

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1997

Mr. Terry Browman Campus Cleaners 3750 Bird Road Miami, Florida 33146

Re: Facility No.: 0250938

Dear Mr. Browman:

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"



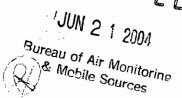
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Facility Name and Location

BEST AVAILABLE COPY



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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Perry Browner Campus Cleaners						
2. S	2. Site Name (For example, plant name or number):					
(Jampus Cleaners					
3. 1	3. Hazardous Waste Generator Identification Number:					
, · ·	AZZEGOUS WESTE CERTELETO I IDEM MICHINEMICAL NUMBER.					
		A. W. (1771-1.				
4. F	Facility Location: 3750 Bird Kd		,			
	Facility Location: 3756 Bird Rd Street Address: City: Migmi FL. County: Dad	0	Zip Code: 33/46			
	acility identification Number (DEP Use 4701, F., di) not fi	LADI Table				
D						
	onsible Official Name and Title of Responsible Official:	-				
Name		Title:				
			7			
	Responsible Official Mailing Address:					
	Organization/Firm: Street Address:					
	City: County:		Zip Code;			
	1		The state of the s			
	Responsible Official Telephone Number Telephone: ()	Fax: () -			
	reteptione. (rax, (, -			
leyerre as pulpina	1		en verste der beliebet der eine eine verste der der beste beste beste beste der der beste der der beste der de			
Facility Contact (If different from Responsible Official)						
9.]	Name and Title of Facility Contact (For example, plant ma	inager):				
10. 1	Facility Contact Address:					
}	Street Address:					
	City: County:		Zip Code:			
11.	Facility Contact Telephone Number:					
	Telephone: ()	Fex: () -			
THE RESERVE OF		religion al Africano, and a resident transfer region				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

14



7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection;

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

No DEP air permits current? 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 unlis 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.

Print name of responsible official

General Service

Date

1-14-09

DEP Form No. 62-213,900(2)

Effective: 2/24/99

Perchloroethylene Dry Cleaning Facility Notification



Facility Name and Location

Air Quality

Management Division

2. Site Name (For example, plant name or number): Hmpus Cleaners 3. Hazardous Wayle Generator Identification Number: FLD 832476285 4. Facility Location: Street Address: 3750 Bird Rd City: County HDF Zip Code: Sip Code: 33146 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Terry Dromman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 9bove City: County: Zip Code:					
3. Hazardous Wayle Generator Identification Number: FLD 032476285 4. Facility Location: Street Address: 3750 Bird Rd City: Migmi County: ADF Zip Code: 33146 Sesponsible Official: Responsible Official: Terry Drowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 9bove					
4. Facility Location: Street Address: 3750 Bird Rd City: County AF Sip Code: 33146 Seponsible Official: Responsible Official: Terry Browner Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 960ve					
4. Facility Location: Street Address: 3750 Bird Rd City: County AF Sip Code: 33146 Seponsible Official: Responsible Official: Terry Browner Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 960ve					
4. Facility Location: Street Address: 3750 Bird Rd City: County AF Sip Code: 33146 Seponsible Official: Responsible Official: Terry Browner Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 960ve					
City: Migmi Sip County: AF Zip Code: 33146 5: Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Terry Sowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 960ve					
City: Migmi Sip County: AF Zip Code: 33146 5: Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Terry Sowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 960ve					
Responsible Official 6. Name and Title of Responsible Official: Terry Sowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 9bove					
6. Name and Title of Responsible Official: Terry Sowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 9bove					
6. Name and Title of Responsible Official: Terry Sowman Owner 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same 95 9bove					
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 9bove					
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 9bove					
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 95 960ve City: County: Zip Code:					
Organization/Firm: Street Address: SAME 95 960VE City: County: Zip Code:					
Street Address: SAME 95 9000E City: Zip Code:					
City: County: Zip Code:					
8. Responsible Official Telephone Number:					
Telephone: (305) 448-3714 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: () -					
rax. ()					

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NOV 1 4 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.

