8) w/ carbon adsorber						1			·
(9) w/ no controls									
Reclaimer Unit	٠.				1			•	
(10) w/ ref. condenser.									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less 	are r quant galle	equired to be ity of perchl ons ow many? [e installed [_ oroethylene	(perc].) purchased i				:[]
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selectrea so	ource []	ication only.) lew si	finitions foun mall area sou arge area sou	rce [(3) of _] 1	Part II?	
Swame and a	Ju 30		1.4	J	60 a. ca 30u				

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source
Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

lease indica	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 promptly notify the Department of any changes to the information contained in this notification.						
X Huc Signatur	x 10/8/97 Date					

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

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250862

BEACH CLEANERS INC SOLOMON HASHIM 13170 BISCAYNE BLVD

NORTH MIAMI FL 33181

Do NOT Remove Label

Annual Reporting Period:		19	TO		19
Based on each term or condition	of the Title V ge	neral air permit, my fa	cility has remained	l in compliance with	DEP Rule
62-213.300, Florida Administrat	ive Code (F.A.C.)	, during the period co	vered by this staten	nent. YES	□NO
If NO, complete the following:					
#1. Term or condition of the gen	eral permit that l	nas not been in continu	ious compliance du	ring the reporting p	eriod stated above:
				4 sq	· ·
Exact period of non-compliance:	from		to		6 4
Action(s) taken to achieve compl	iance:	•		Cho Nig 4	
Method used to demonstrate com	pliance:			Salding App	3
#2. Term or condition of the gen	eral permit that l	as not been in continu	ous compliance du	ring the reporting po	eriod stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve comple	iance:		•		
Method used to demonstrate com	pliance:				
As the responsible official, I hereby notification are true, accurate and a does not exceed 2,100 gallons per yo	complete. Further	, my annual consumpti	on of perchloroethyld	ene solvent, based upo	on purchase receipts,
RESPONSIBLE OFFICIAL:	SUEMAN	HASHIM	Stash		3/6/98
_	Name (Pl	ease Print)	Sig	gnature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	€Z COMPLAINT/DIS	COVERY D			
AIRS ID#: 025 0862 D FACILITY NAME: ACILITY LOCATION: ACILITY LOCATION: ACILITY LOCATION: ACIDITY RESPONSIBLE OFFICIAL: ACIDITY LOCATION:	15/20 BISC NORTH DI	EMERS Myrke BND.	,			
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 notificatio (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)	e 🗹 2. N r dry-t trans both	□ No notification of □ Drop store/out of □ Dr	form of business/petroleum			
☐ facility	00 gal/yr dry- 0 gal/yr trans al/yr both (con assification UY ppropriate classifications y qualified for a general p	permit as number abo	ne			
facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.						

Revised 8/11/97

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

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	מס אם			
2. Maintained rolling monthly averages of perc consumption?	DY ØN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואס מם 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?	OY ON WAYA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAN/A			
6. Maintained startup/shutdown/malfunction plan?	MA DN			
7. Maintained deviation reports?	OY ON DANJA			
Problem corrected?	OY ON CONYA			
8. Maintained compliance plan, if applicable?	OY ON WINA			

PART VI: LEAK DETECTION AND REPAIRS

_					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	•		MO AR	
2.	Has the facility maintained a leak log?			DY 4 DN	
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN ŒN/A	
	Door gaskets and seating	MY ON ON/A	Stills	DAY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ON ON ON/A	
	Pumps	tor on on/a	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ZY ON ON/A	
	Water separators	AINO NO YO			
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				·E	
	Physical detection (airflow felt thr	a			
	Odor (noticeable perc odor)			TE S	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			.	
!	Halogen leak detector				
	If using direct-reading instru	umentation, is the equipm	ent:	□N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			NO YO	
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?			DY DN	
	d. Kept in a clean and se	ecure area when not in use?		DY DN	
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON	
1					

Inspector's Name (Please Print)

