

# Department of Environmental Protection

0990377

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

Virginia B. Wetherell Secretary

September 9, 1996

Mr. M. Kassam Continental Dry Cleaners 2535 North Dixie Highway Lake Worth, Florida 33460

Dear Mr. Kassam:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 15, 1996.

Please note that in November 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 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

cc: Mr. Al Grasso, Palm Beach County

# Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CONTINENATAL DRY CLEANERS INC
2.	Site Name (For example, plant name or number):
	CONTINGNIAL DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981 480 031
4.	Facility Location:
	Street Address: 2535. N. D/XIE HWY City: Lake Worth County: Palm Beach Zip Code: 33460
	City. Lake Worth County. Volum Beach Especial. 3346.0
5.	Facility Identification Number (DEP Use):
	0990377
	Responsible Official
(6.)	Name and Title of Responsible Official:
	MEKASSAM
7.	
	Organization/Firm: Street Address: 2525 NGD in B. Harry
	Organization/Firm: Street Address: 2535 N.O.IX & HWY City: Leke Wast County: Palm Seach Zip Code: 33460
8.	
	Telephone: (561) 588 - 7/24 Fax: (561) 588 - 7/24
	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: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 1 5 1996

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Bureau of Air Monitoring & Mobile Sources #0990377

Continental Dry Cleaners

spoke with Mr. Kassam -8/29/96

p.13 6. need title-President p.15 5.(f) required

### **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 Mac	hine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Contro Device Installe
Example		#1	03-OCT-93	12-NOV-93	3 # <i>2</i>	08-DEC-91	,	#3	02-MAR-92	02-M
Dry-to-Dry U	Jnit	#1	JUNE	<i>§</i> 5		·	:			
(1) w/ re	f. condenser									
(2) w/ ca	rbon adsorber									
(3) w/ no	controls									
Washer Unit			hit will all				•		in the state of	
(4) w/ re	f. condenser									
(5) w/ ca	rbon adsorber									
(6) w/ no	controls									
Dryer Unit										1 4 7
(7) w/ re	f. condenser									
(8) w/ ca	rbon adsorber									
(9) w/ nc	controls									
Reclaimer Ur	nit	٠.					. V		44 T (41)	1.
(10) w/ r	ef. condenser									
(II) w/ca	arbon adsorber							-		
(12) w/ n	no controls									
(c) No co	ontrol devices  was the total of  than 12 montrol  why it is less	are r quant   gallo	equired to be ity of perchl ons ow many? [	e installed [ oroethylene] month	(perc)	_] purchased i				
(Indicate	ne facility's so with an "X". isting small ar	Selec	et one classif	ication only	.)	nitions foun		(3) of _]	Part II?	
Exi	isting large ar	A2 CA	urce [ ]	N	low la	ge area sou	rce [	1		

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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  []						
£ A facility which contains non assemble amissions a	nits shall not be aligible to use the general normit nursuant					
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following					
	nave a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring a	nd Recordkeeping Information					
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases	[X]					
(b) Leak detection inspection and repair	[ <i>X</i> ]					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration mon	itoring []					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						
•						

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# 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)						
K	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification .						
this notij statemen maintain comply v	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	omptly notify the Department of any changes to the information contained in this notification.						
Signatur	Date / /						

DEP Form No. 62-213.900(2)

Effective: 6-25-96





# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:40 TIME OUT: 12:	30 AIRS ID#: 0990377
	0
0 - 2 0 + 1 5	DY Cleaning DATE: 3-25-97
FACILITY LOCATION: 2535 N-1 Lake worth	FL 35460
RESPONSIBLE OFFICIAL: Mubarak Kass	
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
	-
	The second secon
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certifi	_ ~
DATE OF NEXT INSPECTION: 5 - 2	5-98
INSPECTION CONDUCTED BY: R.V.C	hokshi  ase Print)
INSPECTOR'S SIGNATURE: Q'UChol	PHONE NUMBER: 355-3070

