

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. Hermen Herrera Doughsand Dry Cleaner 8243 Southwest 40 Street Miami, Florida 33155

Facility No.: 0250894

Dear Mr. Herrera:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Air Quality

Management Division

Hermes Herrera 2. Site Name (For example, plant name or number): Dengh Sand Establishment Dengh Sand Dengh Street Address: FLD 98210 290 7 4. Facility Location: Street Address: 8243 sew 40 Stable City: Mianu County: Dade Zip Code: 33155 55. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Hermen Herrera) Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number: Telephone: (396) 203-6110 Fax: ()
Doughsand Dy Cleaner 3. Hazardous Waste Generator Identification Number: FLD 982102907 4. Facility Location: Street Address: 8243 sw 40 st- City: Miamu County: Dade Zip Code: 33155 55. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Hermen Hermen , Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
3. Hazardous Waste Generator Identification Number: FUD 98210 2907 4. Facility Location: Street Address: 8243 Sew 40 St-City: Miamu County: Dade Zip Code: 33155 55: Facility Identification: Number (DEP:Use): Responsible Official 6. Name and Title of Responsible Official: Herman Herrera, Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
FLD 98210 2907 4. Facility Location: Street Address: 8243 SW 4D SH City: Miamu County: Dade Zip Code: 33155 55: SFacility Identification Number (DEP-Use): Responsible Official 6. Name and Title of Responsible Official: Hermen Herrera, Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
4. Facility Location: Street Address: 8243 SW 4D SH City: Mianu County: Dade Zip Code: 33155 55: Facility Identification: Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Herman Herrary Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
Street Address: 8243 SW 45 SH City: Miami County: Dade Zip Code: 33155 55: Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Herman Herrara , Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
City: Mianu County: Dade Zip Code: 33155 59: Facility Identification Number (DEP: Use): 225004 Responsible Official 6. Name and Title of Responsible Official: Herman Herrary , Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
Responsible Official 6. Name and Title of Responsible Official: Herman Herran, Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
Responsible Official 6. Name and Title of Responsible Official: Herman Herrar , Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
Responsible Official 6. Name and Title of Responsible Official: Hermen Herrera, Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
Responsible Official 6. Name and Title of Responsible Official: Herman Herrera , Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number:
6. Name and Title of Responsible Official: Herman Herrera, Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
Hermen Herrera, Dwner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: $(306)223-6110$ Fax: $()$
Feeling Co. And MC MC and A Comp Property 11. OCT 11.
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:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
<u> </u>

RECEIVED

NOV 5 1997

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

Bureau of Air Monitoring & Mobile Sources

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.

Type of Machine Example Dry-to-Dry Unit (1) w/ ref. condenser (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	#/		Control Device Installed 12-NOV-93 21-APR-93	#2	Machine Initially Purchased 08-DEC-91	Control Device Installed	1D #3	Machine Initially Purchased 02-MAR-92	Control Device Installed
Example Dry-to-Dry Unit (1) w/ ref. condenser (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		Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased	,		Purchased	Installed
Example Dry-to-Dry Unit (1) w/ ref. condenser (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		03-OCT-93	12-NOV-93	#2		Installed			
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser	#1				08-DEC-91		#3	02-MAR-92	02-MAR-92
(1) w/ ref. condenser (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		21 -APR:-93	21-APR-93						
(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		21 -APR:-93	21-APR-93						
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser									
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser						-1	•		
(6) w/ no controls Dryer Unit (7) w/ ref. condenser						_			
Dryer Unit (7) w/ ref. condenser					_				
(7) w/ ref. condenser									
		•			•				_
(8) w/ carbon adsorber									
(9) w/ no controls		_			1	-			
Reclaimer Unit		•	<u> </u>	1		<u>-L</u>			<u> </u>
(10) w/ ref. condenser						· ·			
(11) w/carbon adsorber						_			
(12) w/ no controls		-			_		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? [
3. What is the facility's so (Indicate with an "X". Existing small an Existing large are	Selec ea so	t one classif	ication only.) ew sr	initions foun nall area sou	rce [X	(3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	ired on machines	oursuant to section (5) of Pa	art II of this notification form?				
Existing large area source Carbon adsorber		Refrigerated condenser					
New small area source Refrigerated condenser	\succeq		•				
New large area source Refrigerated condenser			•				
	(
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such that the s	that all steam and	I hot water generating units					
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil co	d exclusively by n	atural gas except for period	ds of natural gas curtailment				
All steam and hot water generating units exempt No such units on-site							
ъ .		15 H : 7.6					
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation				
Check all logs which are required	to be kept on-site	in accordance with the requ					
(a) Purchase receipts and solvent p	urchases		ιX				
(b) Leak detection inspection and r	repair		\bowtie				
(c) Refrigerated condenser temperated	ature monitoring		ίχη ιχη				
(d) Carbon adsorber exhaust perc	concentration mor	itoring					
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction	on plan		لكا				

