

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

November 20, 1997

Mr. Orlando Rodriguez 60 Minutes 7750 Northwest 178 Street Miami, Florida 33015

Re: Facility No.: 0250885

Dear Mr. Rodriquez:

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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ORLANDO ROBRIGUEZ
2.	Site Name (For example, plant name or number):
	60 MINUTES
3.	Hazardous Waste Generator Identification Number:
	F L D 984171694 Facility Location:
4.	Facility Location:
	Street Address: 7750 NW 178 ST
	City: MIAMI County: DADE Zip Code: 33 015
5.	Facility Identification Number (DEP Use):
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	ORLANDO RODRIGUEZ, OWNER
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (305)557-6351 Fax: () - NONE
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVED

NOV

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased -	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		15-DEC-196	15-DEC-96			_			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•	•		'	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•	•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	w	*.**			•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are raquant	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)) ew sn	initions foun nall area sou rge area sour	rce [X		Part II?	

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

4. What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of P	art II of this notification form?
	<u> </u>	Refrigerated condenser	
New small area source Refrigerated condenser	ι <u>Χ</u> ι		
New large area source Refrigerated condenser			17 · ·
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify			
exemption criteria or that no such u	nits exist on-site:		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by ne	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
	,		
Equipme	ent Monitoring a	and Recordkeeping Inform	nation
Check all logs which are required to	o be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	urchases		ιX
(b) Leak detection inspection and re	epair		(X)
(c) Refrigerated condenser temperate	ture monitoring		(X)
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		(X)

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

Surrender of Existing Air Permit(s)

Please indicate	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)
لكا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Ecation. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.
Signature	lush Mah. 9-23-97 Date

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

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250885

ORLANDO RODRIGUEZ ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015

Obile Sources Ting	Do NOT	Remove Label		
Annual Reporting Period:	·	.19 TO	· ·	19
Based on each term or condition of the Title	V general air permit, my	facility has remaine	d in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F	F.A.C.), during the period	covered by this state	ment. YES	\square NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in cont	inuous compliance d	uring the reporting pe	eriod stated above:
· · · · · · · · · · · · · · · · · · ·			•	
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		wreau &	Ш	
Method used to demonstrate compliance:		n of ≥	()	
#2. Term or condition of the general permit	that has not been in cont	inuous compliances	uring the reporting pe	eriod stated above:
Exact period of non-compliance: from	-	to	9	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	·			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consum	ption of perchloroethy	lene solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL: MAYRA Name	RSDR160E2 ne (Please Print)	- X Mayra Si	Podrejas gnature (3/28/98 Date

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

ACP Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GO MINUTES				DAT	E: 9-28-98
FACILITY LOCATION:7750 A	IW 178 ST.				
	33015				
Annual Reporting Period:	9/97	19	то	9/98	19
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code					DEP Rulc
If NO, complete the following:					
#1. Term or condition of the general per	mit that has not been	in continuou:	s compliance du	ring the reporting p	eriod 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 pe	rmit that has not been	in continuou	ıs compliance du	ring the reporting	period-stated above:
Exact period of non-compliance: from		,	to	RECE	IVED
Action(s) taken to achieve compliance:				net 2	7 1998
Method used to demonstrate compliance	2:				
				Bureau of A	Air Monitoring le Sources
As the responsible official, I hereby cer made in this notification are true, accur upon rolling averages of purchase rece year for transfer or combination facility	rate and complete. Fu ipts, does not exceed 2	irther, my an	nual consumptio	on of perchloroethy	lene solvent, based
RESPONSIBLE OFFICIAL: DAL	ANDO ROOR Name (Please Print)	IGUEL	[Islo-	of he ignature	9-28.98 Date

