



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 1, 1997

Mr. Fran D. Lopez
Presto Dry Cleaners, Inc.
7832 Coral Way
Miami, Florida 33155

Re: Facility No.: 0250937

Dear Mr. Lopez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 14, 1997.

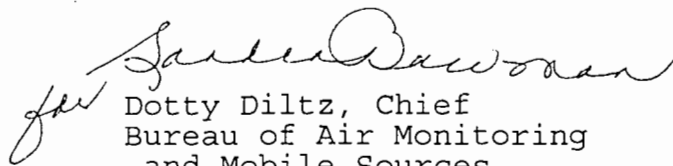
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

NOV 03 1997

Facility Name and Location

Air Quality Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Presto Dry Cleaners INC

2. Site Name (For example, plant name or number):
Presto Dry Cleaners INC

3. Hazardous Waste Generator Identification Number:
FID 000634469

4. Facility Location:
Street Address:
City: 7832 Coralway County: Dade Zip Code: 33155
Miami FL

5. Facility Identification Number (DEP Use):
0250937

Responsible Official

6. Name and Title of Responsible Official:
FRANK LOPEZ, president

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City: SMC County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (305) 262-3447 Fax: () -

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: () -

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NOV 14 1997

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	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#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		05-JUL-94	05-JUL-94						
(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									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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 promptly notify the Department of any changes to the information contained in this notification.

fron d dappz
Signature

11.03.97
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY 80128 1998
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250937 DATE: 7/29/98 TIME IN: 10:00am TIME OUT: 10:45am
FACILITY NAME: Presto Dry Cleaners, Inc.
FACILITY LOCATION: 7832 Coral Way
Miami FL 33155
RESPONSIBLE OFFICIAL: Fran D. Lopez PHONE: (305)262-3447
CONTACT NAME: Fran D. Lopez PHONE: (305)262-3447

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(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 classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

MB
AEMS
9/29/98

MB
9/28/98

Best Available Copy

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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | |

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? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

Best Available Copy

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 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)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
 - Halogen leak detector
 - If using direct-reading instrumentation, is the equipment: N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Deborah Griner

Inspector's Name (Please Print)

7/29/98

Date of Inspection

Deborah Griner

Inspector's Signature

7/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility was completely out of compliance with the requirements of the State of Florida General Air Permit. Additionally, poor house-keeping practices were observed.

Specifically, evidence of muck residue on machine and secondary containment. Muck may contain residual perc and owner was informed of the need for proper disposal.

FDEP calendar provided during inspection.

MEMO



TO: File (0250937) Date 9/30/98

Subject _____

FROM: Debbie Griner

Stopped by facility to pick up compliance certification form and check if RO has started keeping logs. Yes, RO has started keeping logs but he lost the certification form + inspection Summary.

I sent him copies in the mail and he will return compliance certification form signed.

He also indicated that he has ordered installation of a refrigerated condenser temperature gauge.

DEBBIE GRINER
AIR FACILITIES SECTIONMETROPOLITAN DADE COUNTY
ENVIRONMENTAL RESOURCES
MANAGEMENT33 S. W. 2nd AVENUE
SUITE 900
MIAMI, FL. 33130-1540

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Department of
Environmental Protection

AIR RESOURCES MANAGEMENT

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Procedures For Use of General Permit

Mr. Lopez - 9/30/98

As you requested, here is a copy of your FDEP Air Permit (pages 1-12). See blue tabs for description of refrigerated condenser temperature monitoring requirement. Also find "inspection summary report" + "Annual Compliance Certification Form". Sign where indicated and return to me as soon as possible. Please call with any questions.

Debbie Griner

The responsible official of the facility shall determine its eligibility for a Title V air general permit pursuant to the applicability criteria of Rule 62-213.300(1), F.A.C., set forth in Part II, section (1), of this notification form.