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

Surrender of Existing Air Permit(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)							
K	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will pro	I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	men Herrera 10/24/97 Date							

DEP Form No. 62-213.900(2) Effective: 6-25-96 ARS ID#: 0250894

Dia

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

EACHTTY NAME: DOG	ahsand Du	Clausan	DATE	09/29/08
PACIELLI NAME.	Avistoria -	1 Ob	DATE	112/19
FACILITY NAME: Doce FACILITY LOCATION: 89	43 S.W. 40T	h St., Mia	mi FC 331	55
		•		
Annual Reporting Period:	09/28	19 97 то	9/28	19 9 8
Based on each term or condition of 62-213.300, Florida Administrative	•			PEP Rulc
If NO, complete the following:				
#1. Term or condition of the gene	eral permit that has not been in	n continuous complianc	e during the reporting per	iod stated above:
Exact period of non-compliance:	from O9 (28/97	0 09/28	(98,
Action(s) taken to achieve compli	ance: Begin Keep	in records	of perc. pure	chases on pre
Method used to demonstrate comp	pliance: also record	the, leaded	of perc. pure election, in spec y deviations.	tion and of
#2. Term or condition of the gen	eral permit that has not been i	in continuous complian	ce during the reporting pe	riod-stated above:
Exact period of non-compliance:	from	to)	
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	pliance:			
As the responsible official, I here made in this notification are true upon rolling averages of purchasyear for transfer or combination	e, accurate and complete. Fur se receipts, does not exceed 2, facilities.	ther, my annual consur	nption of perchloroethyles	ne solvent, based
RESPONSIBLE OFFICIAL:		ERERA Hem	in Hovem	9/29/98
	Name (Please Print)		Signature	/ Datc

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

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

PERCHLOROETHYLENE DRY CLEANERSE CEIV

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTION	ĺ

ANNUAL



COMPLAINT/DISCOVERY 2 7 1998

RE-INSPECTION

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250894 DATE: 09 29	98 TIME IN: 12:56 TIME OUT: 1:25 pm						
FACILITY NAME: Doughsand Dry Cleaner							
FACILITY LOCATION: 8243 S.W. 40th St.							
Miami	Miami FL						
RESPONSIBLE OFFICIAL: Herman Herrara PHONE: BO5) 223-6(10) CONTACT NAME: Same. PHONE:							
CONTACT NAME: Same.	PHONE:						
7							
PART I: NOTIFICATION							
(check appropriate box)							
New facility notified DARM 30 days prior to star	tup						
2. Facility failed to notify DARM to use general permit							
2. Facility failed to floury DARM to use general permit							
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. New small area source						
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140$ gal/yr						
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr						
both types, x < 140 gal/yr	both types, x < 140 gal/yr						
(constructed before 12/9/91)	(constructed on or after 12/9/91)						
3. Existing large area source □	4. New large area source						
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 < x < 2,100 \text{ gal/yr}$						
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le I,800 \text{ gal/yr}$						
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$						
(constructed before 12/9/91)	(constructed on or after 12/9/91)						
5. This is a correct facility classification	Y DN DCan not determine						
If no, please check the appropriate classific	cation:						
☐ facility qualified for a ge	neral permit as number above						
☐ facility exceeds above lin	nits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.							

M3)
10/15/98
DRMS.

