

Department of Environmental Protection

Virginia B. Wetherell

Secretary

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

September 13, 1996

Mr. Teodat N. Jagessar Super Dry Cleaner 5702 Lake Worth Road, #6 Lake Worth, Florida 33463

Dear Mr. Jagessar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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 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

Stolly Wietz

/DD

cc: Mr. Al Grasso, Palm Beach County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SUPER DRYCLEAN ER
1-	
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	SAD 9812 69095
4.	Street Address: 5702 LAKE WORTH ROAD
	Street Address: 5 101 Crity: PALM BEACH Zip Code: FL 33463
	Chy. Thee World county. The County The County of the Count
5.	Facility Identification Number (DEP Use):
	100990395
EAP SHIPSE	
	Responsible Official
6.	Name and Title of Responsible Official:
	TEODAT A JAGESSAR OWNER
	Responsible Official Mailing Address: Organization/Firm: SUPER DRYCLEANER Street Address: 5702 LAKEWORTH RD #6 City: County: County
	City: LAKE WORTH County: Palm Beach Zip Code: FL 33463
	LAKE WORLD PAIN DE MOR PL 5540)
8.	Responsible Official Telephone Number:
	Telephone: (407) 969- 9603 Fax: () -
	Facility Contact (If different from Decembrish Official)
	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: Zin Code:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
L	

RECEIVED

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

AUG 2 2 1996

Bureau of Air Monitoring

. 0970395

p.15 (f) Should be marked

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		•							. ', '
(1) w/ ref. condenser	#1	Soft 88			3-1-8	4			
(2) w/ carbon adsorber		, , , ,							
(3) w/ no controls									
Washer Unit				•					
(4) w/ ref. condenser									
(5) w/ carbon adsorber				_					
(6) w/ no controls									
Dryer Unit		110		•					
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				•					· , <u>·</u> . · · :
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classific	cation only.) Ne	w sn	nall area sour	rce []	3) of 	Part II?	
Existing large are	ea sou	irce []	Ne	:w laı	ge area sour	ce []	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have 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	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	为
(c) Refrigerated condenser temperature monitoring	Ľ
(d) Carbon adsorber exhaust perc concentration mor	
(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)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\swarrow	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the Department of any changes to the information contained in this notification.
Signature	platif. Jagossar B/13/96

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

**	INSPECTION	A 201AIN	IAKY KŁ	PURI	\smile	
TYPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISC	COVERY _	RE-INSPE	CTION [
TIMÉ IN: 11:00	TIME OUT:	: 4	9	_AIRS ID#:_ O	199039	5
TYPE OF FACILITY: Do	ry CLeanin	<i>ያ</i>				
. 7	7	101	FA 1/5	I D		
TACIBIT TAMES		1 (-17-10 E	112	DATE:	-22-96
FACILITY LOCATION: 5	702 Lak	e w	orth	ROA	+ 6	
Le	ake Worth	, }	` ~	33 <i>463</i>		
RESPONSIBLE OFFICIAL: T	EODAT	N, J.	AGE S	HONE NUMBER	: 969-	9603
Based on the results of the compliance with DEP Rule					cility is found to be	in
Based on the results of the discrepancies were noted:	compliance requirements	s evaluated	during this	inspection, the fol	llowing compliance	;
COMPLIANCE REQUI	REMENT/PROBLE	EM	FOLL	OW-UP ACT	ION REQUIR	ED
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
		-	-			:
-			,		.,	
			,			
20 C C C C C C C C C C C C C C C C C C C						
COMMENTS:			 			
				ż		
The Annual Compliance Certification	on form has been properly	certified a	and submitte	d to the inspector.	a torm w	NO Quent
DATE OF NEXT INSPECTION:	11-20-					
	0.101	(Appro	(imate)		<i>(</i>	
INSPECTION CONDUCTED BY	: KV-ChQ	<u>8 KSHÎ</u>	1 M	· CATK	INCARO)
1		(Please	Print)	1		
INSPECTOR'S SIGNATURE:	W-Ch-		PH	ONE NUMBER:	355-3	070
İ	· Pa	age of	\.		. F	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY
FACILITY NAME: SUP	ER DA	-96 TIME IN: []:00 TIE YCLEANER Lake Worth Rd Worth, FL 3	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARN	M by 9/1/96	.*	汶
2. New facility notified DARM 30	days prior to sta	rtup	`a`
3. Facility failed to notify DARM	to use general per	rmit	<u> </u>
	 		*
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form that it is:		
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr l/yr</td><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,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr l/yr	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,="" yr=""><td></td></x<2,>	
This is a correct facility classifica	tion	XX □N	
facility exceeds a B. The total quantity of perchloro	for a general pera above limits and is	mit as number zero above s not eligible for a general permit archased within the preceding 12 month	ns by this dry cleaning
facility was 120 gallons.			

