



0990398

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Ana Penafiel  
Park Avenue Cleaners  
9045 La Fonta Boulevard  
Palm Beach, Florida 33434

Dear Mr. Penafiel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

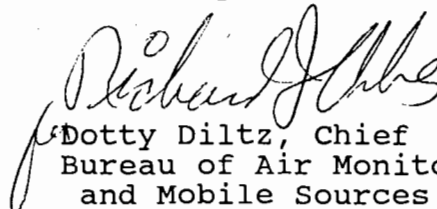
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

/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):	<del>PARK AVENUE CLEANER INC</del> PENAFIEL CORP PENAFIEL INC
2. Site Name (For example, plant name or number):	PARK AVENUE CLEANER
3. Hazardous Waste Generator Identification Number:	FLD 981021330
4. Facility Location: Street Address:	9045 LA RENTA BLVD
City:	BOCA RATON
County:	PALM BEACH
Zip Code:	33434
5. Facility Identification Number (DEP Use):	0990398

## Responsible Official

6. Name and Title of Responsible Official:	ANA PENAFIEL (PRES)
7. Responsible Official Mailing Address: Organization/Firm:	PARK AVENUE CLEANER
Street Address:	9045 LA RENTA BLVD
City:	BOCA RATON
County:	PALM BEACH
Zip Code:	33434
8. Responsible Official Telephone Number: Telephone:	(561) 487-6134
Fax:	( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):		
10. Facility Contact Address: Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number: Telephone:	( ) -	
Fax:	( ) -	

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Bureau of Air Monitoring  
& Mobile Sources

# 0990398

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.

SPENSEN SPRINT DAY T. DAY Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	(1)	1987	1987						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source       New small area source

Existing large area source       New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

*Anna Penfield*  
\_\_\_\_\_  
Signature *ANNA PENFIELD*

*8/22/96*  
\_\_\_\_\_  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 3, 2001

Ms. Ana Penafiel  
Park Avenue Cleaners  
9045 Lafontana Boulevard B-18  
Boca Raton, Florida 33434

Dear Ms. Penafiel:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 2.

In reviewing your submittal, it was noted that Park Avenue Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990398). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/  
Enclosure  
cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

BEST AVAILABLE COPY

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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:35 TIME OUT: 3:00 AIRS ID#: 0990398  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: PARK AVENUE CLEANERS DATE: 3/27/97  
 FACILITY LOCATION: 9045 LA FONTANA BLD.,  
BOCA RATON, FL 33434  
 RESPONSIBLE OFFICIAL: ANATENAFIEL PHONE NUMBER: (561) 487-6134

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 3/27/98  
(Approximate)

INSPECTION CONDUCTED BY: DONALD SIKAZWE  
(Please Print)

INSPECTOR'S SIGNATURE: Donald Sikazwe PHONE NUMBER: (561) 355-4537



ARMS 4

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990398 DATE: 3/27/97 TIME IN: 2:35 TIME OUT: 3:00  
FACILITY NAME: PARK AVENUE CLEANERS  
FACILITY LOCATION: 9045 LA FONTANA BLVD.,  
BOCA RATON, FL 33434

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

<input type="checkbox"/>	facility qualified for a general permit as number _____ above
<input type="checkbox"/>	facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)   N/A

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  N/A
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  N/A
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  N/A
- d. Kept in a clean and secure area when not in use?  Y  N  N/A
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  N/A

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

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

- |   |  |                           |   |
|---|--|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |   |

Anatena Field  
Name of Responsible Official (Signature)

ANATENA FIELD 487.6134  
Name of Responsible Official (Print) & Phone #

DONALD SIKAZWE  
Inspector's Name (Please Print)

3/27/97  
Date of Inspection

Donald Sikazwe  
Inspector's Signature

3/27/98  
Approximate Date of Next Inspection

- 1. Secondary Containment for: Dry Cleaning Machine & Storage area  Yes  No
- Waste area  Yes  No *NOT YET*
- Spotting area Sealed  Yes  No
- 2. Disposal of Water from Water Separator using approved evaporator  Yes  No
- or Waste Handler Picks up Water  Yes  No

*Jan*

ADDITIONAL SITE INFORMATION:

THIS ~~SITE~~ FACILITY WAS BOUGHT IN  
1988 BY CURRENT OWNERS. THE FACILITY  
HAD THE DRY CLEAN MACHINE WHEN IT  
WAS PURCHASED.