)7 a\3

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?	OY ON ŠÍN/A					
2. Examining the containers for leakage?	OY ON STN/A					
3. Closing and securing machine doors except during loading/unloading?	XY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Aאא אל אם צם					
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?	ÖXY □N					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO WA					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y X (v					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON XVIA					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ON ON					

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	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?	\Box Y	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

11/	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					XY	ΩΝ
2.	Has the facility maintained a leak log?					ΟY	λ(N
3.	Does the responsible official check the	followi	ng ar	cas for leaks?			
	Hose connections, fittings, couplings, and valves	96	ПN	□N/A	Muck cookers	X Y	ON ON/A
	Door gaskets and seating	DXX.	ПN	□N/A	Stills	æ	AVAD ND
	Filter gaskets and seating	AC Y	ПΝ	□N/A	Exhaust dampers	M Y	□N □N/A
	Pumps	X Y	ПN	□N/A	Diverter valves	X Y	ON ON/A
	Solvent tanks and containers	XY	ПN	□N/A	Cartridge filter housings	9 (Y	ON ON/A
	Water separators	A Y	ПN	□N/A			
4.	Which method of detection is used by the	he resp	onsib	ole official?			
	Visual examination (condensed so	olvent	on ex	terior surfaces)		X	
	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
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠY	□N
	b. Calibrated against a s (PID/FID only)?	tandai	d gas	prior to and aft	ter each use	ΟY	ПN
	c. Inspected for leaks an	ıd obvi	ous s	igns of wear on	a weekly basis?	ПΥ	ПN
	d. Kept in a clean and s	ecure a	arca v	when not in use?	?	ΩY	ΩN
	e. Verified for accuracy	by use	of du	plicate samples	s (calorimetric only)?	ΩY	ПN
	KRISTEN YIPON Inspector's Name (Please Print) Og 12-9 198 Date of Inspection						
	Kustal Gipon Inspector's Signature				Approximate Date of	9 Wext	Inspection

ADDITIONAL SITE INFORMATION:

Distributed a copy of D.E.P. calender for record keeping; also distributed D.E.R.M. polluteon prevention booklet for Dry cleaners.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 12.55pm TIME OUT: 1:25pm. AIRS IDH: 0250894 TYPE OF FACILITY: Dongh Saved Bry Cleaner New Small area Source. FACILITY NAME: Dongh Sand Bry Cleaner DATE: 09 129 19 8. FACILITY LOCATION: 8243 S.W. 40 Th St., Manie FL 33155 RESPONSIBLE OFFICIAL: Hermen Herrer PHONE NUMBER: (305) 223-6110. 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	PEOFINSPECTION: ANNUAL COMPL	LAINTYDISCOVERY RE-INSPECTION
FACILITY NAME: Bough Sand Dry Cleaner FACILITY LOCATION: \$243 S.W. 40 Th. St., Maini FL 33155 RESPONSIBLE OFFICIAL: Hermen Herrer 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		
RESPONSIBLE OFFICIAL: Hermen Herrer PHONE NUMBER: (305) 223-6110. 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	THE OF FACILITY: Dough soved Dry Clear	ver New small area Source.
RESPONSIBLE OFFICIAL: Hermen Herrera PHONE NUMBER: (305) 223-6110. 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		
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	CILITY LOCATION: 8243 S.W. 40th St.	., Miani PL 33155
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		
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	ESPONSIBLE OFFICIAL: Hermen Herrera	PHONE NUMBER: (305) 223-6/10.
yaar		
discrepancies were noted:	Based on the results of the compliance requirements evaluated discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED	COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No records of perc. purchase Begin keeping record of	No records of perc. purchase	Begin keeping record of
No records of perc. purchase begin keeping record of available on premises. perc. purchases on premises for up to 5 yrs.	available on premises.	perc purchases on premises
No records of Leak inspection/ Bagin keeping reised up	To records of heak inspection	Begin keeping reised up
detection. Lose eletection and inspections		
No records of temperature Bearing begins accords of temper	No records of temperature	Begin keeping records of temperate
Monetorup or adjustments and any adjustments or repairs	monitoring or adjustments and	and any adjustments or repairs
·	·	
	·	
COMMENTS:	COMMENTS:	
	•	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO	he Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 09/09	PATE OF NEXT INSPECTION: 09 1 9	
DATE OF NEXT INSPECTION: 09/9 (Approximate)	// / (Apr	proximate)
INSPECTION CONDUCTED BY: KRISTAL YIPON	NSPECTION CONDUCTED BY: KRISTAL	YIPON
INSPECTION CONDUCTED BY: KRISTAL YIPON (Please Print) INSPECTOR'S SIGNATURE: Kintal Yipon PHONE NUMBER (305) 372-692	NSPECTOR'S SIGNATURE: Kistal Gipon	Sase Print) PHONE NUMBER (305) 372 - 6925