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	Grantin Tank
Storing perchloroethylene in tightly sealed and impervious containers?	CONTRA PA
Examining the containers for leakage?	ALA NO ANA
Closing and securing machine doors except during loading/unloading?	ØA □N
Draining cartridge filters in their housing or in sealed containers for at	3) · ·
least 24 hours prior to disposal?	XY DN
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XVA
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 (complete A below).	a refrigerated condenser
If classification 3 has been checked, the machine should be equipped with condenser or a carbon adsorber (complete A and B below). Carbon adsorinstalled prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with (complete A and B below).	a refrigerated condenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	irces:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y '□N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from condenser upon opening the door?	the □Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerate condenser on a weekly basis?	ed □Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	he □Y □N
6. Conducted all temperature monitoring after an appropriate cooldown period and aftiverifying that the coolant had been completely charged?	ter

PART III: GENERAL CONTROL REQUIREMENTS

b. Has the responsible official of all existing farge of 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?		N		
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПП		
Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	,	
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ΠN	□N/A	
Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠN	Í	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ŌИ	:	
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	 □Y	ПΝ	□N/A	
\cdot				
6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS	ΟY	ПП	□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	ПY	N	□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)		□N GN	□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY		□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?		, ZO XO	□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:		, ZO XO	□N/A	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?		, ZO XO	□N/A	دمها
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 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) All Company		, Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	a. □N/A	, Ke
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 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) Arc Company		, Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	a. □N/A	to pe
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) A/C Compendation of the following: 5. Maintained exhaust duct monitoring data on perc concentrations?		, Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	a. □N/A	to
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 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) A/C Company 5. Maintained exhaust duct monitoring data on perc concentrations? 5. Maintained startup/shutdown/malfunction plan?	MAN AN MAN MAN MAN MAN MAN MAN MAN MAN M	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	a. □N/A	to pe
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 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) A/C Company	MAN AN MAN MAN MAN MAN MAN MAN MAN MAN M		a. □N/A	to pe

2.	Which method of detection is used by	the respon	sible offi	cial?			
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt t	hrough gas	skets)		Ø		
	Odor (noticeable perc odor)				\Box	×1.0	
	Use of direct-reading instrumen	tation (FII)/PID/cal	orimetric tubes)		₽ Z	
	If using direct-reading instrun	entation,	is the eq	uipment:			
<u> </u> 	a. Capable of detecting	g perc vapo	r concen	trations in a range of 0-500 ppm?	$\Box Y$	ПΝ	
	b. Calibrated against a (PID/FID only)?	standard g	gas prior	to and after each use	ΠY	DN	
	c. Inspected for leaks a	ınd obviou	s signs of	wear on a weekly basis?	\Box Y	OY ON	
	d. Kept in a clean and	secure area	a when n	ot in use?	\Box Y	NO YO	
	e. Verified for accurac	y by use of	duplicat	e samples (calorimetric only)?	\Box Y	ПN	
3.	Has the facility maintained a leak log	?			X	ΠN	
4.	Does the responsible official check the	e following	g areas fo	r leaks?			1,,
	Hose connections, fittings, couplings, and valves	$\not \triangleright_{\rm Y}$	ΠN	Muck cookers	. Q Y	9 4	NA
	Door gaskets and seating	AX	ПN	Stills	4 X	ΠИ	i.
	Filter gaskets and seating	₩ X	ПN	Exhaust dampers	. Q Y	X	
	Pumps	XY	ΠN	Diverter valves	$\Box Y$	N	
	Solvent tanks and containers	ďx,	ПИ	Cartridge filter housing	gs A Y	* □И	1
	Water separators	XY	ПИ	Tw	0		<u></u> :

