

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 16, 1997

Ms. Kathleen Taylor A Cleaner World 13455 West Dixie Highway North Miami, Florida 33161

Facility No.: 0250868

Dear Ms. Taylor:

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"

Best Available Copy



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	"dilagement" adility
	1. Facility Owner/Company Name (Name of corporation, agency or individual owner):
. ــــــــــــــــــــــــــــــــــــ	A Cleaner World Kathlen Jaylor.
	2. Site Name (For example, plant name or number):
ا إ	A Cleaner World
	3. Hazardous Waste Generator Identification Number:
	FLD 056.894 439
	4. Facility Location: Street Address: 13455 West Discie Hung City: N, Mann County: Thombe Zip Code: 33161
	- City: N, Mann County: Thouse Zip Code: 33161
	5. Facility Identification Number (DEP Use):
	15年,中国共享的企业,从中国共享的企业的企业的企业的企业,并且是一个企业的企业的企业,并是一个企业的企业的企业,并且是一个企业的企业的企业,并且是一个企业的企业的企业的企业,并且是一个企业的企业的企业,并且是一个企业的企业的企业的企业。

Responsible Official

6.	. Name and Title of Responsible Official:	
K	Cathleen Saylor / President	\$ 1 \$ 7
7.	. Responsible Official Mailing Address: 8 100 NE 123 act St N. W.	3 16
	Organization/Firm: A cleaner would,	
	Organization/Firm: A cleaner utailed, Street Address: 13455 West Dissis Hurs. City: W. Manni County: Deadle He Zip Code: 3316/	
	Street Address: 13455 West Discole He Zip Code: 3316/	
	sily. (sip state	
8.	. Responsible Official Telephone Number:	
"	Telephone: (30) \$93-4211 Fax: (30) 891-916	
. -	1616 priorite. (30) 8/5-4/5/11 1ax. (30) 8/7-1/6	
L_		

Facility Contact (If different from Responsible Official)

-	-1	Name and Title of Facility Contact (For example, plant manager):	,
		Facility Contact Address: 13455 West Disue Huy.	′
		Street Address: City: North Manni County: Dade Zip Code: Fle 3316	١
		Facility Contact Telephone Number: Telephone: (30\$751-042) Fax: (305) 891-9166	

RECEIVED

NOV 5 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

0250968

013	
1/3	
	Choose one address as that of
	Choose one address as that of Responsible Official.
	1
P16	Sunender of Existing disPermit.
'	V .
	Old permit #'s of surrendered (O.E.P. issued Permits only) Responsible Official Certification
	(OEP issued Permits only)
	Responsible Official Certification
,	
	R.O. signature does not match person listed as A.O. on page 13
	serson listed as A.O. on Rode 13
	Person listedas Responsible Official should sign.
	Oblicial should sign
,	
· · · · · · · · · · · · · · · · · · ·	
	·
	·

The transfer of the second

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-9
Dry-to-Dry Unit	AE	ROT	FEH	<u>.</u>	7		_		
(1) w/ ref. condenser	Ť	JAN95	-JAN 25	•					T T
(2) w/ carbon adsorber	Η.		ı ·	<u> </u> _		_			
(3) w/ no controls	-						1		
Washer Unit			•		•				
(4) w/ ref. condenser									1
(5) w/ carbon adsorber		1					"	<u> </u>	
(6) w/ no controls		†							
Dryer Unit		71 71 71					'	_1	L
(7) w/ ref. condenser	<u> </u>	1	T	Τ	Τ				
(8) w/ carbon adsorber								_	
(9) w/ no controls					1				1
Reclaimer Unit	1				1				!
(10) w/ ref. condenser				T -	. [T
(11) w/carbon adsorber				<u> </u>				+	+
(12) w/ no controls			 						
(b) Control devices are (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is les	are r quant gall ths, h	equired to be tity of perchl ons ow many? [e installed [_ oroethylene -] month	(perc	_]) purchased				· ·
3. What is the facility's so (Indicate with an "X". Existing small a	ource Sele	classificatio	n based on th fication only. N	ie dei	initions four	nd in section		·	·
Existing large an	ea so	urce	N	ew la	arge area sou	irce [

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

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 **基型**用 可通用

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
الك	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 notifi statemen maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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	mptly notify the Department of any changes to the information contained in this notification.

