

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. Razia Masood President The Dry Cleaner 10114 South Military Trail Boynton Beach, Florida 33436

Dear Mr. Masood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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"

0990410 P.15 (f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
RAZ INC d/bh THE Dry CLEANER
2. Site Name (For example, plant name or number):
THE DRY CLESNER
3. Hazardous Waste Generator Identification Number:
FLD 982 146599
4. Facility Location: 10114 S. milliony Thaic Street Address:
City: Boyurn BENCH County: PALM BENCH Zip Code: 33436
5. Facility Identification Number (DEP Use):
0990410
Responsible Official
6. Name and Title of Responsible Official:
RAZIA MASOOD (PRECIDENT)
7. Responsible Official Mailing Address: 10:1145, military 71.416 Organization/Firm:
Street Address:
City: Boyar. J BENCY County: PACM BEACH. Zip Code: 33436
8. Responsible Official Telephone Number:
Telephone: (915) 368-8719 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: () -
D F C E I V

RECEIVED

AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

SIPNEMEA 485.52 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			1			18,7	1		
(1) w/ ref. condenser		1989	1989						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	* 1	engal engal		s 2				ytar etarras	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				14.77	· · · · · · · · · · · · · · · · · · · ·	13.10.7			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.5					NC Sales
(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 Existing large are	Selec ea so	et one classifi	ication only.) Ne	ew sn	nitions found nall area sour	ce [3) of]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	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)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
this notific statements maintain i	ersigned, 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 smade 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.						
I will proi	mptly notify the Department of any changes to the information contained in this notification.						
Signature	MASOOD 1/20/91 Date Date						

 What control technology is required on machines pursuant to section (5) of Par (Indicate with an "X".) 	t 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 []	
5. A facility which contains non-exempt emissions units shall not be eligible to uto Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is fit	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Informa	ition
Check all logs which are required to be kept on-site in accordance with the requir	ements of this general permit:
(a) Purchase receipts and solvent purchases	\sim
(b) Leak detection inspection and repair [<u>'</u>
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	·

DEP Form No. 62-213.900(2)

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MAY 1 2 1997

	Bureau of Air Monitoring APLAINT/DISCOVERY & Meet No Specification APLAINT/DISCOVERY APLAINT/DISCOVERY APPLAINT/DISCOVERY AP
FACILITY LOCATION: 10 114 So Med	AIRS ID#: 0990410 ANCRS DATE: 4/24/97 Petroney TR. #111 3 436
RESPONSIBLE OFFICIAL: RAZIA WAS OOC	PHONE NUMBER: 364-8719
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
·	
	-
·	
· · · · · · · · · · · · · · · · · · ·	
- -	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification. DATE OF NEXT INSPECTION: 4/98 (App.)	ed and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: W (FA/16) (Ple INSPECTOR'S SIGNATURE: W) (Sally	ase Print) PHONE NUMBER: 355-4535