TEODATN. JAGESSAR	
Name of Responsible Official	1. 77-9/
R.V. CHORSHILDM. CATAUZARO	11-20 16
Inspector's Name (Please Print)	Date of Inspection
avch fine.	11-22-97
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:		·
		•	
		•	
	·		
		·	
			* ·
			.8+
·	→ 20		
		·	
·			
	•		
	1		

. • .

-..

BEST AVAILABLE COPY

•				
DRY CI	EANER AIR QU	ALITY GENERA	L PERMIT	_
ANN	NUAL COMPLIANC	CE CERTIFICATION	FORM	70
	SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH RO LAKE WORTH FL 3346	DAD	Eureau of Air Monitoring & Mobile Sources FORM	ECEIVE MAR 0 2 Pos
	Do <u>NOT</u>	Remove Label		O
Annual Reporting Period:	1//1	19_97 то	12/31	19_ S
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (· · · · · · · · · · · · · · · · · · ·	- /	'Rule □NO
If NO, complete the following:				
#1. Term or condition of the general permi	it that has not been in cont	tinuous compliance during	the reporting period	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in cont	tinuous compliance during	the reporting period	stated above:
Exact period of non-compliance: from		to	·	
Action(s) taken to achieve compliance:		· · ·		
Method used to demonstrate compliance:	<u>·</u>			
As the responsible official, I hereby certify, ba notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry-	Further, my annual consum	ption of perchloroethylene so	olvent, based upon pu	rchase receipts,
RESPONSIBLE OFFICIAL: TEO	DAT N JASK ume (Please Print)	Signatur	de stopus_	Jarel 98

^{*}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 CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: //:	45 AIRS ID#: 0990395
TYPE OF FACILITY: DOY CLEAN! FACILITY NAME: SUPER DOY C FACILITY LOCATION: 5702 Lake	Teaner DATE: 3-2-98 Worth Rd #-6
RESPONSIBLE OFFICIAL: Teo dat W. Jag.	PHONE NUMBER: 969-9603
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
her use hand made water evaporato	inform FDEP.
<u> </u>	
	- P
	APR 13
	Source Source
	The state of the s
COMMENTS:	•
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION:	, , , , , , , , , , , , , , , , , , , ,
INSPECTION CONDUCTED BY:	pproximate) Cho K Shi lease Print)
INSPECTOR'S SIGNATURE (R. V. Choles	PHONE NUMBER: 355 - 307

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	OVERY & NOT AT
AIRS 1D#: 0990395DA		TIME I	N: //: 00 TIM	IE OUT: 1 / 1/2 / 3/5
FACILITY NAME: 5 Up FACILITY LOCATION: 57		<u> CIE</u> D LJO1	emer	6
	ake Wor	5Th.	FL 33	3463
RESPONSIBLE OFFICIAL: 7	EO DAT NO	BAGES	PHONE: 969	7-9603
CONTACT NAME:			_ PHONE:	·
PART I: NOTIFICATION				`
(check appropriate box)				
1. New facility notified DARM 30	days prior to startup			
2. Facility failed to notify DARM	to use general permit			۵
		·		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:		□ No notification for □ Drop store/out of 1	
Facility indicated on notification	2. I dry- tran both	usfer only, x h types, $x <$	□ Drop store/out of the course of the cours	
Facility indicated on notification (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	2. I dry-tran both (cor dry-gal/yr tran both tran both dry-	to-dry only, asfer only, x types, x < nstructed on New large a to-dry only, asfer only, 20 types, 140	☐ Drop store/out of the area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/petroleum
Facility indicated on notification (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 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. I dry-tran both (cor dry-gal/yr tran toth (cor dry-	to-dry only, asfer only, x types, x < nstructed on New large a to-dry only, asfer only, 20 types, 140	□ Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notification (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 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the ap facility	2. I dry-tran both (cor 2. I dry-tran both (cor 2. I dry-gal/yr dry-gal/yr tran (cor 3. Sification dry-galified for a general propriate classification qualified for a general propriate classification dry-galified for a general propriate classified for a general propria	to-dry only, asfer only, x types, x < nstructed on New large a to-dry only, asfer only, 20 th types, 140 types, 140 types.	□ Drop store/out of the area source $x < 140$ gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) The area source $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$) □ Can not determine	business/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below), A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 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 DN DN/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? DY DN