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

Telephone 305-893-4311 Fax 305-891-9166

2100 N.E. 123rd ST. N. MIAMI . FL. 33181

FACSIMILE COVER SHEET

TO: Bick Butlere

COMPANY:

FAX NUMBER: 850-922-1362

PH. NUMBER:

FROM: Kathleen Taylore (305 893:4311)

RE:

DESCRIPTION/MESSAGE:

Thank you for your doncern.

Helppy Holidays

TOTAL NUMBER OF PAGES: 2 (Including cover sheet)

NOTE: IF YOU SHOULD ENCOUNTER ANY PROBLEMS WITH THIS FACSIMILE OR DO NOT RECEIVE THE COMPLETE NUMBER OF PAGES, PLEASE CONTACT OUR OFFICE.

WON.

Surrender of Existing Air Permit(s)

selection: Ing air permits authorizing operation of the fication form; specifically, permit number(s) st for the operation of the facility indicated in
rication form; specifically, permit number(s)
st for the operation of the facility indicated in
onsible Official Certification
fficial, as defined in Part II of this form, of the facility addressed in on information and belief formed after reasonable inquiry, that the true, accurate and complete. Further, I agree to operate and its and air pollution control equipment described above so as to this general permit as set forth in Part II of this notification form.
any changes to the information contained in this notification.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

KATHLEEN TAYLOR KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 AIRS ID#0250868

Bureau of Air Monitoring & Mobile Sources

刀

Do NOT Remove Label

Annual Reporting Period:	1	19 <u>9</u> 7 то <u>С</u>	Lec 31	19 <u>G: }</u>
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C	-	=	<u> </u>	n DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that	has not been in conti	inuous complianc	e during the reporting p	period stated above:
Exact period of non-compliance: from		to	0	• • •
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that	has not been in conti	nuous compliance	e during the reporting p	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 or notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual consum	otion of perchloroe	thylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL: ALLTSIN	CARGICE	allo	- Cangell	2/17/58
Name (I	Please Print)		Signature	/ Date

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

PERCHLOROETHYLENE DRY CLEAPER IVED TITLE V GENERAL PERMIT RECEIVED COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL.	•	COMPLAINTIDISCO	VERY O
	RE-INSPECTION	0		ir Monitoring Sources
AIRS 1D#: 250868	DATE: 9-29-98	TIMEIN	: 1330 TIME	out: <u>1400</u>
FACILITY NAME: A	LEANER WORLD			
FACILITY LOCATION:	13455 W. DIXIE	E HWY.		
N.	miami, 3316	1		
RESPONSIBLE OFFICIAL	<u> </u>		PHONE: 305 - 7	51-0421
CONTACT NAME: KI				1
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAR	.M 30 days prior to startu	כן ו		, 🗆
2. Facility failed to notify DA	ARM to use general perm	nit		
PART II: CLASSIFICATION	ONI			
THE TAX CONTOUNT OF TAX	ON			
Facility indicated on notificated			☐ No notification fo	rm
Facility indicated on notificated control (check appropriate box)			☐ No notification fo☐ Drop store/out of	
Facility indicated on notification	ation form that it is: ource gal/yr /yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	☐ Drop store/out of rea source , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notifical (check appropriate box) A. I. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource gal/yr /yr 91) ource 	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out of rea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/5) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,88	ation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	ation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on PM)	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	business/petroleum



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? 2. Examining the containers for leakage? $\square N$ 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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ONIA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ONIA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	WY ON					
2. Maintained rolling monthly total of perc consumption?	DY BY					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN WN/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?	DY DN WN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DH WHA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DY DYNA					
6. Maintained startup/shutdown/malfunction plan?	DY WN					
7. Maintained deviation reports?	DY DN DNA					
Problem corrected?	OY ON CONIA					
8. Maintained compliance plan, if applicable?	DY DN WNA					