Inspector's Signature

3-10-98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION []
TIME IN: 72 30 TIME OUT: 25	ک AIRS ID#:	
TIME IN: 230 TIME OUT: 25		2-10-98
FACILITY NAME: 1/1/20 /S///20	And the same of the same	DATE:
FACILITY LOCATION: /3/13 12/3		
10. 111MM1 1115	to the second	192 1488
RESPONSIBLE OFFICIAL:	PHONE NUMBE	R:
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis Based on the results of the compliance requirements eva discrepancies were noted:	strative Code (F.A.C.).	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACT	CION REQUIRED
10 /enk 109.	10 1/Wind 1/11	MAJAMINT RECENT
10/0/0/	109	
No Temp Manhoking 109	**	11
The willing Avgo here	· .	~ <u> </u>
·		
		<u> </u>
COMMENTS: // White Milliand Kelleytte	1 4 2777111	
The Annual Compliance Certification form has been properly cer	rtified and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION.	· · · · · · · · · · · · · · · · · · ·	
JATE OF NEXT INSPECTION:	Approximate) &	
INSPECTION CONDUCTED BY:	(Please Print)	
INSPECTOR'S SIGNATURE:	PHONE NUMBE	~

Page___of___.

Revised 10/96

· AIRS ID#: 0250862



DRY CLEANER AIR QUALITY GENERAL PERMITANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PARISIAN CLEANERS FACILITY LOCATION: 13170 BISCAYNE BLVD	DATE: 370-98
FACILITY LOCATION: 13170 BISCAUNE BLVD	,
	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: 15 1977 TO 5	19 <u>98</u>
Based on each term or condition of the Title V general air permit, my facility has remained in 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 No /EAK log, Temp Monitoring per	·
No / EAR log, Temp Monitoring, Per Exact period of non-compliance: from 11-5-97 to	3-10-98
Action(s) taken to achieve compliance: Will Strat Keeping 10	
Method used to demonstrate compliance: 14MDOET 9433T	
#2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting period stated above:
Exact period of non-compliance: from to	ECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring
	& Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonade in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities.	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: + #Sh. SOCOMAN + Hoch Name (Please Print) Signat	+3/10/98
Name (Please Print) Signat	rure 'Date

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

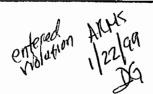
DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY
Jeaners Jea
ırtup 🗆
ermit
□ No notification form
☐ 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, $140 \le x \le 2,100$ 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)
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr





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?	N/A					
2. Examining the containers for leakage?	OY ON XINA					
3. Closing and securing machine doors except during loading/unloading?	NO Y					
4. Draining cartridge filters in their housing or in sealed containers for at 'least 24 hours prior to disposal?	XY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN XVIVA					
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 ref (complete A below).	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 ref (complete A, and B below).	rigerated condenser					
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:					
1. Equipped all machines with the appropriate vent controls?	OY ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם					

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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	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	ПΝ	 □N/a
	Is the perc concentration equal to or less than 100 ppm?	QУ	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	□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?	, OA	Ωи	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	X DN
2. Maintained rolling monthly total of perc consumption?	□Y ¤ N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANA NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XNIA
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON DANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XONIA
6. Maintained startup/shutdown/malfunction plan?	MO YE
7. Maintained deviation reports?	OY ON XN/A
Problem corrected?	AVA X NO YO
8. Maintained compliance plan, if applicable?	DY DH XWA

PA	ART VI: LEAK DETECTION AND	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			XY ON			
2.	Has the facility maintained a leak log)		DY XN			
3.	Does the responsible official check th	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	אייע אם אם			
	Door gaskets and seating	XY ON ON/A	Stills	RY ON ON/A			
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	XY ON ON/A			
	Pumps	AN ON ONIA	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	Y ON ON/A			
	Water separators	Y ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)	X			
	Physical detection (airflow felt through gaskets)						
	Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector			\nearrow			
	If using direct-reading ins	rumentation, is the equip	oment:	SW/A			
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	DJ ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	מס עם			
	d. Kept in a clean and	secure area when not in us	se?	OY ON			
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON			