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

PERCHLOROETHYLENE DRY CLEANERS ECEIVED

AIRS 1D#: 250885			2	ureau of Air Monitorir & Mobile Sources
	DATE: 9-28-98	TIME IN	1: /030 TIM	E OUT: 1100
facility name: <i>U</i>				
FACILITY LOCATION: 7		-		
	muam1 33015			
		016.62	7-5	
RESPONSIBLE OFFICIAL	.: ORLANDO ROD	RIGUE Z	PHONE: _ <i>3053</i>	51-6001
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAR	LM 30 days prior to start	up		
2. Facility failed to notify DA	ARM to use general peri	nit		
PART II: CLASSIFICATION	ON			
	ON			
Facility indicated on notific			☐ No notification f	
Facility indicated on notific (check appropriate box)				orm f business/petroleum
Facility indicated on notific	ation form that it is:	2. New small a	☐ Drop store/out o	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource gal/yr	. dry-to-dry only	☐ Drop store/out o area source ,x < 140 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gab	ation form that it is: ource gal/yr /yr	. dry-to-dry only transfer only, x	☐ Drop store/out o area source , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource gal/yr /yr	. dry-to-dry only transfer only, x both types, x <	☐ Drop store/out o area source , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gab both types, x < 140 gal/yr	ation form that it is: ource gal/yr /yr 91)	. dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of the asource .x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
Facility indicated on notific (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 5	ation form that it is: ource gal/yr /yr 91) ource <a hre<="" td=""><td>dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only</td><td>☐ Drop store/out of the area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) trea source 1, 140 ≤ x ≤ 2,100 gal/</td><td>f business/petroleum</td>	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only	☐ Drop store/out of the area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) trea source 1, 140 ≤ x ≤ 2,100 gal/	f business/petroleum
Facility indicated on notific (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 5 transfer only, 200 ≤ x ≤ 1	ation form that it is: ource gal/yr /yr 91) ource 2.100 gal/yr ,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only transfer only, 2	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	f business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gab both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of the answer of the source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ for after $x < 12/9/91$ or after $x < 12/9/91$ or $x < 140 \le x \le 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	f business/petroleum
Facility indicated on notific (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 5 transfer only, 200 ≤ x ≤ 1	ation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	f business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gab both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of the answer of the source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ for after $x < 12/9/91$ or after $x < 12/9/91$ or $x < 140 \le x \le 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	f business/petroleum
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Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gab both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80 (constructed before 12/9/9) 5. This is a correct facility. If no, please check	ation form that it is: ource gal/yr /yr 91) ource < 2,100 gal/yr ,800 gal/yr 00 gal/yr 91) y classification	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large adry-to-dry only transfer only, 2 both types, 140 (constructed or Y	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ for after $12/9/91$) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ for after $12/9/91$) $x < 1,800 \text{ gal/yr}$ for after $12/9/91$)	f business/petroleum

1 of 5

Revised 9/15/97

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

B.	Has the responsible official of an existing large or new large area source also:		
l.	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 ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Ү □№	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□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?	□Y □N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מם עם	□N/A
-			
P.	ART V: RECORDKEEPING REQUIREMENTS		
Н	as the responsible official:		

(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DH WHA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ENIA and parts installed w/in 5 days of receipt? DY DN WNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY DN 6. Maintained startup/shutdown/malfunction plan? DY DN CN/A 7. Maintained deviation reports? DY DN QN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DNIA

2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y ON ON/A Stills Filter gaskets and seating Y ON ON/A Exhaust dampers Pumps Y ON ON/A Diverter valves	
2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y ON ON/A Filter gaskets and seating Y ON ON/A Filter gaskets and seating Y ON ON/A Pumps Y ON ON/A Stills Y ON Pumps Y ON ON/A Diverter valves Y ON N/A Solvent tanks and containers Y ON ON/A Cartridge filter housings Y ON Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	N □N/A
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y ON ON/A Stills Filter gaskets and seating Y ON ON/A Exhaust dampers Y ON Pumps Y ON ON/A Diverter valves Y ON Water separators Y ON ON/A Cartridge filter housings Y 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)	ON/A
Hose connections, fittings, couplings, and valves Door gaskets and seating Door gaskets and se	
couplings, and valves Door gaskets and seating Door gaskets and seat	
Filter gaskets and seating Pumps Pumps Solvent tanks and containers Pumps Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	
Pumps Solvent tanks and containers Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	□N/A
Solvent tanks and containers Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	□N/A
Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	□N/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)	□N/A
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets)	
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
Halogen leak detector	
If using direct-reading instrumentation, is the equipment:	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY UN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	
c. Inspected for leaks and obvious signs of wear on a weekly basis?	
d. Kept in a clean and secure area when not in use?	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	

M- ENRIQUE FLORES	9-28-98
Inspector's Name (Please Print)	Date of Inspection
MEurque Horor	9/99
hspector's Signature	Approximate Date of Next Inspection