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name	Name of corporat	ion, agency, or ind	ividual owner):	
		RAZ	CaRPO	RATION	
2.	Site Name (For example, plant na	me or number):			
	THE DAY CHERNE	en Hor	- C		
3.	Hazardous Waste Generator Ident	ification Number:			
	FLO 982 14	6599		· · · · · · · · · · · · · · · · · · ·	
4.	Facility Location: Street Address:	Saut	th Mili	tary Tr	ail
	City: Boy nton ?	ch County:	ALM BENLY	Zip Code: 33	3436
5.	Facility Identification Number (D	EP Use):		MANA	
)均(3)===
15/60/2					
		Responsib	le Official	·	
		F			
6.	Name and Title of Responsible O	fficial:			
		Romin	Mars	as (ow	INTO 1
		116216	1 11-4 \ (1	$\alpha \alpha = 1$) 17 E K.
7	Responsible Official Mailing Add	ress:			
7.		ress:		_	
7.	Responsible Official Mailing Add Organization/Firm: Street Address:	ress:	ne As	_	
7.	Organization/Firm:	ress:	ne As	_	
	Organization/Firm: Street Address: City:	ress: Sq County:	ne As	Abore	
3.	Organization/Firm: Street Address:	ress: County: fumber:	ne As	Abore	
	Organization/Firm: Street Address: City: Responsible Official Telephone N	ress: County: fumber:	ne As	Abore	
	Organization/Firm: Street Address: City: Responsible Official Telephone N Telephone:	County:	ne As	Above Zip Code:	
	Organization/Firm: Street Address: City: Responsible Official Telephone N Telephone:	County: 8719 mtact (If different	Fax: (Above Zip Code:	
3.	Organization/Firm: Street Address: City: Responsible Official Telephone Name and Title of Facility Contact	County: 8719 mtact (If different	Fax: (Above Zip Code:	
3.	Organization/Firm: Street Address: City: Responsible Official Telephone N Telephone: () 364-	County: 8719 mtact (If different	Fax: (t from Responsible ant manager):	Above Zip Code:	
3.	Organization/Firm: Street Address: City: Responsible Official Telephone Name and Title of Facility Contact Facility Contact Address:	County: 8719 mtact (If different	Fax: (t from Responsible ant manager):	Above Zip Code:	
3.	Organization/Firm: Street Address: City: Responsible Official Telephone Name and Title of Facility Contact	County: 8719 mtact (If different	Fax: (t from Responsible ant manager):	Above Zip Code:	
9.	Organization/Firm: Street Address: City: Responsible Official Telephone Note: Telephone: () 364- Facility Contact Address: Street Address: City: Vacility Contact Telephone Number of Street Address: City:	County: (If different to (For example, place) County:	Fax: (t from Responsible ant manager):	Zip Code:	
3.	Organization/Firm: Street Address: City: Responsible Official Telephone N Telephone: () 364 Facility Co Name and Title of Facility Contact Facility Contact Address: Street Address: City:	County: (If different to (For example, place) County:	Fax: (t from Responsible ant manager):	Zip Code:	
9.	Organization/Firm: Street Address: City: Responsible Official Telephone Note: Telephone: () 364- Facility Contact Address: Street Address: City: Vacility Contact Telephone Number of Street Address: City:	County: (If different to (For example, place) County:	Fax: (t from Responsible ant manager):	Zip Code:	

RECEIVED

MAY 5 1997

Facility Information

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

SUPAEMA #85°		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ΙD	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	<u> </u>			,					
(1) w/ ref. condenser	(1)	7 2.594	7 20.194						
(2) w/ carbon adsorber	2								
(3) w/ no controls									
Washer Unit		• .							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•							•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•			•			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				 			1		
(b) Control devices are(c) No control devices2.(a) What was the total of the control of the control	are ro	equired to be	installed [n the latest 12	2 mer	nths?	
(b) If less than 12 mon Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce	N	ew sn	nall area sou	rce X			
Existing large ar	ea soi	игсе []	N	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

•					
	rol technology is requ with an "X".)	tired on machines	pursuant to section	(5) of Par	t II of this notification form?
	sting large area source oon adsorber	<u>.</u>	Refrigerated cond	enser	·
	v small area source rigerated condenser	(X)			
	v large area source rigerated condenser				
					·
				•	
to Rule 62-21		y that all steam and	i hot water generati		ise the general permit pursuan on-site meet the following
boiler HP or		d exclusively by n	atural gas except fo	r periods	million BTU/hr or less (298 of natural gas curtailment red.
All steam and	d hot water generating s on-site	g units exempt			
		,			
	Equipm	nent Monitoring a	nd Recordkeeping	, Informa	ation
Check all log	s which are required	to be kept on-site	in accordance with	the requir	ements of this general permit
(a) Purchase	receipts and solvent p	ourchases		!	\leq
(b) Leak dete	ection inspection and	repair		I	× × ×
(c) Refrigera	ted condenser temper	ature monitoring			X
(d) Carbon ad	dsorber exhaust perc	concentration mon	itoring	Į	·
(e) Instrumer	nt calibration	·		I	
(f) Start-up	shutdown malfunctio	on nlan		ı	. K -1

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

Surrender of Existing Air Permit(s)

	Sufferider of Existing All Fernitus)
lease inc	dicate 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 n staten main	undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ments made in this notification are true, accurate and complete. Further, I agree to operate and tain the air pollutant emissions units and air pollution control equipment described above so as to oly 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.
<u> </u>	Tomosood 4/22/97
Signa	ature a Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RAZ CORPORATION
2.	Site Name (For example, plant name or number):
	THE DAY CLEANER HORR
3.	Hazardous Waste Generator Identification Number:
	FLD 982 146599
	Facility Location: Street Address: 10114 South Military Trail
	City: D County: Zip Code: 3343 C
-	City: Boy nton Beh County: prem BENEN Zip Code: 33436 Facility Identification Number (DEP Use):
٥.,	Facility Identification Number (DEP Use):
	Responsible Official
	•
6.	Name and Title of Responsible Official:
İ	KAZIA MASOOD (OWNER)
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: Sque As Above
	City: County: Zip Code:
ું.	Responsible Official Telephone Number:
0.	Telephone: (1364-8719 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same As Above
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	
	$/T_{-1}$
/	Telephone: $(4a7)364-8719$ Fax: () -
	rax: () -