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ОУ ОИ
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	DY DN DN/A
	Is the temperature differential equal to or greater than 20° F?	DY 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 adsorbor?	DY DN DN/A
	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 duel 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?	Y 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 averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AND NO YE 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 NO YES and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) AVA DO VO DY DH DANA 5. Maintained exhaust duct monitoring data on perc concentrations? NO YE 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY ON ONIA Problem corrected? AYMO NO YE 8. Maintained compliance plan, if applicable? AMA NO YO

PART VI: LEAK DETECTION AND REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair		
	inspection?		
2.	Has the facility maintained a leak log? □N		
3.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves QY QN QN/A Muck cookers QY QN QN/A		
	Door gaskets and seating DY DN DN/A Stills DY DN DN/A		
	Filter gaskets and seating OY ON ON/A Exhaust dampers OY ON ON/A		
	Pumps DY ON ON/A Diverter valves DY ON ON/A		
	Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ON/A		
	Water separators		
4.	Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)		
١	Physical detection (airflow felt through gaskets)		
	Odor (noticeable perc odor)		
1	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
I	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? □Y □N		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?		
	d. Kept in a clean and secure area when not in use?		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?		

TEODAT	N. JAGE	SSAR
Responsible	Official's	Name
(Plea	ase Print)	

R.V. Chokshi
Inspector's Name (Please Print)

Inspector's Signature

3-2-98

Date of Inspection

ADDITIONAL SI	TE INFORMATION:
---------------	------------------------

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area		NX [
		Waste area	M	Į]
		Spotting area Sealed	M	[]

2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service [] []

Hotely use Hot plate to evaposate the waste water. They were asked to use FDEP Approved evaposater.

Gave him FDEP phone # **

Gave him FDEP phone # **

Water evaposator (Like zero westerete)

Asked to buy # approved evaposators

* MCF picks up the waste.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
FACILITY LOCATION: 5702 Lake Lake Worth RESPONSIBLE OFFICIAL: Teodat N. 3 Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	FL 334-63 agessar PHONE NUMBER: 969-9603 evaluated during this inspection, the facility is found to be in
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
	2 0 2 2 0 1 1 C 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
	-
•	
COMMENTS:	
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: May	ih 2000
INSPECTION CONDUCTED BY:	(Approximate) ChoKShi (Please Print)
INSPECTOR'S SIGNATURE & V. Chor.	1 PHONE NUMBER: 355-3070 Ext 1174

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/	$\sim M_{\odot}$	> _	
A	RM)		

TYPE OF INSPECTION:

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

IRS ID#: 0990395 DATE: 3-216-99 TIME IN: 10:55 TIME OUT: 11:30
ACILITY NAME Super Dry Cleaner
ACILITY LOCATION: 5702 Lake Worth Rd #6
Lake Worth, FL 33463
ESPONSIBLE OFFICIAL: Teodat N. Jages PHONE: 969-9603
CONTACT NAME:PHONE:
ART I: NOTIFICATION

2. Facility failed to notify DARM to use general per	nit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (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	DY ON OCan not determine
If no, please check the appropriate classification facility qualified for a get facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility was 160 gallons.	rchased within the preceding 12 months by this dry cleaning 1999 Listed 60 Gal

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

n	Handle and the official of a minimum to the second	
ช.	Has the responsible official of an existing large or new large area source also:	•
۱.	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?	Mr ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DXYA
		ŀ
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 DINIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON PIN/A