- (a) No facility which contains a non-exempt emissions unit, other than a unit described in this Title V air general permit, shall be eligible to use any air general permit in Rule 62-213.300, F.A.C. No facility is eligible to use more than one air general permit. An emissions unit or activity is exempt from permitting if all of the following criteria are met:
1. The emissions unit or activity would qualify for an exemption from permitting pursuant to the criteria of Rule 62-210.300(3)(a), F.A.C.;
 2. The emissions unit or activity would be subject to no unit-specific applicable requirement;
 3. The emissions unit or activity would not emit or have the potential to emit:
 - a. 500 pounds per year or more of lead and lead compounds expressed as lead;
 - b. 1,000 pounds per year or more of any hazardous air pollutant;
 - c. 2,500 pounds per year or more of total hazardous air pollutants; or
 - d. 5.0 tons per year or more of any other regulated pollutant; and
 4. The emissions unit or activity, in combination with other units and activities at the facility, would not cause the facility to emit or have the potential to emit:
 - a. 100 tons per year or more of carbon monoxide, nitrogen oxides, particulate matter, sulfur dioxide, or volatile organic compounds;
 - b. 5 tons per year or more of lead and lead compounds expressed as lead;
 - c. 10 tons per year or more of any hazardous air pollutant;
 - d. 25 tons per year or more of total hazardous air pollutants; or
 - e. 100 tons per year or more of any other regulated pollutant.
- (b) Any facility that would use a Title V air general permit under Rule 62-213.300, F.A.C., must surrender all existing air permits authorizing the operation of the facility.
- (c) If a facility at any time becomes ineligible for the use of the Title V air general permit and is subject to the Title V air operation permit requirements of Chapter 62-213, F.A.C., it shall be subject to enforcement action for operating without an air operation permit.
- (d) Notwithstanding the shield provisions of Rule 62-213.460, F.A.C., any facility utilizing a Title V air general permit will be subject to enforcement action for operation without a permit under Chapter 62-213, F.A.C., if it is determined to be initially ineligible for the air general permit which is being utilized.

- (2) **Notification.** For each facility intending to operate under the provisions of this Title V air general permit, the responsible official must complete and submit Part III of this Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) to give notice to the Department of intent to use such permit.



TELEPHONE COMMUNICATION

Date: 7/29/98 Time: 10 : 45 (am) pm Phone: (305) 262 - 3447

Name: Fran D. Lopez Title: President

Company/Agency: Presto Dry Cleaners, Inc. Permit/File: 0250937

Address: 7832 Coral Way City: Miami State: FL Zip: 33155

Subject: Annual Compliance Certification Form

DERM Official: Debbie Griner Title: Inspector I

MESSAGE:

I informed Mr. Lopez that due to the severity of his non-compliance with the State of Florida General Air Permit, I would pass by next week to pick up his "Annual Compliance Certification Form". At that time I will check to see if he is keeping the required logs.

Call Referred to: _____

Title: _____

INSPECTION SUMMARY REPORT

Best Available Copy

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00am TIME OUT: 10:45am AIRS ID#: 0250937
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Presto Dry Cleaners, Inc. DATE: 7/29/98
 FACILITY LOCATION: 7832 Coral Way
 Miami, FL 33155
 RESPONSIBLE OFFICIAL: Fran D. Lopez PHONE NUMBER: (305) 262-3447

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:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No measurement or record keeping of temperature monitoring of refrigerated condenser temp on weekly basis.	Need to begin monitoring temperature + keep log.
No receipts for Perc Purchase on site.	Keep receipts on site for minimum of 5 years.
No rolling log of perc purchase	Begin keeping log.
No deviation reports	Begin keeping reports as necessary.
No weekly leak inspection conducted + no log of inspection	Begin conducting weekly leak inspection + keep log.