		Date	Date		Date	Date		Date	Date
		Machine	Gontrol		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-DEC-95	01-DEC-95						
(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	٠.	•	•	•	•	<u> </u>			
(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 so (Indicate with an "X". Existing small an Existing large ar	Selec	et one classif	ication only.)) ew si	initions foun mall area sou	rce 🔀	(3) of	Part II?	
bb ui	00			u	. 50 4. 04 304		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)				
Existing large area source Carbon adsorber				
New small area source Refrigerated condenser [X]				
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 X				
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction plan				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	our client of Existing			
ease indicat	te 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)			
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible Official Certification			
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pro	omptly notify the Department of any changes to the information contained in this notification.			
Signatur	Journa 11-4-97			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250938 ROY BROWMAN & SONS INC TERRY BROWMAN 3750 BIRD ROAD **MIAMI FL 33146** Do NOT Remove Label Annual Reporting Period: 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. \square 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: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from 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 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.

^{*}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 CHECKLISTR ECEIVED

RE-	INSPECTION) <	OCT 2 7 1998
			Bureau of Air Monitoring

	- WORLD	 _		
AIRS 10#:0250938 DATE: 9/17/	Mobile Sources TIME IN: 11:55am TIME OUT:	_		
FACILITY NAME: Campus Clea	uners	_		
FACILITY LOCATION: 3750 BIRD Rd				
Miami F	L 33146			
RESPONSIBLE OFFICIAL: Temy Bre	L 33146 DWMan PHONE: (305)448-3714			
CONTACT NAME:	PHONE:	_		
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to sta	artup \square			
2. Facility failed to notify DARM to use general pe	ermit 🔲			
L				
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, $x < 140 \text{ gal/yr}$			
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	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, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
\(\(\cdot\)				
5. This is a correct facility classification	□Y □N □Can not determine			
If no, please check the appropriate classifi				
	eneral permit as number above			
facility exceeds above li	imits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) gallons.	ourchased within the preceding 12 months by this dry cleaning	g		





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 ØN/A			
2. Examining the containers for leakage?	DY DN XN/A			
3. Closing and securing machine doors except during loading/unloading?	X1Y 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?	OY ON DXIA			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	1.			
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 source (check appropriate boxes)	es:			
1. Equipped all machines with the appropriate vent controls?	Xa □n			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y 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 XIN/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Жуч Ои			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON WAY			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XYY □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?	X _Y ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AND NO YO
	Is the temperature differential equal to or greater than 20° F?	OY ON XNA
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?	DY DN XXVIA
	Is the perc concentration equal to or less than 100 ppm?	OY ON XVIA
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?	OY ON XN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON X V/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AND YOU YOU

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: XY ON ON/A 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? MY ON ON/A DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DKY/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD Y 🗷 6. Maintained startup/shutdown/malfunction plan? AVY ON ON/A 7. Maintained deviation reports? Problem corrected? M ON/A NO YO 8. Maintained compliance plan, if applicable?

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 DΝ inspection? 2. Has the facility maintained a leak log? ON 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND ND YA Muck cookers DY DN DN/A couplings, and valves XY ON ON/A AYO NO YX Door gaskets and seating Stills AND ND YX AND NO YX Filter gaskets and seating Exhaust dampers DY DN XIA AVY ON ON/A Pumps Diverter valves XY ON ON/A Solvent tanks and containers AINO NO YX Cartridge filter housings AYNO NO YX Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? אם יום b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? MD AD

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

FDEP calendar provided to facility during inspection.

· MAN YUMULLY GENERAL PERMIT Best Available Copy INSPECTION SUMMARY REPORT VNNNVI X TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 11-55 am TIME OUT: 12:45 pm ____AIRS ID#: 025093 & TYPE OF FACILITY: Perc Dry Claner FACILITY NAME: Campus Cleaners FACILITY LOCATION: 3750 Bird Road RESPONSIBLE OFFICIAL: TEMA PHONE NUMBER: 448-3714 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

COMMENTS:

The Annual Compliance Certification form has been properly gertified and submitted to the inspector.