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	Y	P	E	O	F	I	N	S	P	E	C	T	ľ	o	1	Į	:
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ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

1	199 TIME IN: 12:45 PMTIME OUT: 1:20
FACILITY NAME: Dough Sa	
FACILITY LOCATION: 828 Su) 40 st
Miane,	FC 70
RESPONSIBLE OFFICIAL: Heman	Herrera PHONE: (305) 223-6110
CONTACT NAME:	PHONE: No of No of Air
	90L 30
PART I: NOTIFICATION	Ources C
(check appropriate box)	ing 🔘
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. New small area source
dry-to-dry only, $x < 140 \text{ gal/yr}$	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □Can not determine
If no, please check the appropriate classific	f
facility qualified for a general facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was Ω gallons.	archased within the preceding 12 months by this dry cleaning
1 - U U U	·

5/24/9960 Ponewell

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Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XWA
2. Examining the containers for leakage?	OY ON DOWA
3. Closing and securing machine doors except during loading/unloading?	YY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AV ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DOIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	•
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	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).	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?	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?	□Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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,		₽ PAN	CDM /4
	if machines are equipped with a carbon adsorber?	ЦΥ	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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	П	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has 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: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DD NO YO. 5. Maintained exhaust duct monitoring data on perc concentrations? MO YA 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? ND YD Problem corrected? 8. Maintained compliance plan, if applicable? DY DN

PART VI: LEAK DETECTION AND REPAIRS

=				
1.	Does the responsible official conduct a	a weekly (for small source	es, bi-weekly) leak detection	and repair
	inspection?			AA DN
2.	Has the facility maintained a leak log?	?		DY XM
3.	Does the responsible official check the	e following areas for leaks	;?	<i>)</i> `
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	YY ON ON/A
	Door gaskets and seating	ON ON/A	Stills	DY DN AWA
	Filter gaskets and seating	ON ON/A	Exhaust dampers	Y ON ON/A
	Pumps	ON ON/A	Diverter valves	AVA ON ON/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housing	gs ON ON/A
	Water separators	AY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
.′	Visual examination (condensed s	solvent on exterior surface	es)	X
	Physical detection (airflow felt th	hrough gaskets)		TO I
	Odor (noticeable perc odor)		`	
	Use of direct-reading instruments	ation (FID/PID/calorimetr	ic tubes)	´- `
	Halogen leak detector			<u> </u>
	If using direct-reading instr	rumentation, is the equip	oment:	XN/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in use	e?	OY ON
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	OY ON

Signature

5/55/99 Date of Inspection

Approximate Date of Next Inspection

Mechanic - Hector Bello 857-2851 Beeper N/A 376-7060 551-5875 Residence

Determined that the machine was initially purchased in 1990 and this bacility is in fact an "existing small area source". Made corrections to application.

AIRS ID#: 0250894

ACX

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	oughsand	O Clea	ears		_date: <u>5/25/9</u> 9
FACILITY LOCATION:	8243	SW	40 57		
	Miami	Fi	3315	S	
) ′			-
Annual Reporting Period:		5	_1998 то		5 19 99
Based on each term or condition 62-213.300, Florida Administra				. —	\ /
If NO, complete the following:					,
#1. Term or condition of the go MISING LOCK Exact period of non-compliance Action(s) taken to achieve compliance Method used to demonstrate compliance #2. Term or condition of the go	e: from pliance: 54a mpliance: 0	rt Kee Penda	onthis 198 eping	volling 10 5/9 10gs	9 108.
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:				·
Method used to demonstrate co	mpliance:				
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ue, accurate and com ase receipts, does no	aplete. Furthe.	r, my annual con	sumption of perchlor	oethylene 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.