	POLLUTION RODRIGUE	PREVENTION	FOR DRY	CLEANERS	BOOK LET	WAS	SIVEN
,,,,,,							
	•						

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COM	PLAINTYDISCOVERY RE-INSPECTION
TIME IN: 1090 TIME OUT: 1100	AIRS 10#: 250885
YPE OF FACILITY: PEAC ANY CHANGE	
YPE OF FACILITY: PEAC N. Y CHALLEL ACILITY NAME: LE IMALITES ACILITY LOCATION: 7770 MILL OF ST	1 / DATE: 9-28-98
ACILITY LOCATION: 77ED AUD 179 57	,
$m_{l}m_{l}$ 320/C	
ACILITY LOCATION: 7750 NW 178 ST. 4 MIAMI, 33015 ESPONSIBLE OFFICIAL: DRIANDO RODRIGUE ?	PHONE NUMBER: 305.557-6351
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ated during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: LOUIPINENT IN SATISFACTORY F	TONSEKLEPING ORDER.
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
)ATE OF NEXT INSPECTION:	3/99
· ·	Approximate)
NSPECTION CONDUCTED BY: /// EAL	Please Print)
NSPECTOR'S SIGNATURE: Manique //	PHONE NUMBER: 30, 177.6975
Page	of Revised 10

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

JUN 2 5 1999 Bureau of Air Monitoring & Mobile Sources

Revised 9/15/97

TYPE OF INSPECTION:

ANNUAL.

Ü

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0250885 DATE: 5/28	199 TIME IN: 1107 AM TIME OUT: 1140m
FACILITY NAME: 60 M	1 rule
FACILITY LOCATION: 7750	NW 148 St
RESPONSIBLE OFFICIAL: Orlando Ro	driques PHONE: 305-5576351
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 O
PART II: CLASSIFICATION	
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	O No notification form O 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 before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	ØY □N □Can not determine
, ,	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perc) perchloroethylene (perc) perchloroethyle	ourchased within the preceding 12 months by this dry cleaning.

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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 scaled and impervious containers?	DY ON ONIA				
2. Examining the containers for leakage?	DY DN ØN/A				
3. Closing and securing machine doors except during loading/unloading?	DY ØN .				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MUD NO VS				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DA ON ON/V				
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 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)

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. 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

DN CINIA

MY ON ONIA

===::				
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?	ÜY	DN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	Ωи	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	□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	Ωи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	ΠY	ΩN	□N/A
1	or expansion; and downstream from no other inlet?	UY	UN	UMV
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	OΝ	□N/∧
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	. DN	ON/A

The second process of the second secon

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	- eu-
a. documentation of leaks repaired w/in 24 hrs? or;	אואכן אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON WINA
4. Maintained calibration data? (for applicable direct reading instruments)	" OA ON DWA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNIA
6. Maintained startup/shutdown/malfunction plan?	MO NO
7. Maintained deviation reports?	DY ON DINA
Problem corrected?	מואש אם צם
8. Maintained compliance plan, if applicable?	אואנט אנו צנו

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1'/	ART VI: LEAK DETECTION AND R					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				BY ON	
2.	Has the facility maintained a leak log?				OY ØN	
3.	Does the responsible official check the	following areas	for leaks?			
	Hose connections, fittings, couplings, and valves	BY ON O	N/A	Muck cookers	ם אם אם אם אם	
	Door gaskets and seating	EY ON O	N/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON O	N/A	Exhaust dampers	ON ON ON/A	
	Pumps	ØY ON O	N/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	ם אם יאם	A/AI	Cartridge filter housings	TOY ON ON/A	
	Water separators	MY ON O	IN/A		·	
4.	Which method of detection is used by	he responsible	official?			
	Visual examination (condensed s	olvent on exter	ior surfaces)			
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading inst	rumentation, is	s the equipm	ent:	DN/A	
	a. Capable of detecting	perc vapor cor	ncentrations in	a range of 0-500 ppm?	DY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?				טא טא	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
-	·					
	LEO SHIP			T/20 1	00	

Λ	AMOITIGG	٠,	LSITE	INFORMA	ATION:

Issued FDEE Colendor

5 of 5

AIRS ID#: 0250885

Revised 10/10/96

JUN 2 5 1999 DRY CLEANER AIR QUALITY GEI ANNUAL COMPENANCE CENTIFIC & Mobile Sources

FACILITY NAME: 60 Minute		Air Quality DAT	E: <u>5/23/99</u>
FACILITY LOCATION: 7750 W.	~ 178 M	anagement Divisio	on .
		· ·	_
Annual Reporting Period:	19 <u>98</u> TO	May	19 7
Based on each term or condition of the Title V general air pe 62-213.300, Florida Administrative Code (F.A.C.), during the	•	. —	DEP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been conditioned to the general permit that the general permit the general permit that the general permit the general permit the general perm	· -		
Exact period of non-compliance: from Mo	7 8 3 to	May	99
Action(s) taken to achieve compliance: The ac	t of clos	ginp door	·
Method used to demonstrate compliance:		<u> </u>	·
#2. Term or condition of the general permit that has not bee	-		
Exact period of non-compliance: from			9
Action(s) taken to achieve compliance: Keep V	_		
Method used to demonstrate compliance: FDE?	\sim $^{\circ}$		
·	· · · · · · · · · · · · · · · · · · ·		-
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Fupon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	urther, my annual consump	otion of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL: ORLANDO AOARIGU Name (Please Print)		Signature	6-3-79 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.