YES

NO

DATE OF NEXT INSPECTION:

INSPECTION CONDUCTED BY: (Approximate)

NSPECTION CONDUCTED BY: (Please Print)

INSPECTOR'S SIGNATURE: 1 372-6936

Page fof

Revised 10/96

ACV Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>Campus</u> FACILITY LOCATION: <u>3750</u> Miam	Cleaners	DATE: 9/17/98
FACILITY LOCATION: 3750	Bird Road	
Mian	: FL 331410	
- Carr	$\frac{\alpha_1 \cdot \alpha_2}{\alpha_1 \cdot \alpha_2}$	
Annual Reporting Period:	9 1997 то	9 19 98
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		
If NO, complete the following:		
#1. Term or condition of the general permit t	hat has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		_ _
#2. Term or condition of the general permit	that has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
	<u></u>	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my annual con	sumption of perchloroethylene solvent, based
Nan	ne (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.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	✓ COMPLAINT/DISCOVERY □			
RE-INSPECTI	ION 🔲			
AIRS ID#: 0250938 DATE: 5/20	199 TIME IN: 2:45 TIME OUT: 3:10			
FACILITY NAME: DAMPUS C	leavers & & &			
Miani, FL 33144 83 5				
RESPONSIBLE OFFICIAL : Temy BY	DWMQ/ PHONE: (305) 448 - 3714			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
 1. New facility notified DARM 30 days prior to st	artup \square			
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			
À.				
1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$			
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, $140 \le x \le 2,100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1.800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
•	(constructed on or arter 1219191)			
	\checkmark			
5. This is a correct facility classification	Y ON OCan not determine			
5. This is a correct facility classification If no, please check the appropriate classifi	Y ON OCan not determine			
If no, please check the appropriate classifi	Y ON OCan not determine			
If no, please check the appropriate classifi	Y IN ICan not determine			
If no, please check the appropriate classification of the facility qualified for a graph of the facility exceeds above limits.	Y DN DCan not determine ication: eneral permit as number above			

Review 10/1/99 DC 10/199 0/199

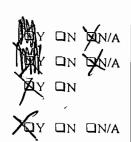
Lof5

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





PART IV: PROCESS VENT CONTROLS

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?

- XY ON
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- Y DN DN/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- XY ON ON/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- XY DN
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the con'denser exceeded 45° F?
- DY DN WN/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

XY ON

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

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y ON ON/A Y ON MANA Muck cookers couplings, and valves Y ON ON/A Y ON ON/A Door gaskets and seating Stills Y ON ON/A □N □N/A Filter gaskets and seating Exhaust dampers Y ON ON/A Y ON ON/A **Pumps** Diverter valves Solvent tanks and containers A'N' NO YÇ Cartridge filter housings XY ON ON/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **X**N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

Inspector's Signature

: . : .

Date of Inspection

5) 000

Approximate Date of Next Inspection

DY DN

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

ADDITIONAL SITE INFORMATION:		
	· .	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVER	Υ 🗌	RE-INSPECTION
TIME IN: 2:45	TIME OUT: 3:1	16 AIRS	ID#: 025	0938
TYPE OF FACILITY: PCM	- Dry Year	rej		
FACILITY NAME: 737	50 Bird	Rd	D	ATE: 5/26/99
FACILITY LOCATION:	empus (lean	er5		
M	iami, FL 33	<u>46</u>		11/10/2011
RESPONSIBLE OFFICIAL: Te	my Browna	PHONE 1	NUMBER:	305)448-3114
<u>r - </u>	e compliance requirements ev le 62-213.300, Florida Admir		ion, the facility	is found to be in
Based on the results of the discrepancies were noted:	e compliance requirements ev	aluated during this inspecti	ion, the followi	ng compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-U	UP ACTION	N REQUIRED
	_			
				
;				
		-		
COMMENTS:				
The Annual Compliance Certificat	ion form has been properly co	ertified and submitted to the	e inspector.	YES NO
DATE OF NEXT INSPECTION	:5/2000	9		
		(Approximate)		
INSPECTION CONDUCTED B	v: HOBOCO	- (Trine	V	
	1 1500 1-	(Please Print)	/:	210x 200 1000
INSPECTOR'S SIGNATURE:	JUNG!	PHONE	NUMBER:	100) 201 2 - (19/3(
	Page	e of		Revised 10/96

