

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Denis Lamarre Normandy Cleaners 960-4 Normandy Drive Miami Beach, Florida 33141

Re: Facility No.: 0250872

Dear Mr. Lamarre:

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"



3755

TITLE V AIR QUALITY GENERAL PERMIT FIELD NOTICE OF VIOLATION



Miami-Dade County Department of Environmental Resources Management 33 S.W. 2nd Ave: Suite 900 Miami, FL 33130-1540 (305)372-6925 (305)372-6954 fax

·			<u></u>			
FACILITY OWNER/	COMPANY NAME	Vormandy	Cleaners	e e e e e e e e e e e e e e e e e e e		
SITE NAME:	Same	*	AIRS I	# 032087		
FACILITY LOCATION	on <u>960</u> λ	brandy	Dr. 13310			
TYPE OF FACILITY		Dry Clean				
RESPONSIBLE OF	FICIAL: Deric	Lamarre	PHONE NUMBER: 39	55-866-3144		
Chapter 403 F.S. ar this Department. In Miami-Dade County	view of the above and pu	n Section 24-54 of the Codursuant to the authority gra immediately upon receip	ollowing violations of Chapter 62-2 le of Miami-Dade County, were obs inted to me under the provisions of of of this NOTICE , CEASE and is within the timeframes set forth be	served by a representative of Section 24-5 of the Code of DESIST from the violations		
Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.		'S FINDINGS/ REQUIREMENTS	CORRECTIVE ACTIONS R	CORRECT ON OR BEFORE		
7.	HAS NOT T ANNUAL T FRE.	paid	TAY fele of TO Address of LAbel			
ADDITIONAL INF	Noncomplete the party makes of the first of the state of	□ COMPLA	AINT/DISCOVERY □	RE-INSPECTION 宜〇		
			nd submitted to the inspector. YES	· · · · · · · · · · · · · · · · · · ·		
				<i>1</i>		
Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).						
For further informati	For further information, please contact the Air Facilities Section at (305)372-6925.					
John W. Renfrow, P Director By (please print):	E. Anolo T	ere 7	Received By (please print):	wist Arn		
Section: Ar	Date:	10/12/01	Title: Messiswi	Date: 10 [12 [W		
Signature:	2,60		Signature:			

acciss

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	COMPLAINTY DISCOVERY D
·	33.7
AIRS ID#: 0350872 DATE: 4/19	
FACILITY NAME: Downardy	Cleans 8 13
FACILITY LOCATION: 960 N	1
Mean Bea	ch, FL
RESPONSIBLE OFFICIAL: Denis La.	nerve PHONE: 305 866-3144
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	A Company of the Comp
New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	·
2. Fueling funed to notify 27 fuel to use general pe	
D. D. M. CI. (COVERGATION	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
	2 Drop store out of business/perforcum
A.	•
1. Existing small area source	2. Ivew small area source
1. Existing small area source dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
1. Existing small area source dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	dry-to-dry only, $x < 140$ 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
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr
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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 DÂN/A
2. Examining the containers for leakage?		N DAVA
3. Closing and securing machine doors except during loading/unloading?	ØY OI	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY O	N 🗆N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY O	N CONIA
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 refrige (complete A below).	rated con	denser .
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).	rated con	denser
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?	ם אם	1
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	םץ םא	1 □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON	1 □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON	1
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QY QN	1 □N\V
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON	1

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĮΩΥ	_ □N	□n/a
ľ	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□и	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	П	ПΝ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AL ON
2. Maintained rolling monthly total of perc consumption?	AN ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DINA
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 DINA
4. Maintained calibration data? (for applicable direct reading instruments)	□Ү □И ФИ/А
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON GINIA
6. Maintained startup/shutdown/malfunction plan?	ĎAY □N
7. Maintained deviation reports?	ON ON DANIA
Problem corrected?	OY ON PINA
8. Maintained compliance plan, if applicable?	ON ON ANY