X HRMS

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INS	COMPLAINT/DISCOVERY
FACILITY NAME: Continues 253	Ke Worth, FL 33460
110 1711 1011	1120 N 300 7127
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/9	6
2. New facility notified DARM 30 days pri	or to startup
3. Facility failed to notify DARM to use ge	neral permit
PART II: CLASSIFICATION  Facility indicated on notification form the (check appropriate box)	it it is:
A.  1. Existing small area source of 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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source  dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yτ=""></x<2,></td></x<2,>	4. New large area source  dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yτ=""></x<2,>
This is a correct facility classification	X <sub>X</sub> □N
If no, please check the appropriate classific	ation:
	eral permit as numberabove its 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 50 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? 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)

l.	Equipped all machines with the appropriate vent controls?	OΥ	ΠN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	QΥ	.ПИ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	QY	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΟY	ПN	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	'Пи	

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?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	QY QNN/A
<ul> <li>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,</li> <li>or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?</li> </ul>	□Ү □ИИ/А
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	OY ON ONA
6. Routed airflow to the carbon adsorber (if used) at all times?	QY QN QN/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	AST ON
Has the responsible official: (check appropriate boxes)	AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	AY ON BY ON BY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	AY ON AY ON AY ON AY ON AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ZY CIN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	DY ON XVA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? Gor direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY ON WA OY ON MA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY ON WAA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	DY ON WA OY ON N/A DY ON

MY DN

1. Does the responsible official conduct a weekly leak detection and repair inspection?

2. Which method of	detection is used by	the respons	sible offici	ial?	Л	•
Visual exam	unation (condensed s	solvent on	extérior st	urfaces)	K	
Physical det	ection (airflow felt th	rough gas	kets)		<b>X</b>	
Odor (notice	able perc odor)	-			<b>8</b>	
·	t-reading instrument	ation (FID	/PID/calor	rimetric tubes)	a	N/A
If using dir	ect-reading instrum	entation,	is the equ	ipment:		
a.	Capable of detecting	perc vapo	r concentr	ations in a range of 0-500 ppm?	QY	UN_N/A
	Calibrated against a (PID/FID only)?	standard g	as prior to	and after each use	QΥ	ON_N/A
		nd obvious	signs of v	wear on a weekly basis?	QΥ	□N_N/A
	Kept in a clean and		_		ДY	□N_N/A
e.	Verified for accuracy	y by use of	duplicate	samples (calorimetric only)?	QΥ	□N_N/A
3. Has the facility m	aintained a leak log?	?		•	QΥ	ОИ
4. Does the responsi	ble official check the	e following	areas for	leaks?		
	ctions, fittings, and valves	X X	ПD	Muck cookers	. QY	on <b>\</b> n
Door gasket	ts and seating	<b>₽</b> Y	ND	Stills	XY	□ИN
Filter gaske	ts and seating	A A	ПП	Exhaust dampers	ŪΥ	ON XN
Pumps		YY	ПN	Diverter valves	ΩY	$\square N \overline{\nabla} N$
Solvent tan	ks and containers	<b>₫</b> Y	ΠN	Fan Cartridge filter housing:	s Ar	ΩИ_И
Water sepa	rators	) <del>Q</del> Y	ПD			-
R.V. (	of Responsible Office Chokshi or's Name (Please Pr		ture)	PRESIDENT (561) Name of Responsible Official  3-29  Date of Insp	- 9	8-712 4 nt) & Prone (
	· Choh					<u>8</u>
Inst	pector's Signature			Approximate Date of	Next I	nspection
ondary Containm	ent for: Dry	Cleaning	g Machi	ne & Storage area		Yest No [X] []
				Waste area		( <b>√</b> ) [] ( <b>√</b> )
				Spotting area Seale	ed	
sposal of Water	from Water Ser	parator	usina =	approved evaporator		A 1 1
_				Pick <b>s</b> up Water		X 1
	OI.	waste u	CHUL <b>CS</b>	trovanh mater		1/1011

all

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990377 CONTINENATAL DRY CLEANERS INC M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460 Do NOT Remove Label 19 **8** TO Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in condition 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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 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 purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:20 TIME OUT: 11:11  TYPE OF FACILITY: Doy dean	0 AIRS ID#: 0990377
FACILITY NAME: Continental Do FACILITY LOCATION: 2535 N. D Lake Worth,	Y Cleaners MATE: 2-25-98 ixie HWY FL 33460
RESPONSIBLE OFFICIAL: MUbarak Kassa	m
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
	-
-	
COMMENTS:	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION: 2 - 25 - 9	99
INSPECTION CONDUCTED BY: R V CHO	oroximate) ORSHI  ase Print)  355-3070