COMMENTS: Evidence of muck residue on machine + secondary containment. Muck may contain residual perc + owner was informed of the need for proper disposal.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 7/99 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6925

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUN 25 1999

TYPE OF INSPECTION: ANNUAL
RE-INSPECTION

Bureau of DISCOVERY
COMPLAINTS Air Monitoring
& Mobile Sources

AIRS ID#: 0250937 DATE: 6/11/99 TIME IN: 11:15 TIME OUT: 12:30
FACILITY NAME: Presto Cleaners
FACILITY LOCATION: 7832 Coral Way
Miami, FL 33155
RESPONSIBLE OFFICIAL: Fran D. Lopez PHONE: (305)202-3447
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons. Review + ARMS

6/17/99
29 1 of 5

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/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? Y N

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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly total of perc consumption? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y N 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)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

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

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

Deborah Griner
Inspector's Name (Please Print)

10/11/99
Date of Inspection

Deborah Griner
Inspector's Signature

10/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- * No logs were kept. Receipts not kept in an orderly fashion.
- * Spoke with Juan Garu of GME (Jacksonville, FL) and he informed that a representative comes to the facility once a week and measures the ref. condenser temperature thru a port located on the outlet coil. He will fax me the records. RO does not have any records. They also perform leak inspections.
- * Facility has a "Filter-Safe, model FS320, wastewater treatment unit. Treated wastewater is evaporated by a "Quick-Evap" evaporator chamber, model 2012. They have an IWS permit for this unit. Permit issued by Manuel Diaz - Villamil, Engineer I. Serial No. 590502, IWS-8335. Issued 6/2/99.
- * Muck from the still ~~was within~~ spilled in the area behind the machine. Two containers (one ~~purple~~ plastic and the other metal) were filled with residue (see photos). Rags and other fabrics were laying on the floor behind the machine and had residue on them also. Mr. Lopeny indicated that when he opened the still door to clean it out, he couldn't hold the door and the substance drained out. The halogen leak detector indicated that perc vapors were present in the ~~muck~~ spilled muck.

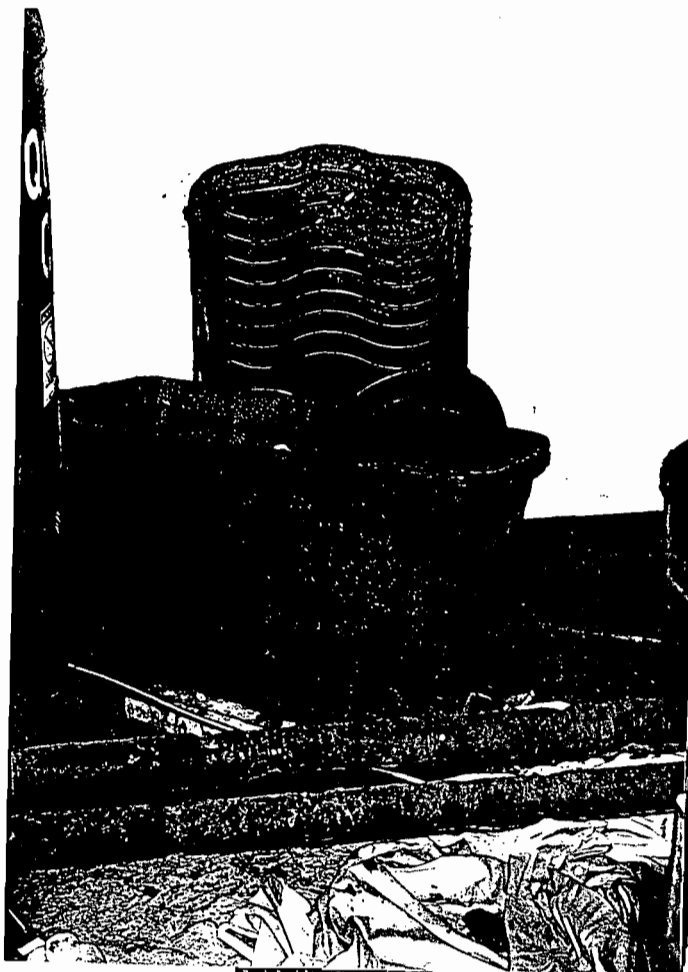
01/11/99 Follow-Up Inspection. Facility was cleaner but muck residue was still visible in places within + outside secondary containment. Referred inspection to Lourdes Mentzer of Industrial Facilities Section to direct RO on proper clean-up and disposal. Provided Ms. Mentzer with photos. →

Plastic waste container was closed (purple) and metal container was covered with a plastic shopping bag. Perc vapors were detected from the metal container at a point where the bag was not covering the top of container. Advised Mr. Lopez that this was not an acceptable way to store or keep container. He was instructed to place much/sludge in approved sealed hazardous waste containers. Informed him that an inspector from the Industrial Facilities Section would be visiting the site to determine proper storage.