PAR	T VI: LEAK DETECTION AND	REPAIRS			
I. D	oes the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	ınd repair	
in	spection?			Øγ ON	
2. 1-1	as the facility maintained a leak log?			ØY ON	
3. D	oes the responsible official check the	following areas for leak	s?	•	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ØN/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A	
	Pumps	dy on onia	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	AND NO YO	Cartridge filter housings	PY ON ON/A	
	Water separators	DY ON ONIA			
4. W	hich method of detection is used by	the responsible official?			
	Visual examination (condensed s	olvent on exterior surfac	es)	Á	
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:				ØN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				מם צם	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and se	ecure area when not in us	se?	אם עם	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	חם אם	
	Ivan Farm	~	4/191	00	
	Inspector's Name (Please Prin	nt)	Date of Inspection		
	Jan Jan		4/01		
	Inspector's Signature		Approximate Date of N	Jeyt Inspection	

ADDITIONAL SITE INFORM	IATION:		
	SATISFACTURY	Record Keeping House Keeping	
	· · · · · · · · · · · · · · · · · · ·		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TITLE V AIR QUALIT INSPECTION SUM	
TYPE OF INSPECTION: ANNUAL Q COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT: TYPE OF FACILITY: Per Dry Cleans	1250 AIRS ID#: 0250872
FACILITY NAME: Normandy Clame	DATE: 4/19/00
FACILITY LOCATION: 960 Donaly D. M. Deach Fl	<i>r</i> .
RESPONSIBLE OFFICIAL: Lamare	PHONE NUMBER: 305 846 - 3144
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: House Keeping / Recordke	aping Spares Freetory
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/	proximate)
INSPECTION CONDUCTED BY: Tran Famin	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305 372-6922
Page	of Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

DECEIVED
OCI 2 8 1997

Facility Name and Location

		Air Qua	litv
1.	1	Management	- 1
	E.J.H. DRY CLEANERS		
	Site Name (For example, plant name or number):	_	,
	MORMANDY CLEANERS Hazardous Waste Generator Identification Number:		
3.			
	FDL 003233012		
4.	Facility Location: 960-4 NORMANDY DR. Street Address: City: County: County: Zip Code:		
	City: MIAMI GRACH. County: Debor DADE Zip Code:	33141	
5.	Facility Identification Number (DEP Use):		
, i	which the constraint $a25c$	18/760	1
	Responsible Official		
6.	Name and Title of Responsible Official:		
	DENTS LAMARRE OWNER		
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: City: County: Cou	Code:	
8.	Responsible Official Telephone Number:		
	Telephone: (3.5) 866-3144 Fax: () -		
	Facility Contact (If different from Responsible Official)		
9.	Name and Title of Facility Contact (For example, plant manager):	-	
			Ì
10.	Facility Contact Address:	-	
	Street Address:		
	City: County: Zip Code:		
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -		

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Bureau of Air Monitoring & Mobile Sources

0250872 p14 10) Should be maded.

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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
	l	Machine	Control		Machine	Control		Machine	Control
	l	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		01-SEP-BS	01-SEP-85		1				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•	•						_
(4) w/ ref. condenser			ļ						1
(5) w/ carbon adsorber								1	
(6) w/ no controls			,						
Dryer Unit			· ·					<u>-</u>	
(7) w/ ref. condenser	 	ļ	_					1	
(8) w/ carbon adsorber	 	1			_			 	
(9) w/ no controls	<u> </u>							1	
Reclaimer Unit					1				-L
(10) w/ ref. condenser-									
(11) w/carbon adsorber	 			 	-			+	
(12) w/ no controls		1			_	 	1		
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons 									
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".			•		initions foun	d in section ((3) of	Part II?	
Existing small a	rea so	ource [X	N	ew sr	nall area sou	rce [ر		
Existing large ar	ea so	urce []	N	ew la	irge area sou	rce [J		

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Effective: 6-25-96

4. What control technology is required on machines pursuant to (Indicate with an "X".)	section (5) of Part II of this notification form?			
Existing large area source Carbon adsorber [] Refrigerat	ed condenser []			
New small area source Refrigerated condenser []				
New large area source Refrigerated condenser []	· ·			
5. A facility which contains non-exempt emissions units shall reto Rule 62-213.300, F.A.C. Verify that all steam and hot water 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 Record	keeping Information			
Check all logs which are required to be kept on-site in accordan	ice with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases	$i \times 1$			
(b) Leak detection inspection and repair	\times			
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Instrument calibration	<u></u>			
(f) Start-up, shutdown, malfunction plan	\bowtie			