*all*

*1*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0990398
PENAFIEL CORP ANA PENAFIEL 9045 LA FONTA BLVD BOCA RATON FL 33434

Do **NOT** Remove Label

Bureau of Air Monitoring  
& Mobile Sources

MAR 05 1998

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Annual Reporting Period: JANUARY 1 - 1997 TO DECEMBER 31 - 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: ANA PENAFIEL *Ana Penafiel* 2-14-98  
Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:00 TIME OUT: 10:45 AIRS ID#: 0990398  
 TYPE OF FACILITY: Dry Cleaning  
 FACILITY NAME: Park Avenue Cleaners DATE: 7-17-98  
 FACILITY LOCATION: 9045 LA FONTANA BLD B-18  
BOCA RATON, FL 33434  
 RESPONSIBLE OFFICIAL: ANA PENAFIEL PHONE NUMBER: 487-6134

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: July 1999  
(Approximate)

INSPECTION CONDUCTED BY: R V Chokshi  
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

*ARMS*

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/DISCOVERY        
    RE-INSPECTION     

AIRS ID#: 0990398      DATE: 7-17-98      TIME IN: 10:00      TIME OUT: 10:45  
 FACILITY NAME: PARK Avenue Cleaners  
 FACILITY LOCATION: 9045 LA FONTANA BLD B-18  
    BOCA RATON, FL 33434  
 RESPONSIBLE OFFICIAL: ANA PENAFIEL      PHONE: 487-6134  
 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

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 AUG 17 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

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

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.      for 1997



**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**B. Has the responsible official of an existing large or new large area source also:**

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A				
4. Which method of detection is used by the responsible official?
 

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/> N/A
Halogen leak detector	<input checked="" type="checkbox"/> N/A

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)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ANA PENAFIEL  
Responsible Official's Name  
(Please Print)

Ana Penafiel  
Responsible Official's Signature

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

7-17-98  
Date of Inspection

R.V. Chokshi  
Inspector's Signature

July 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   |                                     |                                     |
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

MCF Picks up The waste  
as needed



# Department of Environmental Protection

0358203

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

JANUARY 7, 1999

PENAFIEL CORPORATION  
D/B/A PARK AVE CLEANERS  
9045 LA FONTANA BOULEVARD  
BOCA RATON, FL 33434

We are returning check # 1456 to you for the following reason:

Check not signed.

(Numerical and Written Amounts)

Other. 850-488-2400  
Thank you.

RECEIVED  
MAIL ROOM  
JAN 22 99

Sincerely,

Ann R. Sullivan  
Accounting Services Supervisor  
Receipts Section  
Bureau of Finance and Accounting

AS/sj  
Attachment  
cc: reading file

Bureau of Air Monitoring  
& Mobile Sources

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JAN 27 1999

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



# Department of Environmental Protection

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

JANUARY 7, 1999

PENAFIEL CORPORATION  
D/B/A PARK AVE CLEANERS  
9045 LA FONTANA BOULEVARD  
BOCA RATON, FL 33434

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Accounting Services Supervisor  
Receipts Section  
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AS/sj  
Attachment  
cc: reading file

Bureau of Air Monitoring  
& Mobile Sources

JAN 27 1999

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**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  NA
- Halogen leak detector  NA
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*ANNA PAVAFIDU*

Responsible Official's Name  
(Please Print)

*Anna Pavafidu*

Responsible Official's Signature

*Jeffrey Dizer*

Inspector's Name (Please Print)

*1/5/00*

Date of Inspection

*Jeffrey Dizer*

Inspector's Signature

*JAN 2001*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(A) When I inspected the facility, a waste drum of old filters and a waste drum of perc sludge were being stored in the backroom without secondary containment. Advised Mrs. Penafial that these items must be stored on secondary containment. Mrs. Penafial then supplied her husband with a plastic secondary containment pan and he moved these items into the pan.