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE Y GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

·	
AIRS ID#: 0990377DATE: 2-25- FACILITY NAME: Confinenta FACILITY LOCATION: 2535  Lake L RESPONSIBLE OFFICIAL: Mubara CONTACT NAME:	N. Dixie HUY North, FL 33460
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per	
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)
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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 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 AYO ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PANA 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? DY DN 2. Equipped dry-to-dry machines with a closed loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DA. DM

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located OY  ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
Is the temperature differential equal to or greater than 20° 7?	DY ON DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	A/AC NC YC
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?	AVAC NO YC
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אומם מם צם A
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?	אם צם			
2. Maintained rolling monthly averages of perc consumption?	אם אם			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	A'NO NO YO			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ZY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON MINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MIA			
6. Maintained startup/shutdown/malfunction plan?	מצ סא			
7. Maintained deviation reports?	MY ON ONIA			
Problem corrected?	AND NO YA			
8. Maintained compliance plan, if applicable?	אואולע אם צם			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection a	and repair				
inspection?	MO YE				
2. Has the facility maintained a leak log?	אם אם				
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves DY ON ON/A Muck cookers	בע מם עם אואב				
Door gaskets and seating DY ON ON/A Stills	MY ON ON/A				
Filter gaskets and seating OY ON ON/A Exhaust dampers	ON ON/A				
Pumps Dy DN/A Diverter valves	אום אם עם				
Solvent tanks and containers DY DN DN/A Cartridge filter housings	אוחם אם אַמאַ				
Water separators DY ON ON/A	,				
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)	A				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	DID/A				
Halogen leak detector	DN/19				
If using direct-reading instrumentation, is the equipment:	D⁄N/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם צם				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	מם עם				
c. Inspected for leaks and obvious signs of wear on a weekly basis?	מם עם				
d. Kept in a clean and secure area when not in use?	אם צם				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	מם עם				

(Please Print)

Inspector's Signature

Responsible Official's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes NO []
2. Disposal of Water from Water Separator using approved evaporato	r[] [/
or contracted Wastewater service	
MCF picks lep Waste Every other month (App	sox)

# BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10	0:15 AIRS ID#: 0990 377
TYPE OF FACILITY: Dry · Clean in	
FACILITY NAME: Continental Dry	1 Cleaners DATE: 1-27-99
FACILITY LOCATION: 2535 N.	Dixie Hwy
Lake Worth,	FL 334-60
RESPONSIBLE OFFICIAL: Mubarak Kas	150m PHONE NUMBER: 588-7124
Tare the latest the la	valuated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Admir	·
discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
<del></del>	
<u> </u>	
•	·
-	
COMMENTS:	•
4	
	· · · ·
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION:	2000
INCORPORTAL CONDITIONS OF V	(Approximate) ChoKShi.
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE ( Choh)	PHONE NUMBER: 355-3070

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Apris

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

7

COMPLAINT/DISCOVERY

	77 DATE: 1-27-9			
FACILITY NAME:	ontinent	el Doy	Cleane	15
FACILITY LOCATION	2535 A	1. Dixi	e Huy	
	Lake Wos	n, FL	3346	0
RESPONSIBLE OFFICI	AL: Mubarak	Kassampho	NE: <u>58</u>	8-7124
CONTACT NAME:	······································	PHO	NE:	
			:	

CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	etun.
2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A. 7	☐ Drop store/out of business/petroleum
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
facility exceeds above ling.  B. The total quantity of perchloroethylene (perc) process.	eneral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning
facility was 22.2 gallons.	98 (He says he buys Perconces

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsofber 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F?