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 X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:45 pm TIME OUT: 2:15 p	m AIRS ID#: 0250862
TYPE OF FACILITY: Perc Dy Cleaner	
FACILITY NAME: Parisian (leave	- 1
FACILITY LOCATION: 13/70 Biscayne B	
North Miani, FL	
RESPONSIBLE OFFICIAL: Soloman Hashin	PHONE NUMBER: 892-1488
Based on the results of the compliance requirements evaluated 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
No 12 month rolling log of	Begin keeping 12 mouth jog.
perc Consumption.	
No leak inspection log-	Begin keeping teaksinspectron
	108.
	Mr. Castilli
*	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	pproximate)
INSPECTION CONDUCTED BY: Chora	Triner
$\langle \langle $	Icase Print) —— PHONE NUMBER: (305) 372-6925
INSPECTOR'S SIGNATURE: ////	PHONE NUMBER: (305)3 (4-6/25)
Page_	of Revised 10/96

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Parisia	n Clean	ers		- PATE:	1/14/99
FACILITY LOCATION: _	13170 1	Biscayn	e Blud.	OUT.	160 . 1	4
FACILITY LOCATION:	North	Miani,	FL 3318	1 ho	0, 5/3	<u>C</u>
		ر			602	
Annual Reporting Period:			19_ 98 то		Our Cas Oring	1 19 99
Based on each term or condit 62-213.300, Florida Adminis		-			npliance with D	EP Rulc NO
If NO, complete the following	g:					,
#1. Term or condition of the	-		•	•		
Missing leak o	detection	n 10g.+	12 month ro	olling ;	derc consi	emption log
Missing leak of Exact period of non-complian	nce: from		1/98	_ to	199	, J
Action(s) taken to achieve co		Begin Keep				
Method used to demonstrate		Calenda	U			
#2. Term or condition of the	e general permit	that has not been in	ı continuous compli:	ance during t	he reporting per	iod-stated above:
Exact period of non-complia	ance: from			_to		
Action(s) taken to achieve co	ompliance:					
Method used to demonstrate	e compliance:					
·						
As the responsible official, a made in this notification are upon rolling averages of pu year for transfer or combine	e true, accurate urchase receipts, ation facilities.	and complete. Furndoes not exceed 2,	ther, my annual cons	sumption of p	perchloroethylen	e solvent, based
RESPONSIBLE OFFICIA	T: Olov	man Hash une (Please Print)	im	Signatu	ire	#14/19 Date

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

,	NNUAL E-INSPECTION	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: 0250862 DAT			
FACILITY NAME: PAR	SIAN C	leaners	
facility name: <i>Par</i> facility location:	13170	NE 16	
		FL	
responsible official :	oloman Ha	1/m PHONE: 892	-1488
CONTACT NAME:		PHONE:	·
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	B 1	7
(check appropriate box)		Real The P	
1. New facility notified DARM 30 da	ys prior to startup	No P	
2. Facility failed to notify DARM to u	se general permit	le sou	M
		(c) (d) (d)	
PART II: CLASSIFICATION		8	
Facility indicated on notification for (check appropriate box) A.	m that it is:	☐ No notification form☐ Drop store/out of bu	· ·
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)	dry- tran both	ivew small area source -to-dry only, x < 140 gal/yr insfer only, x < 200 gal/yr th types, x < 140 gal/yr instructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100$ gransfer only, $200 \le x \le 1{,}800$ gal/y both types, $140 \le x \le 1{,}800$ gal/yr (constructed before $12/9/91$)	al/yr dry- r tran both	New large area source: -to-dry only, $140 \le x \le 2,100$ gal/yr asfer only, $200 \le x \le 1,800$ gal/yr by types, $140 \le x \le 1,800$ gal/yr astructed on or after $12/9/91$)	
5. This is a correct facility classific	ation Ø Ý	☐N □Can not determine	
I	lified for a general p	: permit as number above nd is not eligible for a general permit	
B. The total quantity of perchloroethy facility was 65 gallons.	lene (perc) purchas	ed within the preceding 12 months by	y this dry cleaning
A	J11/25/12	#99	
1,		15 3/16/06	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?	ΩY	Ωи	DAN/A
2. Examining the containers for leakage?	ΠY	Ωи	ØN/A
3. Closing and securing machine doors except during loading/unloading?	XY	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Δ̈́Υ	□и	□N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΟY	ПΝ	(XV/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 refrig (complete A below).	erated	cond	enser .
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	_		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated	cond	enser
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?	ПΥ	ПN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПΝ	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΟY	ПN	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΟY	ПN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	ПΝ	□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΟY	ПN	