AIRS 10#:0250 938

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quinty	U3 Cleaners	DATE: 5/20/99
FACILITY LOCATION: 375	o Riro Rd.	, ,
Mia	MINEC 331460	
	7700) 1	
Annual Reporting Period:	519 <u>9</u> 8 то	5 19 90
Based on each term or condition of the Title	V general air permit, my facility has remaine	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered by this state	ement. YES NO
If NO, complete the following:		
#1 Term or condition of the general nermit	that has not been in continuous compliance of	during the reporting period stated above:
"1. Term of condition of the general permit	·	aming the reporting period stated accirc.
Exact period of non-compliance: from	to	· ·
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance of	during the reporting period stated above:
	· · · · · · · · · · · · · · · · · · ·	·
Exact period of non-compliance: from	to	· .
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
Trouble used to demonstrate comprise.	The second secon	
made in this notification are true, accurate a	based on information and belief formed after and complete. Further, my annual consumpti does not exceed 2,100 gallons per year for di BYOW MAN ne (Please Print)	on of perchloroethylene 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.

RMS Ulil99 DG Page ____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Æ	COMPLAINT/DI	SCOVERY	
•	RE-INSPECTION			•	•
AIRS ID#: <u>0250938</u> D.	ATTE: 2/12/2	- TIME	IN. 1245 TI	ME OUT: A	1310
!				ME OUT	<u> </u>
FACILITY NAME:	Campus	Clea	ners		
FACILITY NAME:	3750	Bird To	<u>. </u>	E B	"M
·	Carl G.	.1le	FL	FALO. P.	L
RESPONSIBLE OFFICIAL: _	- D	/	DIVOND 7	O Pick	
RESPONSIBLE OFFICIAL: _	Long Brown	an	PHONE:	- 444 85 - J	CA14 (
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		PHONE:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
PART I: NOTIFICATION					
(check appropriate box)		:			
1. New facility notified DARM 30) days prior to startup	1			
2. Facility failed to notify DARM	to use general permi	t.			
					A-77
PART II: CLASSIFICATION					
Facility indicated on notification	form that it is:		☐ No notification	form	
(check appropriate box)	torm that it is.		☐ Drop store/out of		oleum
A				. =1	•
1. Existing small area source dry-to-dry only, x < 140 gal/yr			area source y, x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$			x < 200 gal/yr		
both types, $x < 140$ gal/yr		oth types, x <	- -		
(constructed before 12/9/91)	(c	onstructed or	n or after 12/9/91)	•	
3. Existing large area source	□ 4.	New large	area source	<u>-</u>	
dry-to-dry only, $140 \le x \le 2,10$			y, $140 \le x \le 2,100 \text{ gal/}$	'yr	
transfer only, $200 \le x \le 1,800 \le$			$200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal. (constructed before $12/9/91$)			$0 \le x \le 1,800 \text{ gal/yr}$ n or after 12/9/91)		
(constructed belone 12/9/91)	, (0	onstructed of	11 01 after 12/9/91)		
5. This is a correct facility class	sification 7 💆	Y ON	□Can not determin	ne	
If no, please check the app	propriate classificatio	n:			
☐ facility	qualified for a genera	l permit as n	umber abo	ve	
☐ facility	exceeds above limits	and is not eli	igible for a general per	mit	
B. The total quantity of perchloroe	ethylene (perc) purch	ased within t	he preceding 12 month	is by this dry cl	caning
facility was <u>97</u> gallons.	.د		~ ~-		
	White -		1		

\$28/00

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN EAN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? AZY □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ETY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN WN/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? BY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OFY DIN DINA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? **E**Y ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? AVAED NO YO 6. Conducted all temperature monitoring after an appropriate cooldown period and after END VE verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
ľ				
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
ĺ	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	ΠN	
	on dry-to-ory, rectained, and dryer macrines on a weekly basis.	ш.		
2	Managered and recorded the weeker subject temporature at the condenser			
۷.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	LIY	ЦN	□N/A
	Is the temperature differential equal to or greater than 20° F?	Пν	UNI	□N/A
	is the temperature differential equal to of greater than 20 1?	C I	C) N	LIVA
_	Marine I and an analysis to the control of the college to the coll			
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
ļ	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	\Box N	□N/A
	Later and the state of the stat			CD \ 1/4
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	□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?	\Box Y	\square N	□N/A
	or expansion, and comment norms to small more		-••	
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.	• • • • • • • • • • • • • • • • • • • •		CDM	DN/A
	condenser coils?	LI Y	N	UN/A
		_	_	_
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	\Box N	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	BHY □N
2. Maintained rolling monthly total of perc consumption?	BELY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DAN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ₽MYA
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N 221N/A
6. Maintained startup/shutdown/malfunction plan?	₽Y ON
7. Maintained deviation reports?	OY ON BAN/A
Problem corrected?	OY ON PANA
8. Maintained compliance plan, if applicable?	OA OW QUIV