PART III: GENERAL CONTROL REQUIREMENTS

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

NO YO

<u></u>	Heads and a single official of a serial state of the series of the serie			<del></del>
Մ.	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?	ΟV	ПΝ	
1				
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
				-IVA
	Is the temperature differential equal to or greater than 20° 59.	$\Box$ Y	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
ì	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	חת	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПΝ	□N/A
4.	Assured that the sampling port on the earbon 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?	ŪΥ	ΠN	□N/A
Ħ	or expansion, and do minimum no other finer.		,	
H 5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.		Пν	, DN	□N/A
	condenser coils?	· U Y	ЧN	UN/A
			_:	
<b>∦</b> 6.	Routed airflow to the carbon adsorber (if used) at all times?		ПИ	□N/A
<u> </u>				<u> </u>

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA NO AM
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואס אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם עם
6. Maintained startup/shutdown/malfunction plan?	מס עש
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	אואם אם אוא
8. Maintained compliance plan, if applicable?	אואם אם אם

# PART VI: LEAK DETECTION AND REPAIRS

☱				****		
۱.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				NOV	
2.	Has the facilit	ry maintained a leak log?	••		NO YO	
3.	Does the respon	onsible official check the	following areas for leaks	s?		
		nnections, fittings,				
	couplin	ngs, and valves	DY ON ON/A	Muck cookers	OY ON ZIN/A	
	Door ga	skets and seating	DY ON ON/A	Stills	MY ON ON/A	
	Filter ga	askets and seating	DY ON ON/A	Exhaust dampers	OY ON ØN/A	
	Pumps	-	ZY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent	tanks and containers	DY ON ON/A	Cartridge filter housings	S DY ON ON/A	
	Water so	eparators	MY ON ON/A			
4.	Which method	d of detection is used by	the responsible official?			
	Visual e	examination (condensed	solvent on exterior surfac	es)		
	Physical detection (airflow felt through gaskets)					
	Odor (n	oticeable perc odor)			9	
	Use of c	direct-reading instrument	tation (FID/PID/calorime	tric tubes)	Ø NA	
	Haloger	n leak detector			D NIA	
	If u	sing direct-reading inst	rumentation, is the equi	ipment:	DN/A	
		a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
		b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
		c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	□Y □N	
		d. Kept in a clean and	secure area when not in u	ise?	OY ON	
		e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON	

Responsible Official's Name

(Please Princ)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

1-27-99

Date of Inspection

Jan 2000

Approximate Date of Next Inspection

# ADDITIONAL SITE INFORMATION: Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed They have Sheet metal PAN Board & ingtalled over Sealed area 2. Disposal of Water from Water Separator using approved evaporator / [ ] or contracted Wastewater service MCT Picks up the Waster as needed

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10: 15 TIME OUT: 10:	40 AIRS ID#: 0990377
TYPE OF FACILITY: DEY Cleaning	
FACILITY NAME: Continental Del Clean	ers Inc DATE: 2/8/00
FACILITY LOCATION: 2535 N. Diste Hu	1 1
LAKE Worth FI 3346	,
RESPONSIBLE OFFICIAL: MUDARAK KASSAM	PHONE NUMBER: 588 - 7124
Based on the results of the compliance requirements evo	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	.5"
	BB 70
	MAR eau o & Mo
	of Ai
	6 2009 6 Monitorius Sources
The state of the s	
COMMENTS:	·
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
	6 2001
	pproximate)
NSPECTION CONDUCTED BY: Jeff	lease Print)
NSPECTOR'S SIGNATURE: gaypu, Dizek	PHONE NUMBER: 355 - 3070 x7 1139

Page of

Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAIN	T/DISCOVER	Y O
	RE-INSPECTION				180
AIRS ID#: <u>0990 377</u>	, ,			_ TIME OUT	r: 10: 40
facility name:	ivental Dey	Leave	es		
FACILITY LOCATION:	2535 N. D	ixie f	141/		
	LAKE WOETH	F1 3	33460		
RESPONSIBLE OFFICIAL:	Mu baeak Kassa	m	PHONE:	788 - 712	24.
CONTACT NAME:			PHONE:		
			······································		
PART I: NOTIFICATION					
(check appropriate box)					
<ol> <li>New facility notified DARM 3</li> </ol>	0 days prior to startup				Ο
2. Facility failed to notify DARM	to use general permit				
	Miles Military and Artifician Constitution of	- DECEMBER OF THE PARTY OF		CONTRACTOR AND A CONTRA	
PART II: CLASSIFICATION					
Facility indicated on notification check appropriate box)	form that it is:		□ No notificati □ Drop store/o	on form ut of business/	petroleum
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)	dry-t trans both	o-dry only fer only, x types, x <	area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal/(constructed before $12/9/91$ )	0 gal/yr dry-to al/yr transi yr both t	o-dry only fer only, 20 types, 140	rea source , $140 \le x \le 2,100$ g $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$ )	'yr	
5. This is a correct facility class	fication <b>X</b> Y	ПИ	□Can not determ	nine	
	ualified for a general pe xceeds above limits and	is not elig	ible for a general p		y cleaning
facility was 33.3 gallons.		٠.			-