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	ıd repair	
inspection?	•		BY DY	
2. Has the facility maintained a leak log?			DY QN	
3. Does the responsible official check the	following areas for leaks	5?		
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y ON ONA	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	AND ND Y	Exhaust dampers	MY ON ON/A	
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	BY ON ONIA	
Water separators	Y ON ON/A			
4. Which method of detection is used by t	the responsible official?		,	
Visual examination (condensed s	olvent on exterior surfac	ces)	Q	
Physical detection (airflow felt through gaskets)			od,	
Odor (noticeable perc odor)	d			
Use of direct-reading instruments				
Halogen leak detector			٥	
If using direct-reading instr	MN/A			
a. Capable of detecting	OY ON			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON	
c. Inspected for leaks a	and obvious signs of wea	ir on a weekly basis?	אם צם	
d. Kept in a clean and	secure area when not in	use?	אם אם	
e. Verified for accurac	אט אט			
M. EWRIQUE FLORES Inspector's Name (Please Print) Date of Inspection				
Manguetlose		SEPT. 1º		
Inspector's Signature –		Approximate Date o	1 Next Inspection	

	* STATE'S INSPECTION CATENDAR, AND DERM'S BOOKLET ON POLLUTION
	PREVENTION FOR DRY CLEANERS, ALONG WITH SPECIFIC MUSTRUCTIONS ON
	MS.K. TAYLOR.
.	

BEST AVAILABLE COPY

DESTATALL	ADLL GG
CALLE OF INSPECTION: VANANT (DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1350 TIME OUT: 14(1	AIRS 1011: 256 868
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: A CLEANER LOCKLD	DATE: 1-29-98
FACILITY LOCATION: 13455 W. DIXIE HILY.	
N. MAM1 33161	
RESPONSIBLE OFFICIAL: FERREST 1641TE	PHONE NUMBER: 325. 751-0421
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO RILLING LOG OF PERC PURCHASES	WILL START USING STATES INGPECTION (ALENDAR
NO CONDENSTR TEMP. READINGS	BY DERM INSPECTION (MENDAR ISSUED)
NO LEAK INSPECTION RECURD	LEAL INSPECTIONS.
- CHOP IN GOLD HUSTKE	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION:	St. PT / (CT 1999 (Approximate)
NSPECTION CONDUCTED BY:	ENRIQUE FICRES
NSPECTOR'S SIGNATURE: MEMICAN Flow	(Please Print) ND PHONE NUMBER: 305-312-6925
	ageof Revised 10/

- Ans wh: 250868

ALC Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A CLEANER	WORLD		DATE: 9-29-98
FACILITY LOCATION: 13455 U			.
	11, 33161		
Annual Reporting Period:	9 97 19	$_{\text{TO}}$	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I			,—I
If NO, complete the following:			
#1. Term or condition of the general permi	it that has not been in continuou	s compliance during the rep	orting period stated above:
NO ROLLING LOG OF PERC PUR	CHASES CONDENSER T	EMP. READINGS, A	ND LEAK INSPECTIONS
NO ROLLING LOG OF PERC PUR Exact period of non-compliance: from	9/97	to9	198
Action(s) taken to achieve compliance:	WILL START LOGING		
Method used to demonstrate compliance:			
#2. Term or condition of the general perm	uit that has not been in continuo	us compliance during the re	porting period-stated above:
Exact period of non-compliance: from		to_REC	EIVED
Action(s) taken to achieve compliance:			7 2 7 1998
Method used to demonstrate compliance:			
· · · · · · · · · · · · · · · · · · ·		Bureau & N	of Air Monitoring Mobile Sources
As the responsible official, I hereby certification are true, accuration upon rolling averages of purchase receip year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	te and complete. Further, my ar is, does not exceed 2,100 gallon	inual consumption of perch	loroethylene solvent, based

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

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

PERCHLOROETHYLENE DRY CLEARER E VED

COMP

LIANCE INSPECTION	CHECKLIST				
		. 11 181	_	_	100

TYPE	OF	INSPECTION:
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ANNUAL

JUN 2 5 1999 COMPLAINT/DISCOVERY

Bureau of Air Monitoring

RE-INSPECTION

& Mobile Sources

AIRS ID#: 0250868 DATE: 6/3/99 TIME IN: 2 3/m TIME OUT: Z 5/m					
FACILITY NAME: A Cleiner World					
FACILITY LOCATION: 13455	w. Dixie Hwy				
_ Miami	FL 33141				
RESPONSIBLE OFFICIAL: Fores	et WhitePHONE: (305) 751-0421				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to star	tup □				
2. Facility failed to notify DARM to use general per	mit 🗅 :				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:	☐ No notification form				
(check appropriate box)	☐ Drop store/out of business/petroleum				
A. 1. Existing small area source	2. New small area source				
1. Existing small area source	dry-to-dry only, x < 140 gal/yr				
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr				
both types, x < 140 gal/yr	both types, x < 140 gal/yr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
3. Existing large area source	4. New large area source				
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr				
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ 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					
If no, please check the appropriate classification:					
facility qualified for a general permit as numberabove					
facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was wak gallons.	archased within the preceding 12 months by this dry cleaning				

ARMS Jane 7, 1999 £. \$1 1 of 5

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

condenser exceeded 45° F?