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small	sources, bi-weekly) leak detection	and repair
	inspection?		•	ZY ON
2.	Has the facility maintained a leak log?			QY ON
3.	Does the responsible official check the	following areas fo	or leaks?	
	Hose connections, fittings, couplings, and valves	אם מם צוב,	A Muck cookers	OY ON PYN/A
	Door gaskets and seating	ZY ON ON	A Stills	ZY ON ON/A
	Filter gaskets and seating	DY ON ON	A Exhaust dampers	OY ON ON/A
	Pumps	ZY ON ON/	A Diverter valves	ØY ON ON/A
	Solvent tanks and containers	ØY ON ON/	A Cartridge filter housing	s ØY ON ON/A
	Water separators	ØY ON ON/	A	
4.	Which method of detection is used by	the responsible off	īcial?	
	Visual examination (condensed s	olvent on exterior	surfaces)	Æ
	Physical detection (airflow felt th	rough gaskets)		Ø
	Odor (noticeable perc odor)			2
	Use of direct-reading instruments	ation (FID/PID/cal	orimetric tubes)	
	Halogen leak detector			Ø
	If using direct-reading instr	umentation, is th	e equipment:	□N/A
	a. Capable of detecting	perc vapor concen	trations in a range of 0-500 ppm?	OY ON
 	b. Calibrated against a	standard gas prior t	to and after each use	
	(PID/FID only)?			OY ON
	·		f wear on a weekly basis?	OY ON
	d. Kept in a clean and s			אם עם
	e. Verified for accuracy	by use of duplicat	te samples (calorimetric only)?	OY ON
				·
			,	,
	Ivan tanni	<u>~</u>		7/00
	Inspector's Name (Please Pri	11)	Date of Inspection	
		,	2/	
_	Inspector's Signature		Approximate Date of	f Next Inspection

ADDITIONAL SITE INFORMATIO	N:			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1245 TIME OUT: 1315 TYPE OF FACILITY: Perc Dy Clean	AIRS ID#:
FACILITY NAME: Campus Cleane	DATE: 3/17/00
FACILITY LOCATION: 3750 B. L. R.	
	1
RESPONSIBLE OFFICIAL: Browner	PHONE NUMBER: 305 - 448 - 3714
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
Good HouseA	eeping
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: \(\sqrt{Appr}\)	roximate)
INSPECTION CONDUCTED BY: Ivan Fa	se Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305- 373-6931
Page	of Revised 10/96

AIRS ID#: 0250938

Kil

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY LOCATION: 3750 Bud Rd. Conal Gallo, FC Annual Reporting Period: March 1999 TO	
· · · · · · · · · · · · · · · · · · ·	
·	
Annual Reporting Period: March 19 97 TO	March Dec
One does not have a condition of the Title V manual air manuit may facility be a	amained in compliance with DER Pula
Based on each term or condition of the Title V general air permit, my facility has re 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by the	
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance.	iance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous comple	iance during the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>

^{*}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.

and the same of th	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
349	
1	UFFICIAL USE
18	Postage \$
310	Certified Fee
m	Return Receipt Fee (Endorsement Required)
100	Restricted Delivery Fee (Endorsement Required)
足	10 AIRS ID # 0250938001AG
1-1-1	TERRY BROWMAN
1	CAMPUS CLEANERS
	3750 BIRD ROAD
7000	-; MIAMI FL
	PS Form 3800, May 2000
_	1 See Heversenor instructions