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

(A) MCF picks up wastewater and filters.

(B) MCF also picks up the waste sludge.

(C) The facility was not keeping their compliance calendar and their perc receipts at the facility. I advised Mrs. Penafial to fax her perc receipts and her leak logs to our office within 5 days. Wrote a formal NTC on these violations.

(D) Explained to Mrs. Penafial that perc receipts and leak logs must remain on site.

\* (E) During reinspect Mrs. Penafial was able to produce the facility's perc receipts and leak log.



**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**PERCHLOROETHYLENE DRY CLEANERS** ✓

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990398 DATE: JAN 5, 2000 TIME IN: 12:05 TIME OUT: 12:40  
 FACILITY NAME: Park Avenue Cleaners  
 FACILITY LOCATION: 9045 LA Fontana Blvd.  
Boca Raton, FL  
 RESPONSIBLE OFFICIAL: Ana Penafial PHONE: 487-6134  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons. for 1999

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:05 TIME OUT: 12:40 AIRS ID#: 0990398

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: PARK AVENUE CLEANERS DATE: 1/5/00

FACILITY LOCATION: 9045 LA FONTANA BLVD.  
BOCA RATON, FL

RESPONSIBLE OFFICIAL: Ana Penafial PHONE NUMBER: 487-6134

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 FEB 9 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

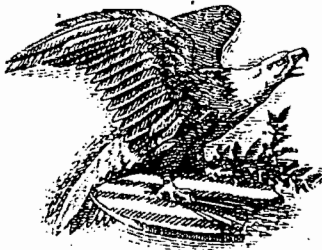
COMMENTS:

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

DATE OF NEXT INSPECTION: JAN 2001 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizek (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Dizek PHONE NUMBER: 355-3070 XT113



**PENAFIEL CORPORATION**  
**D/B/A PARK AVENUE CLEANERS**  
 9045 LA FONTANA BLVD. 561-487-6134  
 BOCA RATON, FL 33434

0356131

1456

63-858/670  
60

Date 12-28-98

Pay to the order of DEPARTMENT OF ENVIRONMENTAL PROTECTION \$ 50.00  
fifty dollar no/par Dollars

Security features are included. Details on back.

**Barnett** 060-060  
 9080 Kimberly Blvd.  
 Boca Raton, Florida 33434

*Airs*  
 For ID# 0990398

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356131

99

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**

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 JAN-4 99

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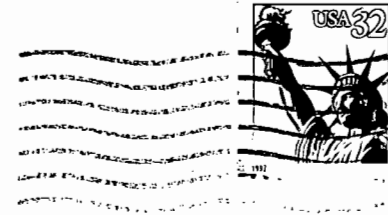
AIRS ID # 0990398  
 PARK AVENUE CLEANERS  
 ANA PENAFIEL  
 9045 LA FONTA BLVD  
 BOCA RATON FL 33434

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

Penafiel Corp.

Park Avenue Cleaners

9045 Lafontana Blvd., B-18  
Boca Raton, FL 33434



TWIN TOWERS OFFICE BUILDING

2600 BLAIN STONE ROAD

TALLAHASSEE, Florida 32399-2400

32399+6316



Penafiel Corp.