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)

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

DY DN ZNA

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

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

PA	ART VI: LEAK DETECTION AND R	EPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	,		.DN ON		
2.	Has the facility maintained a leak log?		•	NO YES		
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 ØN/A		
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	MY MN ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surfaces	3)			
	Physical detection (airflow felt thi	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	ic tubes)			
	Halogen leak detector		•			
	If using direct-reading instru	umentation, is the equip	ment:	ON/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a s (PID/FID only)?	OY ON				
	c., Inspected for leaks an	□Y □N				

Inspector's Name (Please Pri

Inspector's Name (Please Print)

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

S

6/3/99

Date of Inspection

Approximate Date of Next Inspection

OY ON

DY DN

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 231 Pm TIME OUT: 25	AIRS ID#: 0250868
TYPE OF FACILITY: TEVC DOY	Cleaner
FACILITY NAME: A Cleave Co	DATE: 6/3/99
FACILITY LOCATION: 1 > 455 W.	Dixie Hwy
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Perc Consumption log treciepts	Deed do maintoin Per consumption Log trecients
COMMENTS: Record Reeping	Ud ololion
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6/200	-
INSPECTION CONDUCTED BY:	Approximate) MART Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-692

Page of Z.

DOP

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIN F D ANNUAL COMPLIANCE CERTIFICATION FORM

		5 195 m	
FACILITY NAME: 1 Ceons	e cost	Bureau of Air Monitori	ATE: 6/3/99
FACILITY LOCATION: 1345	5 william 7	e (100 years	
			
Annual Reporting Period:	19 <u>%</u> TO	Zune	19_79
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),			th DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that ha	as not been in continuous compli	iance during the reporting	period stated above:
Exact period of non-compliance: from	June 9	to Tu	ne 99
Action(s) taken to achieve compliance:	Keep vec	cords	
Method used to demonstrate compliance:	FDEF	Calendor	
#2. Term or condition of the general permit that ha	as not been in continuous compli	iance 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 of made in this notification are true, accurate and consupon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Ple	mplete. Further, my annual consot exceed 2,100 gallons per year	sumption of perchloroethy	vlene solvent, 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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTION		COMPLAINT	/DISCOVERY	. 0
AIRS ID#: 0350868 DATE:	• • •		Δ.	TIME OUT:	1415
FACILITY NAME:A	Cleaner	War	Ld		
FACILITY LOCATION: 134	(55 W	, isix	e Hus	1	
	ame	EL		· %	
RESPONSIBLE OFFICIAL: Kal	Ween To	ayles.c	PHONE:	05 F)751.	- 042(
CONTACT NAME: Forest	white	-	PHONE:		
		· · · · · · · · · · · · · · · · · · ·	301 N10		
PART I: NOTIFICATION			litor rce	<u> </u>	
(check appropriate box)			a	<i>:</i>	
1. New facility notified DARM 30 days	prior to startup				
2. Facility failed to notify DARM to use	general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form	that it is:		□ No notificat		
(check appropriate box) A.			a Diop storesc	out of business/p	enojeani
1. Existing small area source dry-to-dry only, x < 140 gal/yr		ew small a	rea source x < 140 gal/yr	0	
transfer only, $x < 140 \text{ gal/yr}$	•		< 200 gal/yr		
both types, x < 140 gal/yr		types, $x < 1$			
(constructed before 12/9/91)	(con	structed on	or after 12/9/91)	-	
3. Existing large area source	☐ 4. N	lew large ai	rea source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/y}$			$140 \le x \le 2,100$		
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr		•	0 ≤ x ≤ 1,800 ga ≤ x ≤ 1,800 gal:y	•	
(constructed before $12/9/91$)			or after $12/9/91$)	1	
5. This is a correct facility classificati	on $\Box Y$	ZN	□Can not dete	rmine	
If no, please check the appropris	ate classification:		11		
facility qualifi	ed for a general p is above limits an	ermit as nur d is not elig	nber ible for a general	above I permit	
B. The total quantity of perchloroethyles	ne (perc) purchase	d within the	e preceding 12 m	onths by this dr	y cleaning
facility was [6_9 _gallons.	Sano.				
	W X /		I F		