PART V: RECORDKEEPING REQUIREMENTS	,
Has the responsible official: (check appropriate boxes)	* /
1. Maintained receipts for perc purchased?	אם אס
2. Maintained rolling monthly total of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA
6. Maintained startup/shutdown/malfunction plan?	מט עמ
7. Maintained deviation reports?	AND ND YA
Problem corrected?	אואם אם אס
8. Maintained compliance plan, if applicable?	אוע אם אם אם אים

•	<u></u>			
PAI	RT VI: LEAK DETECTION AND	REPAIRS		
1. [Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection	and repair
į	nspection?			ZY ON
2. I	las the facility maintained a leak log?	٠.		AD A DN
3. [Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אאם אם עם
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	אואם אם אם	Exhaust dampers	DY DN ØN/A
	Pumps	MY 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
ŀ	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	A
	Physical detection (airflow felt t	hrough gaskets)		10
	Odor (noticeable perc odor)		· .	110
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	P(T)
	Halogen leak detector			a N/A
	If using direct-reading inst	rumentation, is the equi	pment:	□N/A
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	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 u	ise?	אם צם

CHANDRAWATIF HARRYPERSAND. Responsible Official's Name	Chandrauate Harrispersand
Responsible Official's Name	Responsible Official's/Signature
(Please Prixt) R.V. Chokshi	3-26-99
Inspector's Name (Please Print)	Date of Inspection
QV. Choust	March 2000.

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

Approximate Date of Next Inspection

Inspector's Signature

DY DN

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes	NC [)]
		Waste area	M	Į]
		Spotting area Sealed	M	[]

2. Disposal of Water from Water Separator using approved evaporator [] /]
or contracted Wastewater service [] []

MCF picks up the waster

of Asked to keep ferc Purchase

on site

Asked to use FDEP

Asked to use plack &

Calender for look check & Perc usages.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: //: 00TIME OUT: //: 2:	5AIRS ID#:O 990395
TYPE OF FACILITY: DEY CLANING	
FACILITY NAME: Super Dey Clanner	DATE: 3/10/00
FACILITY LOCATION: 5702 LAB WORTH RO	#6
2016 Worth, F1 3346	3
RESPONSIBLE OFFICIAL: Teodat JASESSAE	PHONE NUMBER: 9699603
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	trative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	E C P
	Mobile Sol
	Monitoring Sources
OMMENTS:	
e Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
	nech 2001
77 00	proximate)
	ase Print)

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	JAL ISPECTION	X	COMPLAIN 17	DISCOVERY	Q .
AIRS ID#: <u>0990395</u> DATE:			IN: <u>//: 0</u> 0	TIME OUT:	11:25
FACILITY NAME: Super D	ey Cleane	<u>e</u>			
FACILITY LOCATION: 5702	LAKE Wo.	eth Ri	o #6		
	Worth, Fl				
RESPONSIBLE OFFICIAL:	+ JAgessAE	?	_ PHONE: %	69 - 9603	
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days pri	or to startup				
2. Facility failed to notify DARM to use ge	neral permit			•	
					oleum
PART II: CLASSIFICATION					· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form tha	t it is:	٠.	☐ No notification		
(check appropriate box) A.			☐ Drop store/out	of business/pe	troleum
1. Existing small area source	2. Ne	w small a	rea source		
dry-to-dry only, x < 140 gal/yr			x < 140 gal/yr		
transfer only, x < 200 gaVyr		• •	< 200 gal/yr		
both types, x < 140 gal/yr	•	ypes, $x < 1$			
(constructed before 12/9/91)	(consu	ucted on	or after 12/9/91)		
3. Existing large area source	4. Ner	y large ar	rea source		
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$			$140 \le x \le 2,100 \text{ ga}$	l/yr	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			$0 \le x \le 1,800 \text{ gal/yr}$	r	•
both types, $140 \le x \le 1,800$ gal/yr			$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(constr	ucted on o	or after 12/9/91)		
5. This is a correct facility classification	MY	ПN	□Can not determi	ne	
If no, please check the appropriate c	lassification:			·	
☐ facility qualified for		mit as nun	nberabo	ve	٠
facility exceeds ab	ove limits and i	s not eligi	ble for a general pe	rmit	
. The total quantity of perchloroethylene (p facility was 2/0 gallons. mach 99			preceding 12 mont	hs by this dry c	leaning