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

Surrender of Existing Air Permit(s)

	Surrender of Sassing 1 in 10 init(s)
Please indicat	e 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)
Ķ	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 faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
	(1/23/57

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0250872
TYPE OF FACILITY: 28 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2001110
FACILITY NAME:	12/1/2005 DATE: 5 19 98
FACILITY LOCATION: 160-4	elthring Dr.
	PHONE NUMBER: 266 - 3/44
RESPONSIBLE OFFICIAL: A PARA PARA	PHONE NUMBER: AGG 5/44
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· · · · · · · · · · · · · · · · · · ·
and the second s	
COMMENTS: Tackfy 18 in Compl	more .
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1/240 4	999Approximate)
INSPECTION CONDUCTED BY: 1/1/14 1/1	M. Harder and the second secon
((Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 2746926
Page	of . Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250872

E.J.H. DRY CLEANERS
DENIS LAMARRE
960-4 NORMANDY DRIVE
MIAMI BEACH FL 33141

スプ

Do NOT Remove Label

Annual Reporting Period:	19 TO	19
Annual Reporting Period:	air permit, my facility has remained in compliance w	ith DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during		.□NO
If NO, complete the following:		
#1. Term or condition of the general permit that has not	t been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not	t been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on inform. notification are true, accurate and complete. Further, my and does not exceed 2,100 gallons per year for dry-to dry facilitie	nnual consumption of perchloroethylene solvent, based uses or 1,800 gallons per year for transfer-or combination f	ipon purchase receipts,
RESPONSIBLE OFFICIAL: DENIS (A) Name (Please Property of the control of the contr		- 02/33/58 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		COMPLAINT/DISCOVERY	
	•		N: <u>// ()</u> TIME OUT:	1120
FACILITY NAME:	browning	Cles	nichs	
FACILITY LOCATION:	960-41	Morre	ANDY DR.	
	III DMI	Bene	4	
RESPONSIBLE OFFICIAL :	DENES LAN	TARRE	PHONE: 866-	3/44
CONTACT NAME:			PHONE:	
				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startu	p		ם
2. Facility failed to notify DAI	RM to use general perm	uit		. 🗆
			•	
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box)		<u> </u>	☐ No notification form ☐ Drop store/out of business/	/petroleum
Facility indicated on notificate (check appropriate box) A.	tion form that it is:	2. New small:	☐ Drop store/out of business	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallongers.	tion form that it is:	dry-to-dry only	☐ Drop store/out of business/ area source ☐ , x < 140 gal/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gallyst	tion form that it is:	lry-to-dry only ransfer only, x	☐ Drop store/out of business/ area source ☐ , x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal	tion form that it is:	fry-to-dry only ransfer only, x both types, $x <$	☐ Drop store/out of business/ area source ☐ , x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gally both types, x < 140 gallyr	tion form that it is: arce 2 blyr c t arce 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	dry-to-dry only ransfer only, x coth types, x < (constructed on dry-to-dry only transfer only, 2 coth types, 140	☐ Drop store/out of business/ area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91)	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce 2 l/yr c t t c c c c c c c c c c c	dry-to-dry only ransfer only, x coth types, x < (constructed on dry-to-dry only transfer only, 2 coth types, 140	☐ Drop store/out of business/ area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility of facility of the property of t	tion form that it is: arce 2 I/yr cy r t 2,100 gal/yr cy 2 gal/yr ty 2 gal/yr ty classification cy e appropriate classificat lity qualified for a gene	ransfer only, x coth types, x < (constructed on dry-to-dry only transfer only, 2 coth types, 140 (constructed on dry DY DN ion: ral permit as n	□ Drop store/out of business/ area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 < 12/9/91$ $x < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < $	/petroleum



Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DINA
2. Examining the containers for leakage?	DY DN CON/A
3. Closing and securing machine doors except during loading/unloading?	מם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DAY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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).	gerated condenser
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 mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (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?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	-□Y-□N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	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?	מם עם

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY C	אב	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		מכ	□n/a
	Is the temperature differential equal to or greater than 20° F?		ИС	□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?		אב	□N/A
	Is the perc concentration equal to or less than 100 ppm?		NC	□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?	ОУ (אכ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (JN	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?		אכ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		·	QA DN	
2.	Has the facility maintained a leak log?			DY DN	
3.	Does the responsible official check the f	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם עם	
	Door gaskets and seating	אום אם צים	Stills	MY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	אותם אם אום	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AVO NO YE	
	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 surfac	ces)	র্ত্র	
	Physical detection (airflow felt thr	rough gaskets)			
	Odor (noticeable perc odor)			ď ,	
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equ	ipment:	·□N/A	
	a. Capable of detecting p	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	d after each use	אם צם	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	NO YO	
	d. Kept in a clean and so	ecure area when not in	use?	OY ON	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON	
l					

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL S	ITE INFORMATION:		
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XÍRS 10#: 025 0872

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NORMAN	my Che	ANENS		DATE: 3-19-9	ĝ
facility location: <u>960 - 4</u>	Horn	anily	De.		
MANI	BERCH				
Annual Reporting Period:	5	_19 <u>97</u> TO	3-19	19_2	75
Based on each term or condition of the Title	V general air permit,	my facility has re	emained in complian	ce with DEP Rule	
62-213.300, Florida Administrative Code (F.	A.C.), during the per	riod covered by th	is statement. Y	es 🗆 no	
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in o	continuous compl	iance during the repo	orting period stated above	: :
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been in	continuous compl	iance during the repo	orting period stated above	e:
Exact period of non-compliance: from			RE(CEIVED	
Action(s) taken to achieve compliance:			A	MAY 1 9 1998	
Method used to demonstrate compliance:			Burea	au of Air Monitoring	
receive used to demonstrate compliance.			8	Mobile Sources	
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	ind complete. Furth	er, my annual con	sumption of perchlo	roethylene solvent, based	d

*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

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	🗹 COMPLAINTYDISCOVERY 🗆
RE-INSPECTION	ON LI
AIRS ID#: 0250872 DATE: 5/2	6/99 TIME IN: 1030 TIME OLD BE TO SENTE
FACILITY NAME: Normany	
FACILITY LOCATION: 960-4	No. mandy Dr. Sources Nontrorin
RESPONSIBLE OFFICIAL:	2 on are PHONE: 866 - 5149
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	oennit 🖸
PARTII- CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
Facility indicated on notification form that it is (check appropriate box)	: O No notification form O Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box)	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source	2. New small area source
Facility indicated on notification form that it is (check appropriate box)	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source Odry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source \Box dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	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
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)	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) $\square Y$ $\square N$ $\square X$ Can not determine
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class	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) $\square Y$ $\square N$ $\square X$ Can not determine
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	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) $\square Y \qquad \square N \qquad \square Can not determine$ diffication:
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N Can not determine iffication: general permit as number above

Revised 9/15/97

1 I a regard of the contract o	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
(cucer appropriate poxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN BNIA
2. Examining the containers for leakage?	DY DN ØN/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חואם אם עם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification I 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).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	s:
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?	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

PART HE GENERAL CONTROL REQUIREMENTS

13.	Has the responsible official of an existing large or new large area source also:	The second second		
١.	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?	ÜΥ	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	IJΥ	□n I	□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?	ΠY	מם	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	Ωи	□N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	DN/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
(1) Maintained receipts for perc purchased?	OY QN
2. Maintained rolling monthly total of perc consumption?	DY DAY
3. Maintained leak detection inspection and repair reports for the following:	~ 23-
a. documentation of leaks repaired w/in 24 hrs? or;	אואס אם אם
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. DNIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DW DWA
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	OY ON ONIA
Problem corrected?	OY ON OWN
8. Maintained compliance plan, if applicable?	מא מא מאע