Environmental Resources
Management
33 S.W. 2nd Avenue
Miami, FL 33130-1540
(305) 372-6789

DERM
METROPOLITAN DADE COUNTY, FLORIDA

PHOTO CARD



Inspector: Debbie Griner

Section: Air Facilities

Date: 6/11/99

Site Name: Presto Cleaners

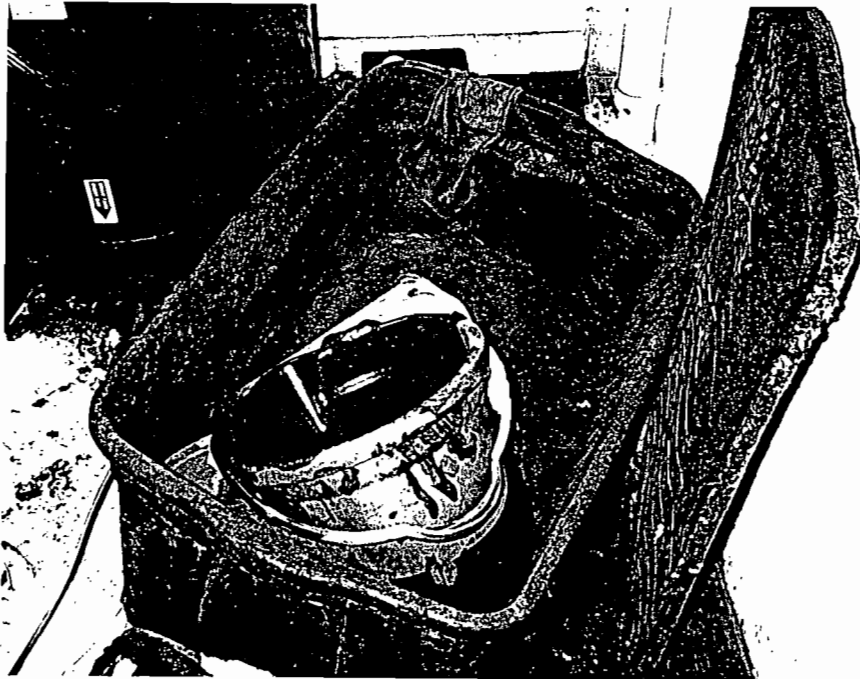
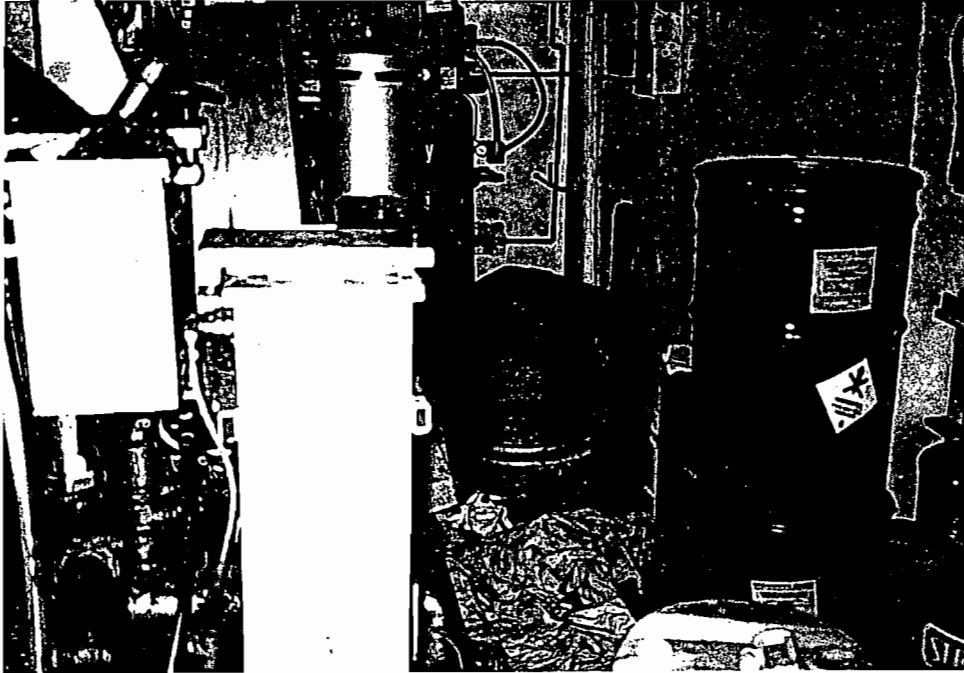
Address: 7832 Coral Way
Miami, FL 33155