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?	ΠY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŊΩΥ	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΩY	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΩΝ	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			İ

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

PART	VI: LEAK DETECTION AND R	EPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	pection?			•	囡女	_	ПN
2. Has	the facility maintained a leak log?				ΩY		DAY
3. Doe	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	ØÝ □N □	□N/A	Muck cookers	ΠY	ŪΝ	QN/A
	Door gaskets and seating	MY ON	□N/A	Stills	ΜY	ПN	□N/A
	Filter gaskets and seating	MAY DN	□N/A	Exhaust dampers	∕Q Y	ПΝ	□N/A
	Pumps	MD ASS	□N/A	Diverter valves	ØÝ	ПΝ	□N/A
	Solvent tanks and containers	∕Ó Y □N (∏N/A	Cartridge filter housings	B Y	ПИ	□N/A
	Water separators	MY ON I	□N/A				
4. Whi	ch method of detection is used by th	e responsible	e official?				
Visual examination (condensed solvent on exterior surfaces)							
,	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)				9-		
	Use of direct-reading instrumentat	ion (FID/PID)/calorimetric to	ıbes)			
	Halogen leak detector		,		\\		
	If using direct-reading instru	mentation,	is the equipme	nt:	-EXIV!	Α	
	a. Capable of detecting p	erc vapor co	ncentrations in	a range of 0-500 ppm?	ΩY	ПN	
	b. Calibrated against a state (PID/FID only)?	andard gas p	rior to and after	each use	ΠŶ	ПN	
	c. Inspected for leaks and	l obvious sig	ns of wear on a	weekly basis?	\Box Y	ΠN	
	d. Kept in a clean and sec	cure area who	en not in use?		ΩY	ΠN	
	e. Verified for accuracy b	y use of dup	olicate samples	(calorimetric only)?	ПΥ	ΠN	
				·			

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- No leak log.

- No leak log.

- Machine ret operating during inspection

- gave sexo calender, explained process

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/E	DISCOVERY [RE-INSPECTION
TIME IN: 2:45				0250862
TYPE OF FACILITY:	Perc Dig	Cleaner		
FACILITY NAME:	Parisian C			DATE: 1/25/co
FACILITY LOCATION:		315 capre 1		
TACIENT ECCATION.		J's Edgite 1	17.024 .	
	Miani, Fl	\$		
RESPONSIBLE OFFICIAL:	Joloman Mashi	<u> </u>	PHONE NUMBE	R: 892 - 1488
compliance with DEP R Based on the results of t	he compliance requirementule 62-213.300, Florida Adhe compliance requirement	dministrative Code ((F.A.C.).	
discrepancies were note COMPLIANCE REQU		EM FO	OLLOW-UP ACT	ΓΙΟΝ REQUIRED
				~
Not maintaining per pure	haves	man	calender	providad
Not maintaining	g lak by	Ma	intain leas	k inspection log.
				
·				
			:	
				
;				·
COMMENTS:				
		_		
The Annual Compliance Certific	ation form has been proper	ly certified and sub	mitted to the inspect	or. YES NO
DATE OF NEXT INSPECTIO	N:	1/M		
		(Approximate))	
INSPECTION CONDUCTED	RY 7			
	· · · · · · · · · · · · · · · · · · ·	(Please Print)		
INSPECTOR'S SIGNATURE:	\			R: 371-6925
marecrok a alguaruke:	- Har	Ja	_rnone numbe	W. 7 14 6 1 0 1
		Pageof		Revised 10/96