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

	B. Has the responsible official of an existing large or new large area source also:		101	
	1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	. DN	
∦:	2. Measured and recorded the washer exhaust temperature at the condenser		٠	
	inlet and outlet weekly?	ΠY	ПN	DN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	DN/A
3	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,		٠	
l	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	ΠN	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?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	□Ņ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY (	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	<b>X</b> Y □N
2. Maintained rolling monthly total of perc consumption?	<b>X</b> Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YK
b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt?	ys 🙀 ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON XINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN <b>X</b> ÎN/A
6. Maintained startup/shutdown/malfunction plan?	<b>7</b> 7 □ N
7. Maintained deviation reports?	AVA NO YX
Problem corrected?	. אואם אם צאל
8. Maintained compliance plan, if applicable?	OY ON <b>X</b> NIA

1. Secondary Containment for: Dry Cleaning Machine & Storage area [X] [ Waste area [X] [ Spotting area Sealed [X] [  2. Disposal of Water from Water Separator using approved evaporator [X] [		· .	,			
1. Secondary Containment for: Dry Cleaning Machine & Storage area [X] [  Waste area [X] [  Spotting area Sealed [X] [  Spotting area Sealed [X] [  Or contracted Wastewater service [] ] [X]  A MCF Picks up the waste waste service [] [X]	AD	DITIONALSI	TE INFORMATION:			
1. Secondary Containment for: Dry Cleaning Machine & Storage area [X] [  Waste area [X] [  Spotting area Sealed [X] [  Spotting area Sealed [X] [  Or contracted Wastewater service [] ] [X]  A MCF Picks up the waste waste service [] [X]		• • • • • • • • • • • • • • • • • • • •				
Waste area [X] [ Spotting area Sealed [X] [  2. Disposal of Water from Water Separator using approved evaporator [X] [  or contracted Wastewater service [] [x]  A mcf Picks up the waster  sludge.						<i>V</i> C
Spotting area Sealed [X] [  2. Disposal of Water from Water Separator using approved evaporator [X] [  or contracted Wastewater service [] [X]  (A) MCF Picks up the waste sludge.	1.	Secondary	Containment for			1,000
2. Disposal of Water from Water Separator using approved evaporator [X] [ or contracted Wastewater service [] [X						Ţ
or contracted Wastewater service [] [x				Spotting area Sealed	[X]	I
or contracted Wastewater service [] [x				· · · · · ·		
or contracted Wastewater service [] [x						
or contracted Wastewater service [] [x				•		
or contracted Wastewater service [] [x				•		:
or contracted Wastewater service [] [x				÷		
or contracted Wastewater service [] [x		are =-	*	•	•	
or contracted Wastewater service [] [x					-	
or contracted Wastewater service [] [x	2.	Disposal of	E Water from Wate	er Separator using approved evaporator [	χΊ	[]
					]	[ <b>x</b> ]
			`;			
			_	•		
		. (4	) MCF PICK	s up the waster		
	•	,	sludge.			
		•				
			•	Parties to		
		:				
	•	•				
			•	•		
				•		

• ;

٠.