File #: 0250937

Environmental Resources
Management
33 S.W. 2nd Avenue
Miami, FL 33130-1540
(305) 372-6789

DERM
METROPOLITAN DADE COUNTY, FLORIDA

PHOTO CARD



Inspector: Debbie Griner

Section: Air Facilities

Date: 10/11/99

Site Name: Presto Cleaners

Address: 7832 Coral Way

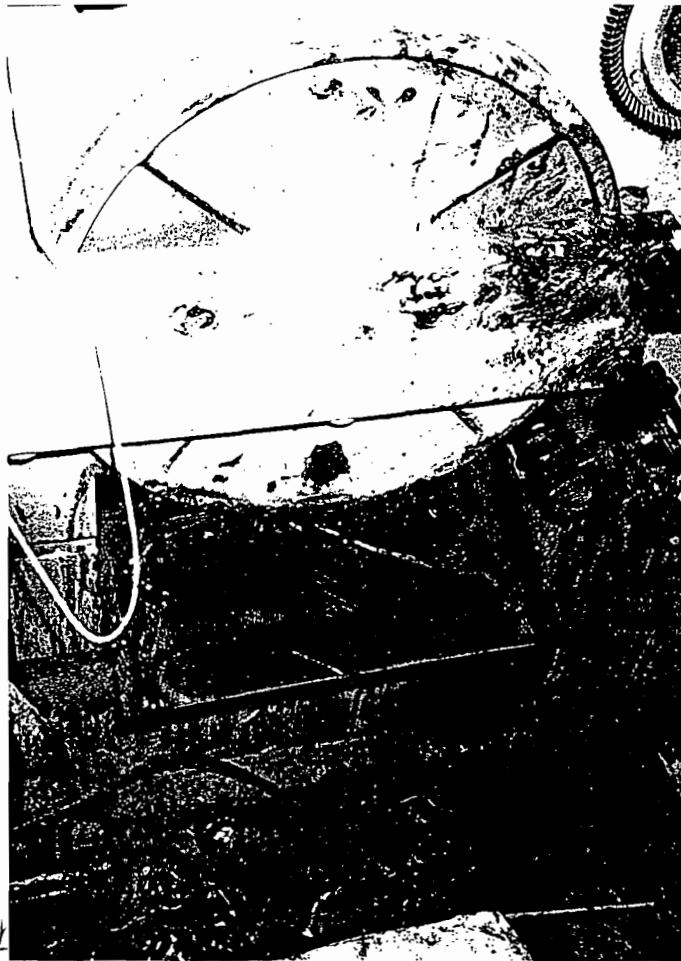
File #: 0250937

Miami, FL 33155

Environmental Resources
Management
33 S.W. 2nd Avenue
Miami, FL 33130-1540
(305) 372-6789

DERM
METROPOLITAN DADE COUNTY, FLORIDA

PHOTO CARD



Inspector: Debbie G...