Park Avenue Cleaners  
9045 Lafontana Blvd., B-18  
Boca Raton, FL 33434



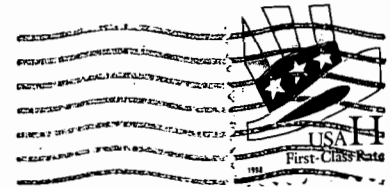
STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

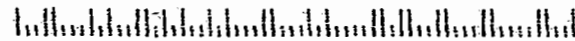
TWIN TOWERS OFFICE BUILDING.

#2600 BLAIR STONE ROAD.

TALLAHASSEE FLORIDA 32399-2400



3239946516





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~~0356131~~ 99  
0358203

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3755

**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 0990398

PARK AVENUE CLEANERS  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

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



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0390185

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Bureau of Air Monitoring  
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PARK AVENUE CLEANERS  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

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Fund: 20-2-035001  
Obj.: 002273



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261233

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**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID#: 0990398  
PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

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

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**TOTAL AMOUNT DUE: \$50.00**

304268

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AIRS ID 0990398  
PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

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

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AIRS ID # 0990398  
 PARK AVENUE CLEANERS  
 ANA PENAFIEL  
 9045 LA FONTA BLVD  
 BOCA RATON FL 33434

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 Fund: 20-2-035001  
 Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

JAN 5 2000

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9045 LAFONTANA BLVD B-18  
BOCA RATON FL 33434*



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400576

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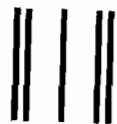
AIRS ID # 0990396

ALDO'S CLEANERS  
 SALVATORE CATALDO  
 5970 SW 18TH STREET  
 BOCA RATON FL 33433

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MAIL ROOM  
DEC 20 10 08 AM '00

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

**ALDO'S CLEANERS**  
**5970 S.W. 18th ST.**  
**BOCA RATON, FL 33433**

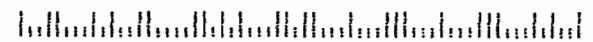


**HAPPY**  
**"WHO-LIDA"**  
 from the  
 U.S. Postal Service



TITLE V - General Permit  
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 Tallahassee, FL 32315-3070

32315X3070





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407100 MAR12 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0990398  
 PARK AVENUE CLEANERS  
 ANA PENAFIEL  
 9045 LA FONTA BLVD  
 BOCA RATON FL 33434

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

Bureau of Air Monitoring  
 & Mobile Sources  
 MAR 14 2001

RECEIVED

FROM  
 ANA PENAFIEL  
 9045 LAFONTANA BLVD  
 BOCA RATON FL 33434

**CERTIFIED MAIL**



7000 1670 0011 7718 5698



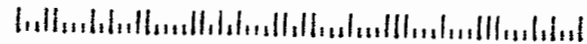
U.S. POSTAGE  
 PAID  
 BOCA RATON, FL  
 33433  
 MAR 08 2001  
 AMOUNT  
**\$3.74**  
 00026911-05

-0000

RETURN RECEIPT  
REQUESTED

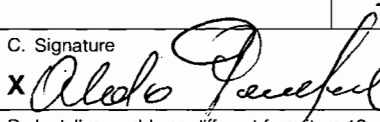
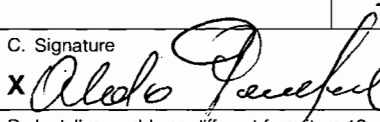
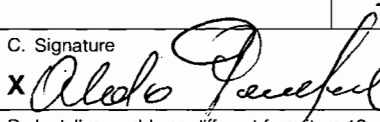
TITLE V - General Permit  
 Receipts  
 Post Office Box 3070  
 Tallahassee, FL 32315-3070

32315X3070



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Tota</b>	AIRS ID # 0990398
<b>Recip</b> PARK AVENUE CLEANERS	
ANA PENAFIEL	
<b>Street</b> 9045 LA FONTA BLVD	
BOCA RATON FL 33434	
<b>City, S</b>	
PS Form 3800, February 2000 See Reverse for Instructions	