PART VI: LEAK DETECTION AND	D REPAIRS			
1. Does the responsible official conduc	t a weekly (for small sou	rces, bi-weekly) leak detection	and repair	
inspection?	* * * * * * * * * * * * * * * * * * * *		¥Y	ПN
2. Has the facility maintained a leak log	?		<b>Ò</b> 2∕Y	พี่
3. Does the responsible official check the	ne following areas for lea	ks?		
Hose connections, fittings, couplings, and valves	AINO NO YX	Muck cookers	OY O	N/A
Door gaskets and seating	AND NO Y	Stills	XA C	N □N/A
Filter gaskets and seating	XYY ON ON/A	Exhaust dampers		ANN K
Pumps	XY ON ON/A	Diverter valves	XY D	A/ND N
Solvent tanks and containers	AND NO AM	Cartridge filter housings	ØY □	N □N/A
Water separators	AND ND YO		_	
4. Which method of detection is used by	the responsible official?			j
Visual examination (condensed :	solvent on exterior surfac	es) -	×	
Physical detection (airflow felt the	rough gaskets)	••• •	)M	1
Odor (noticeable perc odor)	<b>15</b>			
Use of direct-reading instruments	X VA			
Halogen leak detector	¥ ~A	[]		
If using direct-reading instr	<b>X</b> IN/A			
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				The state of the s
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	DY DN	90077
d. Kept in a clean and se	cure area when not in us	e?	OY ON	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Y □M	
handaning kaling ka kaling kenggapan dan kanasa anakan kanan kanan kanasa kanasa kanasa kanasa kanasa kanasa k	The same and the same of the same of the same and the same and the same of the	Carettoon participation and acceptance of the second secon		
MKASSAM		AMAGA		
ponsible Official's Name (Please Print)	<u> </u>	Responsible Offic	cial's	Signa
Teffeey Dizak Inspector's Name (Please Prin	t) · · ·	Date of Inspection	· ·	
July Dinek	:	Feb 200 Approximate Date of N		ion

4 of 5

	INSPECTIO			
TYPE OF INSPECTION:	AMNUAL []	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	0910 377
TYPE OF FACILITY:	Dry Cleaning			
FACILITY NAME:	Continutal Di	Cleans	·	DATE: 15 MU OU
FACILITY LOCATION:	2535 N. Divie	- HW	Lake Worth.	35460
RESPONSIBLE OFFICIAL:	hubarak Kessen		PHONE NUMBER	588 -7124
	he compliance requirement ule 62-213.300, Florida Ad			tility is found to be in
Based on the results of the	ne compliance requirements	•	•	owing compliance
discrepancies were noted COMPLIANCE REQU		ארו זה	OLLOW-UP ACTI	ON DECLIDED
COMPERATOR REQU	IKUSIMEN IAROBLE	177 E	OLLOW-UP ACIA	OFRECOIRED
			Bureau & N	ECE
	,			, i
			Mon	
•			f Air Monitoring	0. *
			•	
	· - · · · · · · · · · · · · · · · ·	•   • • • •		
<del></del>	•			•
OMMENTS:				
				•
		,		
				1/25 NOT
ne Annual Compliance Certificatio	n form has been properly co		nitted to the inspector.	YES NO
ate of Next Inspection:_		(Approximate)		
SPECTION CONDUCTED BY:		elles		·
		(Please Print)		- ( ) - 2
SPECTOR'S SIGNATURE:	·	him.	PHONE NUMBER:3	3.30 /0.

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	
AIRS ID#: 0990 377 DATE: 15 No.	Dry Cleanurs  No Ditie Haye Lake Worth  33460
FACILITY NAME:	Dr. dea dan
FACILITY LOCATION:	N. Ditie Huje Lake Worth
	3>460
RESPONSIBLE OFFICIAL: Muber ek	Ke>>am PHONE: 588 71.24
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	•
2. Facility failed to notify DARM to use general p	permit
DADTIL OF ACCUSE ATTOM	
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	<ul> <li>No notification form</li> <li>□ Drop store/out of business/petroleum</li> <li>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr</li> </ul>
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	<ul> <li>No notification form</li> <li>□ Drop store/out of business/petroleum</li> <li>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)</li> <li>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</li></ul>
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PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	או אם אם אם
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	AY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN 947/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 refr  (complete A below).	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so air flow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser l     on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	Y ON ON/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?	A/MD M/D YD
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY 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 ZY ON ON/A and parts installed w/in 5 days of receipt? DY DN BANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN CHY/A 5. Maintained exhaust duct monitoring data on perc concentrations? EN ON 6. Maintained startup/shutdown/malfunction plan? AY ON ON/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	on and repair
inspection?			אם אם
2. Has the facility maintained a leak log	?		אם אַק
3. Does the responsible official check the	ne following areas for lead	cs?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	JOY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ם א מאוֹא מם אם
Pumps	DY ON ON/A	Diverter valves	ANO NO YO
Solvent tanks and containers	DY ON ON/A	Cartridge filter housing	gs ØY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	ces) -	4
Physical detection (airflow felt	through gaskets)		4
Odor (noticeable perc odor)			<u>, 4</u>
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	PPAR
Halogen leak detector			A NA
If using direct-reading inst	trumentation, is the equi	pment:	DIN/A
a. Capable of detecting	g perc vapor concentration	is in a range of 0-500 ppm?	מם צם
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	אם צם
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	אם צם
d. Kept in a clean and	secure area when not in u	se?	אם צם
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	□Y □N
	<b>3</b>	1	-
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Inspector's Name (Please P	rint)	Date of Inspection	
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Inspector's Signature		- NO	of Next Inspection