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?	XY ON ON/A
2. Examining the containers for leakage?	אואם אם ציק
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?	Y ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באיאי אָ אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Par	t V.
If classification 2 has been checked, the machine should be equipped with a re (complete A below).	efrigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	efrigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	ces:
1. Equipped all machines with the appropriate vent controls?	XY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/N D D VA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	¥Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	7 4Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	⊅ Y □N

1		
	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?	₩. □N
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ANO NO Y X
	ls the temperature differential equal to or greater than 20° F?	XY 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?	OY ON X IN/A
	Is the perc concentration equal to or less than 100 ppm?	AND YOU
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?	ANK NO YO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A'אנ אַ אם עם
6.	Routed airflow to the carbon adsorber (if used) at all times?	Aאא א אם צם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
2. Maintained rolling monthly total of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אַע
4. Maintained calibration data? (for applicable direct reading instruments)	AIN או אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X INA
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	ANO אם צי ק
Problem corrected?	ANA NO YX
8. Maintained compliance plan, if applicable?	AVA או אי

AD	DITIONAL SITE INFORMATION:		
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes [X] [X]	000 [] []
2.	Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service	[] [X]	[_]
	(A) mcF picks up the wask sludge.		
	AND		
			• .
][

inspection? 2. Has the facility maintained a leak log 3. Does the responsible official check the Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps		Muck cookers Stills Exhaust dampers	
3. Does the responsible official check the Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps	e following areas for lead VY DN DN/A VY DN DN/A VY DN DN/A	Muck cookers Stills	חס אין אל אם אם
Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps	MY ON ON/A MY ON ON/A	Muck cookers Stills	,
couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps	MY ON ON/A	Stills	,
Filter gaskets and seating Pumps	XY DN DN/A	•	MY ON ON/A
Pumps	,	Exhaust dampers	
·	MY DN DN/A	•	MY ON MINIA
`	24.1 Cart Cart//1	Diverter valves	MY ON ON/A
Solvent tanks and containers	ХДУ □И □И/А	Cartridge filter housings	A/NO NO YA
Water separators	AND NO YA		
. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	olvent on exterior surfac	es)	X
Physical detection (airflow felt th	rough gaskets))S
Odor (noticeable perc odor)	· .		ø
Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	XI NA
Halogen leak detector			XI NA
If using direct-reading instr	umentation, is the equip	oment:	⊠ N/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	DY DN
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	DY DN
d. Kept in a clean and se	cure area when not in use	?	OY ON
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
	······································		
		1 1 1	
EUDAT NJAGESSA	IR.	I endat W)ago
onsible Official's Name (Please Print)		Ilodat W Responsible Office	cial's Sign
Jeffery Dizek		Date of Inspection	
Inspector's Name (Please Prin	1)	Date of Inspection	

ASOP INSPECTIONS	UMMARY REPUKI BEST AVAILABLE COPY
TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0990 397
TYPE OF FACILITY: Da Cleaner	
FACILITY NAME: . So per Dre Cleums	DATE: 2/15/01
FACILITY LOCATION: 5702. Lake Wal	m m Lw . 33463
RESPONSIBLE OFFICIAL: Teo dut Jagessan	PHONE NUMBER: 969 _ 9603.
compliance with DEP Rule 62-213.300, Florida Adminis	• 1
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	<u> </u>
••	"ECEIV-
	Oureau of Air Montoring MAR - 7 2001 & Mobile Sources
	Sources
OMMENTS:	
<u> </u>	
he Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION: 2/0 2	-avimata\
SPECTION CONDUCTED BY: h Lieblan_	roximate) ase Print)
ISPECTOR'S SIGNATURE: has fully	PHONE NUMBER: 3 77 3270.