7000 0600 0026 4127 3723

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <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 so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td></td> <td style="text-align: center;">2/9/01</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;">  </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery		2/9/01	C. Signature				<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery														
	2/9/01														
C. Signature															
															
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D. Is delivery address different from item 1? <input type="checkbox"/> Yes															
If YES, enter delivery address below: <input type="checkbox"/> No															
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0990398</p> <p>PARK AVENUE CLEANERS ANA PENAFIEL 9045 LA FONTA BLVD BOCA RATON FL 33434</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.														
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 4127 3723</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>														

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 ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

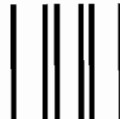
32399+2400



U.S. Postal Service												
CERTIFIED MAIL RECEIPT												
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>												
7000 0600 0026 4126 0938	<table border="1"> <tr> <td>Postage \$</td> <td rowspan="4">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td>Total Price</td> <td>AIRS ID # 0990398</td> </tr> <tr> <td colspan="2"> <b>Recipient</b> PARK AVENUE CLEANERS            ANA PENAFIEL            Street, Apt. 9045 LA FONTA BLVD            City, State BOCA RATON FL 33434         </td> </tr> <tr> <td>PS Form</td> <td>Instructions</td> </tr> </table>	Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Price	AIRS ID # 0990398	<b>Recipient</b> PARK AVENUE CLEANERS ANA PENAFIEL Street, Apt. 9045 LA FONTA BLVD City, State BOCA RATON FL 33434		PS Form	Instructions
Postage \$	Postmark Here											
Certified Fee												
Return Receipt Fee (Endorsement Required)												
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<b>Recipient</b> PARK AVENUE CLEANERS ANA PENAFIEL Street, Apt. 9045 LA FONTA BLVD City, State BOCA RATON FL 33434												
PS Form	Instructions											

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <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 so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td></td> <td>3/5/01</td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td>X <i>Ana Penafiel</i></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1?</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>If YES, enter delivery address below:</td> <td><input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery		3/5/01	C. Signature	<input type="checkbox"/> Agent	X <i>Ana Penafiel</i>	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes	If YES, enter delivery address below:	<input type="checkbox"/> No
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If YES, enter delivery address below:	<input type="checkbox"/> No												
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3. Service Type													
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.													
4. Restricted Delivery? (Extra Fee)													
<input type="checkbox"/> Yes													
2. Article Number (Copy from service label) 7000 0600 0026 4126 0938													

UNITED STATES POSTAL SERVICE



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

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

01





Z 210 662 863

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
International Mail (See reverse)

10 AIRS ID # 0990398001AG  
ANA PENAFIEL  
PARK AVENUE CLEANERS  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

10 AIRS ID # 0990398001AG  
ANA PENAFIEL  
PARK AVENUE CLEANERS  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

2. Article Number (Copy from service label)

Z 210 662 863

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

X *ANA PENAFIEL* 6-9

C. Signature

X *ANA PENAFIEL*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

JUN 18 2011

RECEIVED

7 333 613 672

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

AIRS ID 0990398

PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

PS Form 3800, April 1995

Certified fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over to

is your RETURN ADDRESS completed on the reverse side

**SENDER.**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990398

PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

4a. Article Number

2333-613-672

4b. Service Type

- Registered       Certified  
 Express Mail       Insured  
 Return Receipt for Merchandise       COD

7. Date of Delivery

2/14/98

5. Received By: (Print Name)

+ ANA PENAFIEL

6. Signature: (Addressee or Agent)

X Ana Penafiel

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

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



P. 265 302 254

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID#: 0990398

PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	2/17/97

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0990398  
PENAFIEL CORP  
ANA PENAFIEL  
9045 LA FONTA BLVD  
BOCA RATON FL 33434

4a. Article Number

P265 302 254

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

*Ana Penafiel*

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

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  
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TALLAHASSEE, FLORIDA 32399-2400