Date: 6/11/99

Site Name: Presto Cleaners

Address: 7832 Coral Way
Miami, FL 33155

File #: 0250937

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:15 TIME OUT: 12:30 AIRS ID#: 0250937
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Presto Cleaners DATE: 6/11/99
 FACILITY LOCATION: 7832 Coral Way
 Miami, FL 33155
 RESPONSIBLE OFFICIAL: Fran D. Lopez PHONE NUMBER: (305) 262-3447

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:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failed to keep log of leak inspection results (bi-weekly).	Begin keeping log of leak inspection results on site for a minimum of 5 years.
Failed to keep log of the temp. of the outlet side of refrigerated condenser (weekly), not to exceed 45°F.	Begin keeping log of temp. monitoring on site for a minimum of 5 years.
Failed to keep a 12 month rolling log of perc purchase.	Begin keeping log on-site for a minimum of 5 years.
Muck residue improperly stored, spilled in back of machine. Perc vapors being emitted from muck.	Clean + properly dispose of muck within 24 hours. Must place muck in sealed hazardous waste containers.

COMMENTS: RO indicated that he has a company come in once a week to read the ref. condenser temp., do a leak inspection, + perform maintenance on his machine. I spoke with a representative of this company over the phone. He will fax me the records.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 6/2000 (Approximate)

INSPECTION CONDUCTED BY: Debara Griner (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: (305) 372-0936

* Note: Photos taken

AIRS ID#: 0250937

ave

RECEIVED Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

JUN 25 1999
Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Presto Cleaners DATE: 6/11/99
 FACILITY LOCATION: 7832 Coral Way
Miami, FL 33155

Annual Reporting Period: 6 1998 TO 6 1999

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 NO

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:

No logs kept on site for a minimum of 5 years.

Exact period of non-compliance: from 11/97 to 6/99

Action(s) taken to achieve compliance: Begin keeping logs on site

Method used to demonstrate compliance: FDEP Calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Muck residue improperly contained (emitting perc vapors)

Exact period of non-compliance: from 6/10/99 to 6/11/99

Action(s) taken to achieve compliance: Clean + properly store + dispose of waste.

Method used to demonstrate compliance: Follow-up inspection

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: Fran D. Lopez Fran D Lopez 6/11/99
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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED
OCT 23 2 32 pm
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250937 DATE: 12/22/99 TIME IN: 3:05 pm TIME OUT: 3:29 pm
FACILITY NAME: Presto Cleaners
FACILITY LOCATION: 7832 Coral Way
Miami, FL 33155
RESPONSIBLE OFFICIAL: Fran J. Lopez PHONE: (305) 262-3407
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
Facility indicated on notification form that it is: No notification form
(check appropriate box) Drop stop/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 109 gallons.

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/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? *reporting > 7.2° C* Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y N 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)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

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

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

Deborah Griner
Inspector's Name (Please Print)

12/22/99
Date of Inspection

[Signature]
Inspector's Signature

12/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

MWF between 2-5 pm Mr. Lopez not on site.

NOV issued on 12/20/99 for records not available for inspection.

Returned on 12/22/99. Calendar was left ^{with clerk} for my review. Temperature records are in exceedance of the required 7.2°C limit. It appears that Mr. Lopez is reading the wrong gauge or at the wrong time. Will revisit.

New machine purchased in October of 1999.

9/12/00 Returned. Mr. Lopez on site and called the machine mechanic to verify that the temp. reading is in $^{\circ}\text{C}$. Yes, it is in $^{\circ}\text{C}$.

Machine was operating. We waited for the cooldown cycle and the lowest the temp. reached was 13°C .

RO adjusted machine in my presence and it reached 10°C during cooldown cycle.



**TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**



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

FACILITY OWNER/COMPANY NAME Fran Lopez
 SITE NAME: Presto Cleaners AIRS ID# 0250937
 FACILITY LOCATION 7832 Coral Way
 TYPE OF FACILITY: ~~FF~~ Perc. Dry Cleaners
 RESPONSIBLE OFFICIAL: Fran Lopez PHONE NUMBER: (305)262-3447

YOU ARE HEREBY NOTIFIED that on 9/12/00 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
11(5)(b)(2)	Ref. Condenser temp exceeds 7.2°C at cooldown	Repair within 24 hours. Fax Fall receipts (305)372-6954	24 hrs 9/13/00
		* Machine adjusted during visit: 47°C. No	
		action required.	