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ፐሃቦፀ	OF	INSPE	CTION:
------	----	-------	--------

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	
AIRS ID#: 0190395 DATE: 2/15/01	TIME IN: TIME OUT:
FACILITY NAME: Sope Dage	Cleaner
FACILITY LOCATION: 5702 L	are worth hd LW
RESPONSIBLE OFFICIAL: 180 Cet Ja	PHONE: 969 960>
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	tup C1
2. Facility failed to notify DARM to use general per	mit
ELDETT OF LECTURAL PROM	
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	·
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum 2. New small area source
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source
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 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 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
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 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
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 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
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 If no, please check the appropriate classific	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 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) DY DN Can not determine
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 If no, please check the appropriate classification If no, please check the appropriate classification	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \leq x \leq 2,100 gal/yr transfer only, 200 \leq x \leq 1,800 gal/yr both types, 140 \leq x \leq 1,800 gal/yr (constructed on or after 12/9/91) BY BY BCan not determine sation: neral permit as number
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 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general facility exceeds above line	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 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) DY DN Can not determine

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	бy	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Is the temperature differential equal to or greater than 20° F?	PÝ	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ВИ	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	DAN/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?	QY	ПΝ	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	DANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	A/M

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עם
2. Maintained rolling monthly total of perc consumption?	NO Y'D
3. Maintained leak detection inspection and repair reports for the following:	. /
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צים
4. Maintained calibration data? (for applicable direct reading Instruments)	DY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלל אם צם
6. Maintained startup/shutdown/malfunction plan?	MO YES
7. Maintained deviation reports?	או אם אם אם
Problem corrected?	אותם תם עם
8. Maintained compliance plan, if applicable?	DY DN 97N/A

1.	Does the responsible official conduct a	weekly (for small sou	irces, bi-weekly) leak detection	and repair	<u> </u>
	inspection?		•	Y ON	
2.	Has the facility maintained a leak log?	•	•	DY DN	1
3.	Does the responsible official check the	following areas for le	aks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מאלם אם עם	
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אעקם אם עם	•
	Pumps	אואם אם צום	Diverter valves	ØY ON ON/A	
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	אואם אם צים	
	Water separators	DY ON ON/A			
4,	Which method of detection is used by th	e responsible official?	? .		
	Visual examination (condensed so		ices)~	Ø	
	Physical detection (airflow felt three	ough gaskets)		Ø	
	· Odor (noticeable perc odor)			<u>, , , , , , , , , , , , , , , , , , , </u>	
	Use of direct-reading instrumentati	on (FID/PID/calorime	etric tubes)	SP NIA	
	Halogen leak detector			90 NA	
	If using direct-reading instru	mentation, is the equ	ipment:	DIN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			מם צם		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				חם אם	
	c. Inspected for leaks and	obvious signs of wear	r on a weekly basis?	OY ON	
	d. Kept in a clean and sec	ure area when not in t	ıse?	מם עם	
	e. Verified for accuracy b	y use of duplicate sam	nples (calorimetric only)?	אם צם	
			· .		
R	lo. Not at stone		•		
ρ			\nearrow		
po	nsible Official's Name (Please Print)		Responsible Offic	cial's Signa	ture
	Lideler		2/15/00		
	Inspector's Name (Please Print))	Date of Inspection		
	h Pille		2/02		
	Inspector's Signature		Approximate Date of N	Next Inspection	

اً ٠٠	ADI	NOITIC	IAL SIT	re info	RMATIO	N:									
			٠									•		Vac	NΥ
	1.	Seco	ndary	Contai	nment f	ior:	Dry	Clean	ing	Machine	& Stor	age an		ies [1]	[] 00
										Waste ar				M	[]
										Spotting	j area	Sealed	٠	V	[]
								•							:
				•										,	
		 		•	•••		,					•		•	
	_				•									/	- ,
	2.	Dispo	sal o	f Water	: fixom W	later				ing appro			or k	/] 1	[]
					`		or o	ontrac	tea	l Wastewa :	ter se	Mice	ŗ		171
					:			•		·					
			<i>'</i>			:				•					
										•		٠,			
								•							
											· •	•			
								:				•			
				4. 7	•		•		•		milio .	• •			
			1	•						•					·· .
		;													
		•								-					
										•					