• ,

PLACE STICKER AT TOP OF ENVELOPE	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. Received by (Please Print Clearly) B. Date of Delivery C. Signature) X Lily C. Jackson Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: 10 AIRS ID # 0250938001AG TERRY BROWMAN CAMPUS CLEANERS	If YES, enter delivery address below:
3750 BIRD ROAD MIAMI FL 33146	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000/670.0	01331087349
PS Form 3811, March 2001 Domestic Ret	

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEI		Covera	age Provided)
0923		· · · · · · · · · · · · · · · · · · ·			
F3F3	Postage Certifled Fee	\$			Postmark
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	AÎRS ID #	02509	938	Here
	To: CAMPUS CLI		0230	,,,,	
0.520	Rec TERRY BRO 3750 BIRD RO	WMAN			nailer)
7000	Stre MIAMI FL 33146				
	City, PS Form 3800, Februa	ary 2000	s	ee Rever	se for Instructions

PLACE STICKER AT TOP OF EN NOLLOS SILVE	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the revisor that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. Article Addressed to: AIRS ID # 0250938 CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD 	erse C. Signature
MIAMI FL 33146	3. Service Type
2. Article Number (Copy from service label)	3730923
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address, and ZIRP4 in this box fry sender: Please print your name, address print



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255	OFF	ICIAL	USE	
3	Postage	\$		
7-	Certified Fee		Postmark	
0.0	Return Receipt Fee (Endorsement Required)		Here	
00	Restricted Delivery Fee (Endorsement Required)			
밉	AIRS ID # 0250938 Total Postag CAMPUS CLEANERS			
03		Y BROWMAN SIRD ROAD		
7003	Street, Apt. No MIAM or PO Box No. City, State, ZIP 33146			
1	PS Form 3800, January 20	001	See Reverse to Instructions	

A A CARDID BILLIOUS NO PROMO TO TAKE NO ILS	30V16			
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 # 0250938 CAMPUS CLEANERS TERRY BROWMAN 	A. Received by (Please Print Clearly) C. Signature X A Grand Gra			
3750'BIRD ROAD MIAMI FL 33146	3. Service Type Certified Mail Registered Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Coox from service lebel) 7001 0320 0001 7976 2227				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 415155 MAR13 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250938 CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD

MIAMI FL

33146

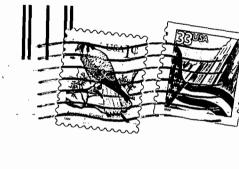
FOR GOVERNMENT USE ONLY

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

Obj.: 002273

BROWMAN 7450 S. W. 114th STREET MIAMI, FLORIDA 33156





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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 403361

32315-3070

And the Administration of the Administration

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

1-22-01 Pd

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label AIRS ID # 0250938 CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD **MIAMI FL 33146**

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

- (cut littl)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300938

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.09 AN 27 98

Do NOT Remove Label

AIRS ID#0250938

ROY BROWMAN & SONS INC TERRY BROWMAN 3750 BIRD ROAD **MIAMI FL 33146**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

P 124 025 174 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0250953 SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE **MIAMI FL 33137** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	Consult postmaster for fee.	eceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID # 0250938 CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD MIAMI FL 33146	7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD ceilivery	you ror using Keturn K
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X		8. Addressee's Address (Snly if requested and fee is paid)		Inank
_	PS Form 3811, December 1994		Domestic Return Receipt	1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00AIL ROOM

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Do NOT Remove Label

AIRS ID # 0250938

CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD **MIAMI FL 33146**

FEB 25 99

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

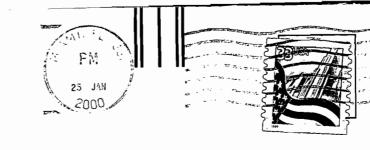
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٤	Special Delivery Fee		
1.	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
8	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	a does not 1. Addressee's Address 2. Restricted Delivery
ADDRESS completed	3. Article Addressed to: CAMPUS CLEANERS TERRY BROWMAN 3750 BIRD ROAD MIAMI FL 33146	4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid) 595-97-8-0179 Domestic Return Receipt

BROWMAN 7450 S. W. 114th STREET MIAMI, FLORIDA 33156



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

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32315X3070

1 HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

CAMPUS CLEANERS
TERRY BROWMAN
3750 BIRD ROAD
MIAMI FL 33146