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ETNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON LINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ZY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AMO NO YEL 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ØN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ZÁY ZAN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DRY ON ON/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 ZNA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? **E**Y ON

B	. Has the responsible official of an existing large or new large area source also:		
ľ			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located		
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		N
1	•		
2.	. Measured and recorded the washer exhaust temperature at the condenser		
]	inlet and outlet weekly?		N □N/A
H	Is the temperature differential equal to or greater than 20° F?		N 🗆 N/A
-	is the temperature differential equal to of greater than 20 1:	u, u	IV CINA
2	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,		
Ì	if machines are equipped with a carbon adsorber?		N DN/A
ľ	Il thachines are equipped with a carbon adsorber:	ui ui	IV CIVIA
	Is the perc concentration equal to or less than 100 ppm?		N □N/A
Į .			
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring		ĺ
	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,	r	J
	or expansion; and downstream from no other inlet?	DY DI	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?		N/A □
6.	Routed airflow to the carbon adsorber (if used) at all times?		N/A □

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
inspection?			ØY □N
2. Has the facility maintained a leak log?	•		DAY ON
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	□Y □N ØN/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	אורם אם איא
Solvent tanks and containers	AY ON UN/A	Cartridge filter housings	ØY □N □N/A
Water separators	ØY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfac	es)	7
Physical detection (airflow felt the	Þ		
Odor (noticeable perc odor)	`\overline{\over		
Use of direct-reading instrument			
Halogen leak detector			
If using direct-reading inst	ØN/A		
a. Capable of detecting	perc vapor concentration	in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and s	secure area when not in us	se?	OY ON
e. Verified for accuracy	y by use of duplicate samp	ples (calorimetric only)?	OY ON
Ivan Fann Inspector's Name (Please Pri	nt)	Date of Inspection	
Inspector's Signature		Approximate Date of I	Next Inspection

ADDITIONAL SITE INFORMATION: Good RecordKeeping Good Housebeeping Machine in use at important orders

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0350868	TIME OUT:	1415 AIRS ID#:	0250868
TYPE OF FACILITY:	Perc Dig	Cleaner	
FACILITY NAME:	· · · · · · · · · · · · · · · · · · ·	world	DATE:3/24/00
FACILITY LOCATION:	13455 W	1. Dixie Hwy	
	Mama. F	: L	
RESPONSIBLE OFFICIAL:	Kathleen Ta	Thore number	1040-124-10451
رے .	e compliance requirements eva le 62-213.300, Florida Admini	aluated during this inspection, the fa istrative Code (F.A.C.).	cility is found to be in
Based on the results of the discrepancies were noted:	•	aluated during this inspection, the fo	llowing compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	/		
	er er	F	
COMMENTS:		<u> </u>	·
•	Good Recor	alleeping	
•	Good Recor Satisfactory	housekeeping	· .
The Annual Compliance Certificat	ion form has been properly ce	rtified and submitted to the inspecto	r. YES NO
		/	
DATE OF NEXT INSPECTION		Approximate)	
INSPECTION CONDUCTED B	~	Fanni	
Detroit combocied b	• •	(Please Print)	· ·
INSPECTOR'S SIGNATURE:_	Juan Jan-	PHONE NUMBER	1: 305-372-693
	Page	eof	Revised 10/96

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMANNUAL COMPLIANCE CERTIFICATION FORM

			W/Ab -	- NO//
FACILITY NAME:	A Cleane	v World	pat	0 2000/24/co
FACILITY LOCATION:	13485	W. Direiz	Managemeni	lality
	M.am.	Fζ		
Annual Reporting Period:	March	19 <u>99</u> to	Mosoch	Agade
Based on each term or conditio 62-213.300, Florida Administr	-	•		DEP Rule
If NO, complete the following:				
#1. Term or condition of the g	eneral permit that has not be	en in continuous complian	nce during the reporting pe	riod stated above:
Exact period of non-compliance	e: from		to	
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	mpliance:			
#2. Term or condition of the g	eneral permit that has not be	en in continuous complian	nce during the reporting pe	riod stated above:
Exact period of non-complianc	e: from	to_	÷.	
Action(s) taken to achieve com	pliance:	<i>/</i> •	•	•
Method used to demonstrate co				
As the responsible official, I he	reby certify, based on inforn	nation and belief formed a	after reasonable inquiry, th	at the statements
made in this notification are tr upon rolling averages of purch year for transfer or combinatio	ue, accurate and complete. I	Further, my annual consu	mption of perchloroethyler	ne solvent, based
RESPONSIBLE OFFICIAL:	Kathleen Ta Name (Please Print	ylor de	Signature	3)28/00 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.