!' /\ 	ART VI: LEAK DETECTION AND REPAIRS	-					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?		ON				
2.	Has the facility maintained a leak log?	ΟY	ON				
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves DY ON ON/A Muck cookers	OY (ANKE NC				
	Door gaskets and scating DY ON ON/A Stills		A/NO NC				
	Filter gaskets and scating DY ON ON/A Exhaust dampers		אואם אכ				
	Pumps DY ON ON/A Diverter valves	ØY J	DN DN/A				
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	Ø,	אואם אם				
	■ Water separators DY ON ON/A		•				
4. Which method of detection is used by the responsible official?							
Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)		/				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	0					
	Halogen leak detector	0 /					
	If using direct-reading instrumentation, is the equipment:	N/	۸				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΟY	NO				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ÜУ	UN				
	d. Kept in a clean and secure area when not in use?	ΟY	ON .				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΟY	ÜN .				
	· ·						
-							

LEO SMART
Inspector's Name (Please Print) S/26/99
Date of Inspection 1 Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:	
	ned FDE	P Ce lendar
do mr.	Lamore.	
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		: """"
		- 2 <i>in</i> -

, **t**

AIRS ID#: 0250 872

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Normany Cleanes DATE: 5/2499
FACILITY LOCATION: 960-4 Normandy Dr.
Annual Reporting Period: MAY 1998 TO MAY 1979
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
R.O. have not provided record/log of rolling monthly total her
Exact period of non-compliance: from way 83 to May 99
Action(s) taken to achieve compliance: Koon records Method used to demonstrate compliance: 1988 Caledor
Method used to demonstrate compliance: 1888 Calcular
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

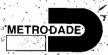
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10 2 TIME OUT:	11:00 AM AIRS ID#: 0250872
TYPE OF FACILITY: Perc &	va Cleaner
FACILITY NAME: Normand	Cleaners DATE: 5/26/99
	Dormandy Dr.
TACIBITI BOOKHOM.	75.
PEGDONGIDI E OFFICIAL	MASSE PHONE NUMBER: 266-3144
RESPONSIBLE OFFICIAL: Denis L	MARGE PHONE NUMBER: 566-3144
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida A	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED
<u>.</u> . a	
words have not gracided in	record log of rolling monthly total of perc consumption
RO. have not provided Par	200
receipt	c Ronards to provide Reciept.
•	
	
COMMENTS:	<u></u>
NON Complia	
•	
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector.
5/2	.4
DATE OF NEXT INSPECTION:	OOO (Approximate)
	(Approximate)
INSPECTION CONDUCTED BY:	(Place Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 2505372-692
	Page of Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	- JAI	inagement Di	vision		DATE: 4/19/00	
FACILITY NAME: Now	_			DATI	: 4/19/0e	
FACILITY LOCATION: 96	O Dorman	ly d			· · · · · ·	
M.	am Reach,	FL		-		
Annual Reporting Period:	April	19 <u>99</u>	то	April	Mich	
Based on each term or condition of the	Title V general air pern	nit, my facility l	nas remained in c	ompliance with I	EP Rule	
62-213.300, Florida Administrative Cod	ie (F.A.C.), during the	period covered	by this statement.	YES	□ио	
If NO, complete the following:		•				
#1. Term or condition of the general pe	ermit that has not been i	n continuous c	ompliance during	the reporting per	riod stated above:	
				/		
Exact period of non-compliance: from			to		·	
Action(s) taken to achieve compliance:				·	·	
Method used to demonstrate compliance	2.					
#2. Term or condition of the general po	ermit that has not been i	in continuous co	ompliance during	the reporting per	iod stated above:	
Exact period of non-compliance: from			_ to	<u>.</u>		
Action(s) taken to achieve compliance:					· .	
Method used to demonstrate compliance		<u> </u>	 			
			<u> </u>			
As the responsible official, I hereby cer made in this notification are true, accuupon rolling averages of purchase rece year for transfer or combination facility.	rate and complete. Fur ipts, does not exceed 2,	ther, my annua	l consumption of	perch loroethylen	e solvent, based	
RESPONSIBLE OFFICIAL:	Name (Please Print)	72400	Signati	ıre	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.





NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

	그런 중인 조기 하십시간 이 사용 기술
TO: Conin Lama ve	
ADDRESS: 960 Normandy A	
SOURCE/LOCATION: Womandy Clas	
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with	Non-compliance with CFC regulations
Stage II Vapor Recovery	OTHER
Specifically: The owner or operator	of a facility must submit payment of
proceeding wear which the tacility we	in operation Tills V houseal Air Pormit
In view of the above, and pursuant to the authority Metropolitan Dade County Environmental Protection Ord	
Immediately upon receipt of this NOTIO Cease and Desist the above-reference	CE, initiate corrective measures to eliminate and/or diviolation(s).
you have taken to ensure that no fur	TICE, submit to this office in writing the steps which ther violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this No 372-6925 to discuss air permit requiren	OTICE, contact the Air Section of this Department at nents.
☐ Within days of receipt of this Northern Departmental permitting in	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 a	
For further information regarding the above, please cont	act the Air Section of this office at 372-6925.
	Sincerely,
1 LANGEL-	John W. Renfrow, P.E.
	Director
Received by	By: Iran tannin
Title:	Signature:
Date: 4/15/00	Section: Dr Facilities

WING ET 73141 200 NOWWARD DUM FILL DUM CLASTICUS





General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

303649 FEB 25 9

Do NOT Remove Label

AIRS ID 0250872

E.J.H. DRY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0357521

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 # 0250872

NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141 MAIL ROOM
JAN 19 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION

& ATTACHED TO REMITTANCE FOR PROPER HANDLING

395732

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0250872

NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141 AIL ROOF

FOR GOVERNMENT USE @DLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	Z, 21,0 L US Postal Service Receipt for Cert		
_		AIDS ID # 00500	~~
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	Postage	\$]
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	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].
88	TOTAL Postage & Fees	\$	1
PS Form 3800	Postmark or Date		

SENDER: Complete items 1 and/or and 4b. Print your name and address on the reverse of this form so card to you.	exita 100).	n n
 Attach this form to the front of the mailpiece, or on the back permit. Write "Return Receipt Requested" on the mailpiece below th The Return Receipt will show to whom the article was delived delivered. 	e article number. 2. Restricted Deliv	ery \$
AIRS ID # 0250872 NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	☐ Express Mail ☐ In☐ Return Receipt for Merchandise ☐ C 7. Date of Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ertified sured on o
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Ala. + Elll Ou dia 2. Company of the com	8. Addressee's Address (Only if reque and fee is paid)	Thank You

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UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUTERLY OF AT NOT

 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 Deliver C. Signature Addresse D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0250872 NORMANDY CLEANERS DENIS LAMARRE	
960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	3. Service Type Certified Mail Registered Insured Mail C.O.D.
221066/ 174	4. Restricted Delivery? (Extra Fee) ☐ Yes

.

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
TATION 5510
THE ROAD
THE ROAD DARMMOBILE SOURCE CONTROL PROBRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

BLAIR STONE ROAD

CEE, FLORIDA 32399-2400

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Best Available Copy

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m	Return Receipt Fee (Endorsement Required)	Rostmark Hergy	
007	Restricted Delivery Fee (Endorsement Required)	100	
2	Total Postage 10	AIRS ID # 0250872001AG	
		S LAMARRE	
í	NORMANDY CLEANERS Street, Apt. No.; 960-4 NORMANDY DRIVE		
7000		II BEACH FL	
	PS Form 3800; May 2000	See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE	ETE THIS SECTION ON DELIVERY
mplete items 1, 2, and 3. Also complete flem 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery
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
Article Addressed to:	D. Is defivery address different from item 1? If YES, enter delivery address below: No No
O AIRS ID # 0250872001AC DENIS LAMARRE DRMANDY CLEANERS	
-4 NORMANDY DRIVE	3. Service Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
ambur 100 1670 1670	4. Restricted Delivery? (Extra Fee) □ Yes □ 013 3095 3799
Domestic Retu	rn Receipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE

PM

Postaça & Fees Paid
USPS

Permit No. G-10

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

DAPMMOBILE SOURCE CONTROL PROGRAME VED

DEPT. OF ENVIRONMENTAL PRORECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 AUG 0 8 °C

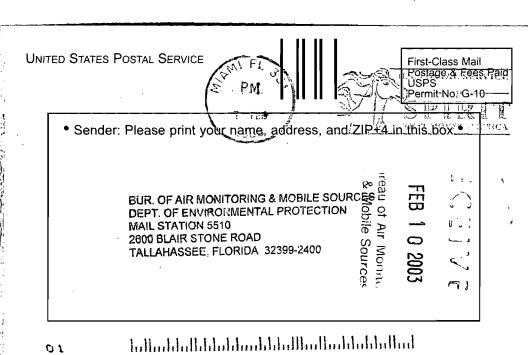
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Street, Apt. MIAMI I 33141	BEACH FL	
PS Form 3800, May 20	000	See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY
A: Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
4. Restricted Delivery? (Extra Fee)
Irn Receipt 102595-01-M-1424



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{	e over top of envelope to	Fold at lin	(0.7)
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed	3. Article Addressed to: AIRS ID # 0250872 NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	4b. Service Registere	Type Certified Mail Insured Cept for Merchandise COD
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee Agent)	8. Addressee and fee is	e's Address (Only if requested
-	PS Form 3811 , December 1994		Domestic Return Receipt

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	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID 0250872 E.J.H. DRY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	4a. Article N 2 3 3 4b. Service Registere Express I Retum Rec 7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD cellivery	you for using Return
IS Your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 December 1994		e's Address (Only if requested	Thank

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7001 0350	Sent NORMANDY DENIS LAM. Stree 960-4 NORMA or PC MIAMI BEAC	ARRE ANDY DRIVE	
<u> </u>	PS Fo	and the second of the second o	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 # 0250872 NORMANDY CLEANERS DENIS LAMARRE	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D.ds. delivery address different from item 1? Yes If YES, enter delivery address below:
960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	0320 0001 2472 4676
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595:99-M-1789

Best Available Copy

Receipt for	Certified Mail
ORMANDY CLE. ENIS LAMARRE 10-4 NORMANDY IAMI BEACH FL	DRIVE ZN
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	в
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Return Receipt Showing to Date, & Addressee's Addres	Whom,
	s \$
TOTAL Postage & Fee	7

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. AIRS ID # 0250872 NORMANDY CLEANERS DENIS LAMARRE	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
2210663141	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

Best Available Copy

	MAIL REC	EIPT Coverage Provided)
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
Recipien DENIS LA	DY CLEANERS MARRE MANDY DRIVE ACH FL 33141	RS ID # 0250872

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 # 0250872 NORMANDY CLEANERS DENIS LAMARRE	A. Received by (Please Print Clearly) B. Date of Delivery Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
960-4 NORMANDY DRIVE	3. Service Type
MIAMI BEACH FL 33141	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4/2	7 4317
PS Form 3811, July 1999 Domestic Ref	urn Receipt 102595-99-M-1789

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Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0250872 3 NORMANDY CLEANERS DENIS LAMARRE -960-4 NORMANDY DRIVE	
MIAMI BEACH FL 33141	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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520	Recii DENIS LAN	Y CLEANERS MARRE	230872	niler)
	960-4 NORN Street MIAMI BEA 33141	MANDY DRIVE ACH FL		
7000	City, 5 PS Form 3800, Febru	ary 2000	See Rever	se 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 mailpleed or on the front if space permits. Article Addressed to: 	C. Signature
AIKS ID # 0250872 NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141	3. Service Type Certified Mail
2. Article Number (Copy from service label) 373	
755 0044	estic Return Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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20	Total Pos'		D# 0250872	
9.60	Sent To NORMA	NDY CLEANER	RS	
	DENIS LAMARRE Street, Apt., 960-4 NORMANDY DRIVE or PO Box \(\) MIAMI BEACH FL City, State, 2 22141			
007				
~	33141	_		
<u> </u>	PS Form 3800, January 20	JUIN TO THE STATE OF THE STATE	See Re	everse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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