RECEIVED

MAY 5 1997

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Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

SUPNEMA #850		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	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)	7 N. 594	7 20.194						Ţ
(2) w/ carbon adsorber	7								
(3) w/ no controls									
Washer Unit		• .		1					<u>, i</u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			<u>'</u>		<u> </u>			·	
(7) w/ ref. condenser									T
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									T
(11) w/carbon adsorber									
(12) w/ no controls	$\overline{}$								
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mon 	are r quant gallo	equired to be ity of perchlons	installed [_	perc)		n the latest 12	2 mer	nths?	
Check why it is less 3. What is the facility's so (Indicate with an "X".	s than	12 months:	New owner:	e defi				•	
Existing small ar	ea so	urce [Ne	ew sn	nall area soui	rce([X			
Existing large ar	ea soi	ırce []	Ne	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines profile (Indicate with an "X".)	ursuant 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	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural 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 an	nd 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	\leq
(b) Leak detection inspection and repair	× × ×
(c) Refrigerated condenser temperature monitoring	\prec
(d) Carbon adsorber exhaust perc concentration monit	toring []
(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 indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\angle	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 0990410 DATE:	NSPECTION STATEMENT		TE OTTE 111	00
AIRS ID#: $\frac{OPI()[IV]}{A}$ DATE:	1/01/	TIME IN: 1000 III	VIE OUT: 77	
FACILITY NAME: DRY C/	244CF	es (The)		
FACILITY LOCATION: 10/1	14 St	Melitares TR #111		
		cH33436.		
PART I: NOTIFICATION				
(check appropriate box)			, <u> </u>	
1. Existing facility notified DARM by 9/	1/96		-	a
2. New facility notified DARM 30 days	prior to star	tup		
3. Facility failed to notify DARM to use	general per	mit		*
PART II: CLASSIFICATION			-	
Facility indicated on notification form	that it is:			
(check appropriate box)		• •	•	
A	_		~ ✓	
 Existing small area source dry-to-dry only, x<140 gal/yr 	а	2. New small area source dry-to-dry only, x<140 gal/yt	×	
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	a	4. New large area source	a	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td>•</td><td></td></x<2,></td></x<2,>		dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>•</td><td></td></x<2,>	•	
**************************************		transfer only, 200 <x<1,800 gal="" td="" yr<=""><td></td><td>li.</td></x<1,800>		li.
transfer only, 200 <x<1,800 gal="" td="" yr<=""><td></td><td></td><td></td><td></td></x<1,800>				
both types, 140 <x<1,800 gal="" td="" yr<=""><td></td><td>both types, 140<x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td><td><u> </u></td></x<1,800></td></x<1,800>		both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td><td><u> </u></td></x<1,800>		<u> </u>
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>. •</td><td>(constructed on or after 12/9/91)</td><td>~ N399</td><td>0040</td></x<1,800>	. •	(constructed on or after 12/9/91)	~ N399	0040
both types, 140 <x<1,800 gal="" td="" yr<=""><td>. •</td><td>(constructed on or after 12/9/91)</td><td>50399</td><td>0040</td></x<1,800>	. •	(constructed on or after 12/9/91)	50399	0040
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>ification:</td><td>constructed on or after 12/9/91)</td><td>50399 Encus</td><td>0040</td></x<1,800>	ification:	constructed on or after 12/9/91)	50399 Encus	0040
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)="" a="" before="" classification<="" correct="" facility="" gal="" is="" td="" this="" yr=""><td></td><td>(constructed on or after 12/9/91) OY ON</td><td>S0399</td><td>`004 O 2</td></x<1,800>		(constructed on or after 12/9/91) OY ON	S0399	`004 O 2

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchlorcethylene in tightly sealed and impervious containers?

MY ON

Examining the containers for leakage?

MY ON

3. Closing and securing machine doors except during loading/unloading?

MY DN

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

MY ON

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

OY ON KIN/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)

Equipped all machines with the appropriate vent controls?