AIRS ID#: 0250862

ALC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Racis	ian Cleane	ev J		DATE: _	polon
FACILITY LOCATION:	170 Bisca	une Dlud	,		
Mia	/				•
	, , , , , , , , , , , , , , , , , , , ,				•
Annual Reporting Period:	Jan	19 <u>_49</u> TO		an	10,5000
Based on each term or condition of the Tit	tle V general air perm	it, my facility has re	mained in complia	ance with DEI	Rule
62-213.300, Florida Administrative Code	(F.A.C.), during the p	period covered by thi	s statement.	YES	⊡ NO
If NO, complete the following:					
#1. Term or condition of the general perm		<u>:</u>	_		
Not maintaining	monthly i	olling log	of sinc p	suchas	
Mot maintaining Exact period of non-compliance: from	5	m 99	to Ja	in Jese	<u> </u>
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			A		
#2. Term or condition of the general perm	πit that has not been i	n continuous compli	ance during the re	porting period	l stated above:
1 /		7			
Exact period of non-compliance: from	Jan	99 to	Jan	Jero	_
Action(s) taken to achieve compliance:	· ,				
Method used to demonstrate compliance:		SIFT Solo	1		
Tradical Esta to domonistrato comprimiso.		1) - 1 (20 0)	eux.	<u> </u>	
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipty year for transfer or combination facilities.	te and complete. Furt ts, does not exceed 2,1	her, my annual cons	sumption of perchl	oroethylene s	olvent, based
RESPONSIBLE OFFICIAL: SUC	WHAN		for		25/00.
Λ	Name (Please Print)		Signature	l	'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.

0361551

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 # 0250862

PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



413627 JAN28 2882

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

X

Do NOT Remove Label

AIRS ID # 0250862
PARISIAN CUSTOM CLEANERS
DAVID MERMELSTEIN
9121 SW 66 TERRACE
MIAMI FL
33181

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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 # 0250862

PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

V0309010

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 "MAR 3/

Do NOT Remove Label

AIRS ID 0250862

BEACH CLEANERS INC SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181 FOR COVERNMENT USE ONLY Ore 33250101000 EO: B1 Fund: 20-2-035001 Obj. 2002273 Parision Costom 13170 Biscame Blod N. Mismi, Rl 33181





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

32315+3070 99

hallanlahallan Halandallan kallan lan Handalal

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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013 3095	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	\$	Postular OF		
7000 1670 0	Street, Apt. No. 13170	MON HASHIM SIAN CUSTOM CL BISCAYNE BLVD TH MIAMI FL			
	PS Form 3800, May 2000	a The above and a second of the second of th	See Reverse for Instructions		

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US Postal Service	
Receipt for Certified Mail \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Do not use for International Mail (See reverse)	
AIRS ID # 0250862	
PARISIAN CLEANERS	
SOLOMON HASHIM	
13170 BISCAYNE BLVD	
NORTH MIAMI FL 33181	
Certified Fee	
Special Delivery Fee	İ
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	
TOTAL Postage & Fees \$	
Postmark or Date	
<u>[</u> 6	
8 8 P	}
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Verse sid	omplete items 1 and or 2 in about maplete items 3, 4a, and 4b. int your name and address on the rd to you. tach this form to the front of the m	reverse of this form so that w		I also wish to rec following service extra fee): 1. Addressa	s (for an
w∎ e	rmit. rite <i>"Return Receipt Requested"</i> or le Return Receipt will show to who livered.			2. Restricte Consult postmas	*
3N ADDRESS completed	ARISIAN CLEANERS DLOMON HASHIM 170 BISCAYNE BLVD DRTH MIAMI FL 33181	AIRS ID # 0250862	7. Date of De	Type ed Mail ceipt for Merchandise	Certified Insured Dish of Cod
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Received By: (Print Name) Signature: (Addressee of Ag	ent)	8. Addressee and fee is	e's Address (Only paid) Domestic Ret	if requested Tage

		ervice for C	ertifie	d Mail
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-	. Posta	ge & Fees	\$	
<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	A. Received by (Please Print Clearly) B. Date of Delivery 4-0-0
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 Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0250862 PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD	·
NORTH MIAMI FL 33181	3. Service Type T Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Z 210 663 139	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	120002 12 32 311 333344
PS Form 3811, July 1999 Domestic Retu	