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
Zero waste machine that exhausts to the outside ambient air via a duct from machine to the roof.

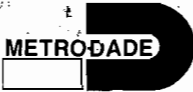
Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Debra Griner
 Section: Air Facilities Date: 9/12/00
 Signature: Debra G

Received By (please print): Fran Lopez
 Title: RO Date: 9/12/00
 Signature: _____



NOTICE OF VIOLATION

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

TO: Fran Lopez
ADDRESS: 7832 Coral Way
SOURCE/LOCATION: Presto Cleaners

YOU ARE HEREBY NOTIFIED that on 12/20/99 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: Records not available for inspection.
Rule 102-213.300(3)(h).
Florida Department of Environmental Protection Air General Permit.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within _____ days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.
- Within 7 days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,
John W. Renfrow, P.E.
Director

Received by: Maia Corea
Title: Counter
Date: 12/20/99

By: Debra Griner
Signature: [Signature]
Section: Air Quality Management Div
Air Facilities Section

Acc

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Presto Cleaners DATE: 9/12/00
 FACILITY LOCATION: 7832 Coral Way
Miami, FL 33155

Annual Reporting Period: 9 1999 TO 9 192000

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 NO

If NO, complete the following:

machine adjusted during visit: < 7°C

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Ref. condenser temp. exceeds 7.2°C at cooldown

Exact period of non-compliance: from 9/99 to 9/2000

Action(s) taken to achieve compliance: Adjust equipment

Method used to demonstrate compliance: Call to report to DERM + continue temp. monitoring

#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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Fran Lopez fran v Lopez 9/12/00
 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.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 5013

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

[Handwritten Signature]
 Postmark Here

AIRS ID#0250937

S:	PRESTO DRY CLEANERS INC
	FRAN D LOPEZ
S:	7832 CORAL WAY
or	MAIMI FL
C:	33155

PS Form 3811, January 2001 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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#0250937

PRESTO DRY CLEANERS INC
 FRAN D LOPEZ
 7832 CORAL WAY
 MAIMI FL
 33155

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 2/10
C. Signature <i>[Handwritten Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 5013

ified

UNITED STATES POSTAL SERVICE



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

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

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

RECEIVED
FEB 13 2003

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	↑ AIRS ID # 0250937
Sent to	PRESTO DRY CLEANERS INC
	FRAN D LOPEZ
Street or PO	7832 CORAL WAY
City	MAIMI FL
	33155
PS Form	Instructions

7001 0320 0001 7975 9593

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> 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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery <i>4/5/02</i></td> </tr> <tr> <td colspan="2">C. Signature <i>x Fran D Lopez</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>4/5/02</i>	C. Signature <i>x Fran D Lopez</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery <i>4/5/02</i>								
C. Signature <i>x Fran D Lopez</i>									
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> AIRS ID # 0250937 PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number (Copy from service label) 7001 0320 0001 7975 9593	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789									

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250937</p> <p>PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155</p>	<p>C. Signature <input checked="" type="checkbox"/> <i>David Lopez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7976 2043</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p>	<p>Postmark Here</p>
<p>Total Postage</p>	<p>AIRS ID # 0250937</p>
<p>Sent To</p> <p>PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155</p>	
<p>PS Form 3800, January 2001 See reverse for instructions</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 1029

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total		AIRS ID # 0250937
PRESTO DRY CLEANERS INC		
Recip:	FRAN D LOPEZ	(Filler)
Street	7832 CORAL WAY	
City, S	MAIMI FL	
	33155	

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION

- 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 # 0250937
PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL
33155

2. Article Number (Copy from service label)
7000 0520 0020 9373 1029

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery <i>2/11/00</i>
C. Signature <i>X Fran D Lopez</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>7/9/99</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250937</p> <p>PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155</p>	<p>C. Signature X <i>FRAN D LOPEZ</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from service label) <i>7000 0600 0026 7825 6669</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>		