E V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL Z COMPLAINT/DISCOVERY RE-INSPECTION TYPE OF INS Air Quality AIRS ID#:_ 0250885 TIME OUT: TYPE OF FACILITY MENT PEVISION **FACILITY NAME:** 573 FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION:

INSPECTION CONDUCTED BY:

(Approximate)

(Approximate)

(Please Print)

INSPECTOR'S SIGNATURE:

PHONE NUMBER: (305) 372-6922

, ,

Revised 10/96-

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION.	ON C
•	Muute 215 TIME OUT: 3155
facility name: <u>60</u>	Moute 000 D
FACILITY LOCATION: 7750	
	(FL 88 80 21
RESPONSIBLE OFFICIAL: Orlando	Lodr, guez PHONE: 305-857-6351
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	· · ·
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. ivew small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$
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 dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☑Y ☐N ☐Can not determine
☐ facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit
facility was 60 gallons.	rchased within the preceding 12 months by this dry cleaning

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

<u></u>				
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□Ν	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	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?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□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?	ΩY	ΩN	□N/A

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

PART VI: LEAK DETECTION AND I	PROLIDC			
				-
Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a		
inspection?			₫Ý	ПΝ
2. Has the facility maintained a leak log?			ΩY	ØN
3. Does the responsible official check the	following areas for leaks	?		•
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers		IN ØN/A
Door gaskets and seating	DY ON ON/A	Stills	OY C	N □N/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers		IN □N/A
Pumps	DY ON ON/A	Diverter valves		N □N/A
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	Ø₹ 0	IN □N/A
Water separators	MY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	Q			
Physical detection (airflow felt the	P			
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
		in a range of 0-500 ppm?	OY O	IN
	andard gas prior to and at			
(PID/FID only)?				IN .
c. Inspected for leaks and obvious signs of wear on a weekly basis?			ΟÝΟ	IN
d. Kept in a clean and secure area when not in use?'			ΟÝΟ	N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			QY Q	N
-				

Ivan famm	3/6/00
Inspector's Name (Please Print)	Date of Inspection
Ivan Can'	3/01
Inspector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3'/5 TIME OUT: 3:	75AIRS ID#:
TYPE OF FACILITY: Perc Dry Cla	·
FACILITY NAME: 60 Minute	DATE: 3/2 (US)
	178 14.
Miam, FL	
RESPONSIBLE OFFICIAL: Orlando Rendr. quez	PHONE NUMBER: 305-557-6351
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining last log,	Mantain records in FDEP
Not maintaining last log, temp log, or rolling log	calmen provided
COMMENTS: (Swe) Housekey	ning
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/01	proximate)
INSPECTION CONDUCTED BY: Ivan	ease Print)
INSPECTOR'S SIGNATURE:	— PHONE NUMBER: 305- 372-6920
Page	of Revised 10/96

AIRS ID#: 0257) 885

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>			期间的 [1] 19 [1] [1] [1]	h
FACILITY NAME:	60 Moute	,	No SAE	3/6/00
FACILITY LOCATION:	7750 NW	178 36.	MAR 0 9 2000	•
	Miami, FL		Air Quality	_
	/V(lame C	IV.	lanagement Division	
Annual Reporting Period:	Morch	19 <u>99</u> to _	Morch	Base
Based on each term or condition 62-213.300, Florida Administrat		•	. —	DEP Rule
If NO, complete the following:				
#1. Term or condition of the gen	•			
Exact period of non-compliance:	from Manel	99	to March	<i>0</i> e)
Action(s) taken to achieve compl	iance: Manta	in records		
Method used to demonstrate com		. 4	I	
#2. Term or condition of the ger	neral permit that has not been in	continuous complian	ce during the reporting per	nod stated above:
Alat maitan	in selling los	1 0000	and and	
Most montain Exact period of non-compliance:	from March	99 to_	March O	<u> </u>
Action(s) taken to achieve compl	1	_		·
Method used to demonstrate com	pliance: FDEP	calandar		
As the responsible official, I here made in this notification are true upon rolling averages of purchase year for transfer or combination RESPONSIBLE OFFICIAL:	s, accurate and complete. Furth se receipts, does not exceed 2,10 facilities.	ner, my annual consum 00 gallons per year fo	nption of perchloroethylen	e 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.