	Z 33 US Postal Service Receipt for Cer	tified Mail
1	PARISIAN CLEANERS OLOMON HASHIM 3170 BISCAYNE BLV ORTH MIAMI FL 331	ID
	Postage	\$
	Certified Fee	,
	Special Delivery Fee	
10	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	

of envelope to	Fold at line over to
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 # 0250862 * PARISIAN CLEANERS SOLOMON HASHIM	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
13170 BISCAYNE BLVD NORTH MIAMI FL 33181	3. Service Type Mail
2 333 667 402	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	, k	12 793
I	US Postal Service Receipt for Cerl No Insurance Coverage I Do not use for Internation BEACH CLEANERS INC	Provided. nal Mail (See reverse) AIRS ID 0250862
' 1	SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 3318	i -
	Certified Fee	
	Special Delivery Fee Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
), Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
008	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	·

N ADDRESS completed 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 card to you. ■ Attach this form to the front of the mailpiece, or on the back if spermit. ■ Write "Return Receipt Requested" on the mailpiece below the attach the Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: AIRS ID 0250862 BEACH CLEANERS INC SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181	tricle number. d and the date 4a. Article N 4b. Service Register Express	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addresses or Agent) X	8. Addresse and fee is	e's Address (Only if requested spaid)
_	PS-Eorm-3811, December 1994		Domestic Return Receipt

Section 1994 The

	P 174 052 US Postal Service Receipt for Cert	tified Mail	
	PARISIAN CLEANER SOLOMON HASHIM 13170 BISCAYNE BL NORTH MIAMI FL 33	VD	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
900	TOTAL Postage & Fees	\$	
PS Form 3800 ,	Postmark or Date		

n the reverse side?	Complete items 1 and/or 2 for augustnarse. r.ses: Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if span permit.	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
N ADDRESS completed of	3. Article Addressed to: PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181	4a. Article Number 174052034 4b. Service Type Registered Return Receipt for Merchandise COD 7. Date of Delivery
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X X X X X X X X X X X X X	8. Addressee's Address (Only if requested and fee is paid)
-	PS Form 3811, December 1994	Domestic Return Receipt

	Z 570 P	2000			
	US Postal Service 3 Receipt for Certified Mail				
S 1	AIRS ID # 0250862 PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181				
	Postage	\$			
	Restricted Delivery Fee				
Return Receipt Showing to Whom & Date Delivered					
Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date					
					PS Form 3

SENDER: © Complete items 1 and/or 2 for additional services. © Complete items 3, 4à, 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 permit. © Write "Return Receipt Requested" on the mailpiece below the article number. © The Return Receipt will show to whom the article was delivered and the date © AIRS ID #-0250862 PARISIAN CLEANERS SOLOMON HASHIM 13170 BISCAYNE BLVD NORTH MIAMI FL 33181 I also wish to receive the following services (for an extra fee): 1 Addressee's Addressed to: 4a. Article Number 2 210661842 4b. Service Type Registered Express Mail Insure Return Receipt for Merchandise COD 7. Date of Delivery		for using Botury Boognt Congress		
5. Received By: (Print Name) 6. Signature: (Addressee or Age X PS Form 3811 , December 199		8. Addresse and fee is	e's Address (Only if requested s paid) Domestic Return Receipt	

138h	CÉF		ervice MAIL REC		d)
4127		Postage	\$		
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9200		Delivery Fee ent Required)			
0100	Total F		AIF	RS ID # 0250862	
	Recipier PARISIAN CUSTOM CLEANERS				
	Street, A	9121 3W 00 1Eldales			
7000	City, Stat	MIAMI FL	33181		
	PS Form 8	COULTREDITION &	000	See Reverse for In	structions

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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) REDE MERMECS C. Signature D. Is delivery address different from item 1? Agent		
1. Article Addressed to:	If YES, enter delivery address below: ☐ No		
AIRS ID # 0250862 PARISIAN CUSTOM CLEANERS DAVID MERMELSTEIN 9121 SW 66 TERRACE MIAMI FL 33181	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 2000 0600 0026 4127 4366			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		
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