SUPER DRYCLEANER

4341

Department of Environmental Protection

12/29/98

50.00

Business Checking AIRS ID# 0990395

50.00



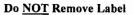
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356116

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

RECEIVED 4AIL ROON JAN -4 99

TOTAL AMOUNT DUE: \$50.00



AIRS ID # 0990395

SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Department of Environmental Protection 2/20/97
50.00

Business Checking Airs Permit 50.00

THIS FORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261411

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: \$50.00

FEB 25 97

Do NOT Remove Label

AIRS ID# 0990395

SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463 FOR GOVERNMENT USE ONLY

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

"Fla. Dept. of Enviornmental Protection

2/1/98

4085

50.00

Business Checking

AIRS Permit

50.00



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. 303842

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990395

SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY

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

Funa: 20-2-03 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

C389855

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 # 0990395

SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463 MAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR 1

LING الم

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

405692 FEB20299

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS 1D # 0990395

SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

X 570 PP5 9P0

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

De noture for International Mail (See reverse)

AIRS ID # 0990395001AG 10 TEODAT N JAGESSAR SUPER DRYCLEANER 5702 LAKE WORTH ROAD LAKE WORTH FL 33463

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

l'	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Istibliye v activess different to be 182 in 192 yes
Article Addressed to:	D. Is blively address lifter int contain D Yes If YES, enter delivery address below: D No
10 AIRS ID # 0990395001AG TEODAT N JAGESSAR SUPER DRYCLEANER	JUN 1 2 2001
5702 LAKE WORTH ROAD LAKE WORTH FL 33463	3. Service CoeMobile Sources Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
,	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z210 662 860	
PS Form 3811, July 1999 Domestic Re	turn 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 ZIP+4 in this box •

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

U.S. Postal	Service		1
CERTIFIE	D MAIL REC	EIPT Coverage Provided)	
The state that	———————	Coverage Provided)	
_n m			
Postage	\$		
Certified Fe	9	Postmark	
Return Receipt Fed (Endorsement Required		Here	
Restricted Delivery Fee (Endorsement Required			
Total F	AIR:	1 S ID # 0990395	
Recipies SUPER DR			
Street, A 5702 LAK	E WORTH ROAD		
City, Stat	RTH FL 33463		

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 # 0990395 SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463	A. Received by (Please Print Clearly) B. Date of Delivery C. Signardre X
2. Article Number (Copy from service label) 7000 0600 0026 4	4127 3631
PS Form 3811, July 1999 Domestic Ret	urn 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 ZIP+4 in this box •

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

Z 333 613 680 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0990395 SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463 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

ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1, Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
	3. Article Addressed to: AIRS ID 0990395 SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463	4a. Article Number Z 333 6/3 6/5 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		
Is your RETURA	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	Domestic Return Receipt	Thank y

United States Postal Service



• Print your name, address, and ZIP Code in this box •

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

	•	, ,Ь	265	30	2	255				
	US Postal Service Receipt for Certified Mail									
	AIRS ID#: 0990395 SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463									
	Postage \$									
	Certified Fee Special Delivery Fee Restricted Delivery Fee									
	199	Return Red Whom & D	ceipt Showir ate Delivere	ng to						
	, Apri	Return Recei Date, & Addr	pt Showing to essee's Addres	Whom, ss						
	TOTAL Postage & Fees \$									
	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date 2//7/97									

•	•		•		
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.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address		
ine i	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		2. Restricted Delivery	eceipt Ser	
5	delivered.		Consult postmaster for fee.	e P	
s your HEI UHN AUUHESS completed of	AIRS ID#: 0990395 SUPER DRYCLEANER TEODAT N JAGESSAR 5702 LAKE WORTH ROAD LAKE WORTH FL 33463 5. Received By: (Print Name) 6. Signature: (Addressee of Agent)	4b. Service	Type ad	Thank you for using Return Rec	
=	PS Form 3811 , December 1994		Domestic Return Receipt		

UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box ●

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

tallanlahallahalaharalahallahlahallahal