TO THE RIGHT OF RETURN ADDRESS	
S 3380dW Name of Standard Stan	A. Received by (Please Print Clearly) CARROLL AT 1/2 9 C. Signature X
60 MINUTES 7750 NW 178TH STREET MIAMI FL 33015	3. Service Type Certified Mail
2. Article Number (Transfer from service label) 1000 16700	013 3108 4523
PS Form 3811, March 2001 Domestic Reti	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provide	d)
7523	OFFICIAL USE	
0013 3108	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
2000 1670	Total P 10 AIRS ID # 0250885001AG Sent To ORLANDO RODRIGUEZ 60 MINUTES Street, A 7750 NW 178TH STREET City, Stat MIAMI FL 33015	

in the reverse side?	Ol adojanuo: jo doj li SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4arand 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 can return this e does not e number.	Talso wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
your RETURN ADDRESS completed o	3. Article Addressed to: AIRS ID # 0250885 60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	amber 3 660 576 Type ad Certified Mail Insured peipt for Merchandise COD alivery as Address (Only if requested
<u> 8</u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

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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 card to you. ■Attach this form to the front of the mailpiece, or on the back if sp permit. ■Write "Return Receipt Requested" on the mailpiece below the an alter the Return Receipt will show to whom the article was delivered delivered.	pace does not ticle number.	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.
N ADDRESS completed o	3. Article Addressed to: AIRS ID 0250885 ORLANDO RODRIGUEZ ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015	4a Article N 4b. Service Registere Express Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery 1-/4-98
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee of Agent)	8. Addressed and fee is	e's Address (Only if requested

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No Insu	ipt f	vice for Co Coverage	ge Prov	/ided	Mai Rŝ id		88 <i>5</i>
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MIAM	IFL3	3015				-	
			- -				
Certified	Fee						
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rse 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.	e can return this	OALIG 100).
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. ☐ Addressee's Address 2. ☐ Restricted Delivery
Ę	 Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an 		2. ☐ Restricted Delivery
5	delivered.		Consult postmaster for fee.
B	3. Article Addressed to:	4a. Article N	umber 🙇
complet	AIRS ID# 0250885 60 MINUTES ORLANDO RODRIGUEZ	4b. Service	
DRESS	7750 NW 178TH STREET MIAMI FL 33015		ceipt for Merchandise COD
RN AD	The second secon	7. Date of De	
RETUI	5. Received By: (Print Name)	8. Addressee and fee is	Address (Only if requested paid)
s your	6. Signatures (Addressee or Agent)		· ·
_	PS Form 3811, December 1994	2595-97-B-0179	Domestic Return Receipt

. .

-	Z 333 b	12 906	
Ì	JS Postal Service Receipt for Cert No Insurance Coverage P	Provided.	
		AIRS ID# 0250885	
OR 77	MINUTES LANDO RODRIGUEZ 50 NW 178TH STREET AMI FL 33015		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date		
800	TOTAL Postage & Fees \$		
දි	Postmark or Date		
For			
S	2		



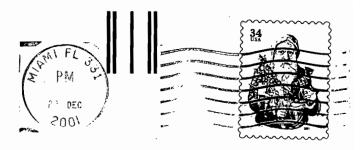




TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315+30 32315+3070 Julladdalladdalldadalldadalladdalladdal i i

El Señor es mi pastor Mayra Rodriguez 372 W 64th Terr. Hialeah, FL 33012



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

32315+3070 99

North Historia Dry Cleaners 6500 West 4 Ave. #46 Historia 33012





TITLE V. AIR GENERAL PERMITS

RECEIPTS

P.O.BOX 3070

TALLA HASSEE, FLA. 32315-3070

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0360931

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 # 0250885 60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

412259 DEC26 2081

Do NOT Remove Label

AIRS ID # 0250885

60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250885

60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET **MIAMI FL 33015**

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0313383

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

TOTAL AMOUNT DUE \$2 \$50.00

Do NOT Remove Label

AIRS ID# 0250885

60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET MIAMI FL 33015 ureau of Air Monitoring & Mobile Sources

- ROOM 17 98

FOR GOVERNMENT USE ONLY Org.: \$7550101000 EO: B1 Fund: 20-2-035001 Obl. 302273



(cut here)

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 PROPERTY OF THE PROPE

Do NOT Remove Label

60 MINUTES ORLANDO RODRIGUEZ 7750 NW 178TH STREET **MIAMI FL 33015**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273