Page ____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:45 DI	n_TIME OUT: 1;2	D	50894
TYPE OF FACILITY:	Perc. Dry Cla	eaner	· / / / / / / / / / / / / / / / / / / /
FACILITY NAME:	oughsand (leaners	date: 5/25/99
FACILITY LOCATION:	8243 SW 4	10 3+	
	Miami) F. C	- 33155	20= 1002 (110
RESPONSIBLE OFFICIAL: 7	terrior acri	PHONE NUMBER:	,505) 20 5-0110
	•	luated during this inspection, the facilit	ry is found to be in
	Rule 62-213.300, Florida Adminis	strative Code (F.A.C.). Iuated during this inspection, the follov	uing compliance
discrepancies were note	•	nated during this hispection, the follow	ving compitance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
No loss of 1	eak inspection	Bezin Keeping	a lofe.
+ 12 month.	rolling		7
	<u>J.</u>		
		· ·	<u> </u>
•		·	
	·		
÷			
COMMENTS: Facili	ty determine	ned to be a	<u> </u>
"LXIST	ting small a	ned to be a	<i>11</i>
		tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	- 10 -		. I Loz
DATE OF NEXT INSI ECTIO		Approximate)	_
INSPECTION CONDUCTED		ra Triner	
INCOMO DOS CASTAS TO A STATE OF THE STATE OF	1)0/12	Please Print)	120 371-1021.
INSPECTOR'S SIGNATURE	1002	PHONE NUMBER:	300 1010 07 JU
	Page	of	Revised 10/96

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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111601	THOLECTION.

ANNUAL

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Bureau of Air Monitoring COMPLAINT/DISCOVERMobile Sources

RE-INSPECTION

	·				
AIRS ID#: <u>0250894</u>	DATE: 2/17/00	TIME II	v: <u>/ ; 30</u>	TIME OUT:	<u> ১</u> : ৩৩
FACILITY NAME:	Doughsand	Cleaner	r \$	_	
FACILITY LOCATION:	8243 SW	, 40 <u>;</u>	st		·
	Miami	FL	·	<u> </u>	
RESPONSIBLE OFFICIAL	: Herman Her	sera	eHONE: _ <u>حح</u>	<u>5- 323</u>	- 6110
CONTACT NAME:	e e e e e e		PHONE:	<u> </u>	<u>into ex</u>
				. ,	
PART I: NOTIFICATION	,	•			
(check appropriate box)		7 11 1		• • •	
1. New facility notified DARN	1 30 days prior to startup				
2. Facility failed to notify DAF	RM to use general permit				

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	•
1. Existing small area source	2. Ivew small area source
dry-to-dry only, $x < 140 \text{ gal/yr}$	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, $x < 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	✓Y □N □Can not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a ge	
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 60 gallons.	rchased within the preceding 12 months by this dry cleaning
., <	

LOIS LOIS

3/1/00

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?	OY ON OTHYA
2. Examining the containers for leakage?	DY DN ÔTNA
3. Closing and securing machine doors except during loading/unloading?	(DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BASIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	er er eregine e
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated 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 must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
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?	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?	חס אם 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?	

te de la constante de la const

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? ND YES 2. Maintained rolling monthly total of perc consumption? DY DEN 3. Maintained leak detection inspection and repair reports for the following: A/MES NO YO 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 and parts installed w/in 5 days of receipt? DY DN ANA DY DN CTN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ONA 5. Maintained exhaust duct monitoring data on perc concentrations? ØY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN BAN/A Problem corrected? DY DN CYNA DY DN SN/A 8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND	REPAIRS					
1. Doe	s the responsible official conduct a	weekly (for sm	nall sources, b	i-weekly) leak detection a	ınd rep	pair	
insp	pection?			•	DELY	ПN	
2. Has	the facility maintained a leak log?				ΩY	MB	
3. Doe	s the responsible official check the	following areas	s for leaks?				
	Hose connections, fittings,						
	couplings, and valves	Ø∃Y □N □	IN/A	Muck cookers	ЦY	ON ÆÑ/A	
	Door gaskets and seating	ØY □N □	N/A	Stills	ØΥ	□N □N/A	
	Filter gaskets and seating	æty on o	N/A	Exhaust dampers	ďγ	□N □N/A	
	Pumps	ØY ON O	N/A	Diverter valves	ØÝ	□N □N/A	
	Solvent tanks and containers	ח מם צופא	N/A	Cartridge filter housings	DAY	□N □N/A	
	Water separators	ØY ON O	N/A				
4. Whi	ch method of detection is used by	the responsible	official?				
	Visual examination (condensed s	olvent on exteri	or surfaces)		de		
	Physical detection (airflow felt th	rough gaskets)		·	1		
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
	If using direct-reading instr	umentation, is	the equipme	nt:	□N/	Α	
	a. Capable of detecting	perc vapor cond	centrations in	a range of 0-500 ppm?	ΩY	ΩN	
}	b. Calibrated against a s	tandard gas pri	or to and after	each use			
	(PID/FID only)?				ΠY	ПИ	
	c. Inspected for leaks ar	nd obvious signs	s of wear on a	weekly basis?	ΠY		
	d. Kept in a clean and s	ecure area wher	not in use?	-	ΠY	ПN	
	e. Verified for accuracy	by use of dupli	cate samples	(calorimetric only)?	ΠY	ПN	
				· · · · · · · · · · · · · · · · · · ·			
						i.	
	,						
	Ivan Farm	.		2/12/	/		
	Inspector's Name (Please Prin		_	Date of Inspection			
	\			. ,			
	Draw Jan		_	2/01			
	Inspector's Signature			Approximate Date of I	vext in	ispection	