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

A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 AIRS ID # 0250868

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

303130V

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

KATHLEEN TAYLOR KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 AIRS ID#0250868

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



 $414740\,$ MAR $\,1\,2002\,$ Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID # 0250868

A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

over top of envelope to of the return address	
 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 3. / 4. U. Agent Addressee
1. Article Addressed to: AIRS ID# 0250868 A CLEANER WORLD KATHLEEN TAYLOR	B. Is delivery address different from item 1? If YES, enter delivery address below: No
2100 NE 123 STREET N MIAMI FL 33181	3. Service Type Certified Mail
2. Article Number (Copy from service label) P174 052 567	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952

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 # 0250868

A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



496154 FEB26 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250868

A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 FOR GOVERNMENT USE ONLY Org.: 375501010000 EO: A1 Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Serv CERTIFIED N (Domestic Mail	IAIL RECEIF	PT rance Coverage	Provided)
1070				
E C	Postage	\$		
E H	Certified Fee			
	Return Receipt Fee (Endorsement Required)		Р	ostmark Here
00	Restricted Delivery Fee (Endors			
	Total A CLEANER	R WORLD	# 0250868	
0.52	Recin KATHLEEN	TAYLOR RD STREET		(ler)
	Street, NORTH MIA	AMI FL		
品品	City, S.			

 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. Article Addressed to: AIRS ID # U250868 A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET 	C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:
NORTH MIAMI FL 33181	3. Service Type Certified Mail Express Mail Registered Return Receipt for Mail C.O.D.

UNITED STATES POSTAL SERVICE,



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

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

DARWMORILE SOURCE CONTROL PROGRAM OF ALL DEPT. OF SIGNEROL PROTECTION OF ALL MODITORING TALLAHASSEE, FLORIDA 32389-2400 COSTINATION OF ALL DEPT. OF SIGNER STONE ROAD TALLAHASSEE, FLORIDA 32389-2400 COSTINATION OF TALLAHASSEE, FLORIDA AND T



CERTIF	tal Service JED MAIL REC	
I []	ostage \$	
l3	ed Fee	Postmark
Return Recei		Here
Restricted Delive (Endorsement Rec		
Total Pos		AIRS ID # 0250868
Recipient's A	CLEANER WORLD THLEEN TAYLOR	
	00 NE 123RD STREET	
Street, Apt. 210 NC City, State, 2	ORTH MIAMI FL 33181	
PS Form 3800 tries	DICETAL STORY	See Reverse for Instructions

·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4.if Restricted Delivery is desired. Print your name and address on the reverse 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 # 0250868	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 12 Yes If YES, enter delivery address below:
A CLEANER WORLD KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181	3. Service Type Certified Mail
O Article North of Constitution and Internal	
2. Article Number (Copy from service label) 7000 600 0006 4124 4	(33)
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	. Z 333 Ь	75	7 98
Ì	US Postal Service Receipt for Cert No Insurance Coverage Foo not use for Internation	Provide	ed.
·		Α	IRS ID 0250868
K 2	ATHLEEN TAYLOR ATHLEEN TAYLOR 100 NE 123RD STREET ORTH MIAMI FL 3318	1	
	• •		
Ì	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
0	TOTAL Postage & Fees	\$]
PS Form 3800, April 1995	Postmark or Date		

d 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 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 delivered.		Addressee's Address Restricted Delivery Consult postmaster for fee.	Receipt Service.
RN ADDRESS completed	AIRS ID 0250868 KATHLEEN TAYLOR KATHLEEN TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181	4b. Service Registere Return Rec	Type ed Certified Mail Insured ceipt for Merchanglise COD	for using Return
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X/G/V/2/c / / / / / / / / / / / / / / / / / /	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you