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
Recipient PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155	AIRS ID # 0250937	
PS Form 3811, July 1999 Instructions		



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

409619 JUL 23 2001

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

TOTAL AMOUNT DUE: \$75.00

pd 7/23/01

Do NOT Remove Label

AIRS ID # 0250937 PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155
--

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273
--



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393451

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

Bureau of Air Monitoring
& Mobile Sources

MAR 16 2000

RECEIVED

RECEIVED
MAIL ROOM
MAR 13 00

Do NOT Remove Label

AIRS ID # 0250937
PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

P 174 052 173

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0250938

CAMPUS CLEANERS
TERRY BROWMAN
3750 BIRD ROAD
MIAMI FL 33146

PS Form 3800, April 1995

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	

Is your RETURN 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250931

DRY CLEAN USA
ASHRAF DALAL
11429 SW 40TH STREET
MIAMI FL 33165

4a. Article Number
P174 052 173

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
3/1/89

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signatures (Addressee or Agent)

X *Ashraf Dalal*

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363395

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 ✓

RECEIVED
MAIL ROOM
MAR - 8 99

Do **NOT** Remove Label

AIRS ID # 0250937
PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 333 613 405

US Postal Service
Receipt for Certified Mail

AIRS ID# 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

PS Form 3800, April 1995

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	

Fold at line over top of envelope to [redacted]

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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

AIRS ID# 0250937

4a. Article Number
Z 333 613405

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Maria Corea

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 353

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

PS Form 3800, April 1995

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	

Is your RETURN 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250937
PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

4a. Article Number

2 333 660 353

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/15

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Fran D Lopez

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

4a. Article Number

Z 333 613 385

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Francisco Lopez*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 385

US Postal Service

Receipt for Certified Mail

AIRS ID 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

PS Form 3800, April 1995

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	

P 174 052 168

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

PS Form 3800 April 1995

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	

Is your RETURN 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250937
PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

4a. Article Number

P174 052 168

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

3/1

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Francisco Lopez*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SEND

- Complete items 1, 2, 3, 4
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID # 0250937
 PRESTO DRY CLEANERS INC
 FRAND LOPEZ
 7832 CORAL WAY
 MAIMI FL 33155

4a. Article Number
 P 174 052 490

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1/14/90

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Fran D Lopez

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 490

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided AIRS ID # 0250937

PRESTO DRY CLEANERS INC
 FRAND LOPEZ
 7832 CORAL WAY
 MAIMI FL 33155

	\$
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	

PS Form 3800, April 1995

Z 210 661 858

US Postal Service
Receipt for Certified Mail

2000

No Insurance Coverage Provided

AIRS ID # 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI 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	

PS Form 3800, April 1995

SENDER: COMPLETE THIS

Fold at line over top of envelope the right of the return

ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)

B. Date of Delivery

7/9/00

C. Signature

X Fran D Lopez

- Agent
- Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

1. Article Addressed to:

AIRS ID # 0250937

PRESTO DRY CLEANERS INC
FRAN D LOPEZ
7832 CORAL WAY
MAIMI FL 33155

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 661 858

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

SEN	THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3/15/81</u></p> <p>C. Signature <u>Maria Garcia</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250937</p> <p>PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>7000 0600 0026 4125 7624</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p>	<p>Postmark Here</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">7000 0600 0026 4125 7624</p> <p>AIRS ID # 0250937</p> <p>PRESTO DRY CLEANERS INC FRAN D LOPEZ 7832 CORAL WAY MAIMI FL 33155</p>	<p>PS Form 3800, February 1989</p> <p style="text-align: right;">Reverse for Instructions</p>



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0315077

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# 0250937
 PRESTO DRY CLEANERS INC
 FRAN D LOPEZ
 7832 CORAL WAY
 MAIMI FL 33155

RECEIVED
 MAIL ROOM
 APR 28 1998
 Bureau of Air Monitoring
 & Mobile Sources
 FOR GOVERNMENT USE ONLY
 Org.: 37550107000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273