Inspector's Signature

Not consistent up bake leg Machine operating - vo odor

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔄	COMPLAINT	/DISCOVERY	RE-INSPECTION	٧ 🔲
TIME IN: //30	TIME OUT:	2 400	AIRS ID#:	0250894	
	_	eaner			
FACILITY NAME:		aneis 1		DATE:	ರ
FACILITY LOCATION:	Miam, Fl	40 st.			
RESPONSIBLE OFFICIAL:	Herman Herr	era	PHONE NUMB	er: 305-223-61	LO
L	the compliance requiremen Rule 62-213.300, Florida Ad			facility is found to be in	
Based on the results of discrepancies were note	the compliance requiremened:	ts evaluated durin	g this inspection, the	following compliance	
COMPLIANCE REQU	UIREMENT/PROBL	EM F	OLLOW-UP AC	CTION REQUIRED	
Not consistent.	i mantaning	M	antem rol	ling long	
rolling by of	pere purchase	s	every me	mth 1	
	of maintaining	, 1	lantain l	ech log	
lesk log			every 2	weeks	
	_				
;					
					·
COMMENTS:		1 - 6 - 0	* .		
	Good N	where	ang.		
				,	
The Annual Compliance Certific	cation form has been proper	ly certified and su	ibmitted to the inspec	tor. YES NO	
DATE OF NEXT INSPECTIO	N:	<u>/ol</u>			
INSPECTION CONDUCTED	RV.	(Approximate	te)		
INSTRETION COMDUCTED	1	(Please Prin	t)		
INSPECTOR'S SIGNATURE	: Jan Ja		PHONE NUMBI	ER: 305-37)-6	,925

Page___of___.

Revised 10/96

AIRS ID#: 0250894

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Doughsand Cleaners DATE: 2/19/00
FACILITY LOCATION: 8243 SW 40 st.
Miami, FL
Annual Reporting Period: Feb 1999 TO Fab
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:
Not continuely minting willing by few purchases
Exact period of non-compliance: from Feb 99 to Feb 00
Action(s) taken to achieve compliance: Maintain rolling les g
Method used to demonstrate compliance: FSEP calender
#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 Feb 99 to Feb 00
Action(s) taken to achieve compliance: Mantein lech log
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: HERMEN HEREERS / Kommen /formen
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.

US Postal Service	613 519
Receipt for C	ertified Mail
AIRS	ID# 0250894
UGHSAND DRY	CLEANER
RMEN HERRER	A .
43 SW 40TH STRI IAMI FL 33155	1 20
IMMI I E 33133	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showin Whom & Date Delivere	g to
Return Receipt Showing to Date, & Addressee's Address	Whom,
Date, a municosco o munico	
TOTAL Postage & Fee	· ·

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 to card to you.	l also wish to receive the following services (for an extra fee):	
 Attach this form to the front of the mailpiece, or on the back in permit. 	f space does not	1. Addressee's Address
■Write 'Return Receipt Requested' on the mailpiece below the ■The Return Receipt will show to whom the article was delive:		2. Restricted Delivery
delivered.	red and the date	Consult postmaster for fee.
3. Article Addressed to: AIRS ID# 0250894	4a. Article N	lumber 33 6 13 57 9
DOUGHSAND DRY CLEANER	4b. Service	Туре
HERMEN HERRERA	☐ Register	ed
8243 SW 40TH STREET	☐ Express	Mail Insured
MIAMI FL 33155	✓ ☐ Return Re	ceipt for Merchandise 🔲 COD
	7. Date of D	elivery
- • •	6-2	5-98
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only if requested paid)
6. Signature: (Addressee or Agent)		
X H	_	