ADI	DITIONAL SITE INFORMATION:	142.00 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
				Yes NO
1.	Secondary Containment for:	: Dry Cleaning	Machine & Storage area	
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2.	Disposal of Water from Water			
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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

Bureau of Air Monitoring

Do NOT Remove Label

AIRS ID # 0990377

CONTINENTAL DRY CLEANERS M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDI

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AIRS ID # 0990377

CONTINENTAL DRY CLEANERS M. KASSAM 2535 N DIXIE HWY

LAKE WORTH FL 33460

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460

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



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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#0990377

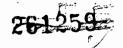
CONTINENATAL DRY CLEANERS INC M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

RECEIVED MAIL ROOM FEB 24 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0990377
CONTINENATAL DRY CLEANERS INC
M. KASSAM
2535 N DIXIE HWY
LAKE WORTH FL 33460

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 660 348 \QQQ **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990377 CONTINENTAL DRY CLEANERS M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460 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

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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.	o can return this	l also wish to receive the following services (for an extra fee):
the reverse	<ul> <li>Attach this form to the front of the mailpiece, or on the back if spac permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the articl</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>	1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
completed on	delivered.  3. Article Addressed to:  AIRS ID # 0990377  CONTINENTAL DRY CLEANERS  M. KASSAM  2535 NDIXIE HWY	4b. Service	Type
RN ADDHESS	LAKE WORTH FL 33460	7. Date of De	Mair STATION LAND Certified Mair STATION LAND CENTER 1 3 1999
your RETUR	Received By: (Print Name)      Signature: (Addressee or Agent)  X	8. Addresses and fee is	PEB 13 1999  By's Address (Only if requested paid)  ST 33460-9998
<u> </u>	PS Form <b>3811.</b> December 1994	2595-97-B-0179	Domestic Return Receipt

# P 265 302 857 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0990377 CONTINENATAL DRY CLEANERS INC M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date 2/17/97

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing services extra fee):  1.  Addresse 2.  Restricte Consult postmas	ee's Address
ADDRESS completed	3. Article Addressed to:  AIRS ID#: 0990377  CONTINENATAL DRY CLEANERS INC  M. KASSAM 2535 N DIXIE HWY  LAKE WORTH FL 33460	4b. Service Registers	Type  od  Mail  ceipt for Merchandise	COD COD Source Con
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	S Form 3800, February 20	000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Received by (Please Print Clearly) B. Die of Delivery
so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X // Addressee
{	D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
AIRS ID # 0990377 CONTINENTAL DRY CLEANERS M. KASSAM 2535 N DIXIE HWY LAKE WORTH FL 33460	1722
	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	424 3648
PS Form 3811, July 1999 Domes	stic Return Receipt 102595-99-M-1789

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:  10 AIRS ID # 0990377001AG  M. KASSAM  CONTINENTAL DRY CLEANERS 2535 N DIXIE HWY  LAKE WORTH FL 33460	A. Received by (Please Print Clearly) B Date of Delivery  C. Signature  X
	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	
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## \* Z 210 662 846

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

10 AIRS ID # 0990377001AG M. KASSAM CONTINENTAL DRY CLEANERS 2535 N DIXIE HWY LAKE WORTH FL 33460

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

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0990377

CONTINENTAL DRY CLEANERS
M. KASSAM
2535 N DIXIE HWY
LAKE WORTH FL 33460

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom, Date, & Addresse's Address
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I also wish to receive the following services (for an extra fee):

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Addressee's Addresse

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