1 11 11 1

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

Bureau of Air Monitoring & Mobile Sources RECEIVED

	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
Ŋ	
555	OFFICIAL & U,SE
7027	Postage \$ Certified Fee
0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
2870	Total Postage & Fe DOUGHSAND DRY CLEANER JUANITA HERRERA 8243 SW 40TH STREET
7000	Street, Apt. No.; or MIAMI FL 33155
Ö	City, State, ZIP+ 4

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#0250894 JUANITA HERRERA 18243 SW 40TH STREET	A. Fleceived by (Please Print Clearly) A. Fleceived by (Please Print Clearly) B. Date of Delivery
MIAMI FL 33155 . **REAL STATE OF THE STATE	3. Service Type Certified Mail
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

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USPS Permit No. G-10

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

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PS Form 3800 , April 1995	Postma	ark or I	Date					

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	3. Article Addressed to:	4a. Article N	umber 211	Ğ
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			Domestic Return Receipt	

Postage & Fees Paid USPS Permit No. G-10

DARM/MOBILE SOURCE CONTROL PROGRAM
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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Z 333 612 907 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID# 0250894 DOUGHSAND DRY CLEANER HERMEN HERRERA 8243 SW 40TH STREET **MIAMI FL 33155** \$ | Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Postmark or Date TOTAL Postage & Fees

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A ADDRESS completed 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 articl The Return Receipt will show to whom the article was delivered and delivered.	following services extra fee): 1. Addresse 2. Restricted Consult postmast	e's Address	
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102595-97-B-0179 Domestic Return Receipt

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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 ● APR 1 5 199k

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

Bureau of Air Monitoring, & Mobile Sources

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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.						
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	Postage	\$				
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800,	TOTAL Postage & Fees	\$				
PS Form 3800 , April 1995						

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Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Lemon Here	8. Addressee and fee is		Tha
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Is your RETURN	5. Received By: (Print Name) 6. Signaturer (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you

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Postage	\$			
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6 Signature: Addressee of 195	102595-97-B-017	9 Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee Dis delivery address different from item 1?
AIRS ID # 0250894 DOUGHSAND DRY CLEANER JUANITA HERRERA 8243 SW 40TH STREET MIAMI FL 33155	If YES, enter delivery address below: No No 3. Service Type Certified Mail Express Mail
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	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 1000 0600 0026 4127	4256
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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33133	Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes			
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2. Article Number (Copy from service label)	4. Restricted Delivery ((Extra ree)
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	Postage	\$		
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8	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

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your	6. Signature: (Addressee or Agent)			- }
s yo	X HERMEN HERRELLA			}
_	PS Form 3811 , December 1994		Domestic Return Receipt	ĺ

Z 333 633 355 US Postal Service Receipt for Certified Mail AIRS ID 0250894 HERMEN HERRERA HERMEN HERRERA 8243 SW 40TH STREET MIAMI FL 33155 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Regeived by Please Print Clearly) B. Date of Delivery C. Signature X Agent D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0250894001AG HERMEN HERRERA DOUGHSAND DRY CLEANER	
8243 SW 40TH STREET MIAMI FL 33155	3. Service Type Certified Mail
[4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 1670 (0013 3095 3683
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
83					
품	OFFICIAL USE				
2	Postage \$				
309	Certified Fee				
m	Return Receipt Fee (Endorsement Required)				
0013	Restricted Delivery Fee (Endorsement Required)				
1670	Total Post				
<u>.</u>	Sent To 10 AIRS ID # 0250894001AG —				
	HERMEN HERRERA				
	Street, At DOUGHSAND DRY CLEANER				
2000	8243 SW 40TH STREET				
~	MIAMITE				
1	23155				



415021 MAR 72002

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 # 0250894 DOUGHSAND DRY CLEANER JUANITA HERRERA 8243 SW 40TH STREET MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250894

DOUGHSAND DRY CLEANER HERMEN HERRERA 8243 SW 40TH STREET MIAMI FL 33155 FOR GOVERNMENT USE OF LY TO Org.: 37550101000 EO: B1
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00 JUL -2 98

Do NOT Remove Label

AIRS ID# 0250894

DOUGHSAND DRY CLEANER
HERMEN HERRERA
8243 SW 40TH STREET
MIAMI FL 33155

AIRS ID# 0250894

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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

RECEIVED MAIL ROOM APR 30 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250894

DOUGHSAND DRY CLEANER HERMEN HERRERA 8243 SW 40TH STREET MIAMI FL 33155 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273