KY ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

AY DN DNA

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

 $X_{\Lambda} \square$ и

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

MY ON

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

M □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?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	UV UN
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
	<u> </u>
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 ONN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	QY QN QN/A
D. DOCK DECONDENTALO DECITO EL CENTRO	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	A Y □N
Has the responsible official: (check appropriate boxes)	4
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	ot dn
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	•
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:	od di
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	² 4 A □ M □ M □ M □ M □ M □ M □ M □ M □ M □
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?	ох пи Д х ои Д х ои
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)	и у х ом х ох
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	TY ON OY ON OY ON ANA OY ON ANA OY ON ANA OY ON ANA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	TY ON MANA OY ON MANA OY ON MANA OY ON MANA OY ON MANA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	TY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2. Whi	ich method of detection is used by	the respon	sible offic	cial?		
	Visual examination (condensed	solvent on	extérior s	surfaces)	b	´
	Physical detection (airflow felt t	hrough gas	skets)		2	
	Odor (noticeable perc odor)				A	
	Use of direct-reading instrumen	tation (FIC)/PID/calc	primetric tubes)		XN/A
	If using direct-reading instruc					
	a. Capable of detecting	g perc vapo	r concent	rations in a range of 0-500 ppm?	ΩY	UN_N/A
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	to and after each use,	ΟY	□NN/A
	c. Inspected for leaks a	and obvion	s signs of	wear on a weekly basis?	ΠY	ON_N/A
	d. Kept in a clean and	secure are	a when ne	et in use?	ΩY	ON_N/A
	e. Verified for accurac	y by use of	duplicate	samples (calorimetric only)?	ΠY	A/N_ND
3. Has	the facility maintained a leak log	?			ΩY	Dγ .
4. Do	es the responsible official check th	e following	g areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	px.	ПИ	Muck cookers	ΟΥ	ONLMA
-	Door gaskets and seating	E Y	ΔN	Stills	DY	NA
	Filter gaskets and seating	MAS	ПΝ	Exhaust dampers	DY	A N ND
	Pumps	D	ПD	Diverter valves	DY	ON_NA
	Solvent tanks and containers	dix	ND	Cartridge filter housings	DY	ON_N A
	Water separators	DY	ПN			
	Trongood		٠	RAZIA MA	450	30D 364
	Name of Responsible Office	cial (Signa	ature)	Name of Responsible Officia	l (Pri	nt) & Phone #
-	NIT Grallo			4/24/87	-	
	Inspector's Name (Please P	rint)		Date of Inspe	ction	
	Cestall			4/9	8	
-	Inspector's Signature			Approximate Date of	Next I	nspection
	y Containment for: Dry	Cleanin	g Machi	ine & Storage area		Yes No
econdar						10
econdar	· · · · · · · · · · · · · · · · · · ·			Waste area		
econdar	· · · · · · · · · · · · · · · · · · ·			waste area Spotting area Seale	đ	X []

301920

MAIL ROOM ANNUAL COMPLIANCE CERTIFICATION FORM

FEB - 8 98

RAZ INC
RAZIA MASOOD
10114 S MILITARY TRAIL
BOYNTON BEACH FL 33436

	Do <u>N</u>	OT Remove Label		
Annual Reporting Period:	ay 1	19_ 97 _TO	DECEMBER 3,	1987
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the per	riod covered by this sta	etement. YES	□no
Exact period of non-compliance: from		to)	
Action(s) taken to achieve compliance:	•			70
Method used to demonstrate compliance:			Burea &	
#2. Term or condition of the general permit	that has not been in o	continuous compliance	during the reporting period to	I stated above:
Exact period of non-compliance: from		to_	toring	O
Action(s) taken to achieve compliance:		· 		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to RESPONSIBLE OFFICIAL: Name	urther, my annual con. o dry facilities or 1,800	sumption of perchloroet gallons per year for tra	hylene solvent, based upon pu	rchase receipts,

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:05 TIME OUT: 11:0	0 AIRS ID#: 0990410
TYPE OF FACILITY: Doy "Cleaning	
FACILITY NAME: The Dry Cleane	285 DATE: 5-8-98
FACILITY LOCATION: 10114 So. Mili	tary Trail
Boynton Beach	, FL 33436
RESPONSIBLE OFFICIAL: RAZIA MASODD	PHONE NUMBER: 364-8719
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Need secondary Containment for	FDEP will be informed
Waste area and other chemicals	
Asked to record temp, keep record for leak cheek, and record for pere the purchase receipts.	will be reinspected in 4 mon
for pere pa Purchase receipts.	P
	Se Vin Co.
	ENOSIA O 1990 FO
	Out Tilon
COMMENTS:	
	•
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May	1999
INSPECTION CONDUCTED BY: R / Che	proximate) OKShi
INSPECTOR'S SIGNATURE PV Choks	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPI

ECTION	v	

AIRS ID#: 0990410 DATE: 5-8-	-98 TIME IN: 10:05 TIME OUT: 11:00
FACILITY NAME: The Don C	leaners
FACILITY LOCATION: 10114	So. Military Tocil
Boynton	Beach, FL 33 # 436
RESPONSIBLE OFFICIAL: RAZIA M	ASOOD PHONE: 364-8719
CONTACT NAME:	PHONE:
	<i>A</i>
PART I: NOTIFICATION	<u>'</u>
(check appropriate box)	C
1. New facility notified DARM 30 days prior to sta	rtup CL, CL
2. Facility failed to notify DARM to use general pe	rmit the state of
	10 to 30 ()
PART II: CLASSIFICATION	OL ONLY
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification forth ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 40 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) RY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DAY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MY ON 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/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? ANA UN PA 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 אומם אם צים 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?

B.	Has the responsible official of an existing large or new large area source also:		<u></u>
I.	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?	NO YE	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON C	JN/A
	Is the temperature differential equal to or greater than 20° 7?	AY DN C	A/AC
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?	מ אם צִׁם	N/A
	Is the perc concentration equal to or less than 100 ppm2-	מ אם צם	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?	DY DN Ø	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	_ ом х _	S _{N/A}
6.	Routed airflow to the carbon adsorber (if used) at all times?	מ אם צם	N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) Razia Was asked to keep receipts on sit	e
ILL IVIAIDIATURO TECENDIS TOL DETC DUTCHASENT	
2. Maintained rolling monthly averages of perc consumption? Asked to keep Record.	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אים מם אים
4. Maintained calibration data? (for applicable direct reading instruments)	אואב אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלם אם אם
6. Maintained startup/shutdown/inalfunction plan?	NO AN
7. Maintained deviation reports? Asked to keep seconds	אואם אוא אם
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	באא אל אם אם

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

RAZIA	MASOOD
	Official's Name
(Plea	se Print)

R V Chotshi

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

5-8-98

Approximate Date of Next Inspection

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

DY DN

ADDITIONAL SITE INFORMATION:	
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []	
Asked to install Secondary Contains for Waste area Rm	ment
2. Disposal of Water from Water Separator using approved evaporator [] [✓	
or contracted Wastewater service [/] []	
A Asked and explained to seed and second temperature as explained in Past IV process vent	Rm
Asked & Explained Check leak, Keep Yerord. The leak, & Break down, also keep record for Perc Purchase on premises.	Jos Ru
A Record Keeping	
* Owner Will Send & Copies of Perc purchas receipts in one week from 5-8-98	e

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AMUAL CON	IPLAINTIDISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:00 TYPE OF FACILITY: DOY Cleaning FACILITY NAME: The DOY Clean FACILITY LOCATION: 10114 So. Mill BOYN ton Bea RESPONSIBLE OFFICIAL: Razia Masoo	JUL 20 1999
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 evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	rative Code (F.A.C.).
	-
COMMENTS:	
INSPECTION CONDUCTED BY:	approximate) Chokshi
INSPECTOR'S SIGNATURE / WOW	Please Print) PHONE NUMBER: 353-3870

Anns

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECT	ION 🗆
12	
2990(UD) / 10	-99 9.45 10.00
	-99 TIME IN: 9:45 TIME OUT: 10:00
FACILITY NAME: The Dry	Cleaners
FACILITY LOCATION: 10114	So, Military Trail
	n Beach, FL 33436
-130 × 110	11 2/11 0010
RESPONSIBLE OFFICIAL: Kazia	M9500d PHONE: 364-8719
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	permît 🔲
<u> </u>	
PART II: CLASSIFICATION	
	s: No notification form
Facility indicated on notification form that it is (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 transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types $x < 140$ gal/yr.	both types x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gaVy}$
both types, $140 \le x \le 1,800$ gaVyr	both types, $140 \le x \le 1,800 \text{ gaVyr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y DN DCan not determine
If no, please check the appropriate class	sification:
	a general permit as number above
3	e limits and is not eligible for a general permit
1	
B. The total quantity of perchlarasity lens (perc	Thurshased within the preceding 12 months by this day alegaing
B. The total quantity of perchloroethylene (perchapitation was 5 gallons. 19	e) purchased within the preceding 12 months by this dry cleaning So for h 1999 20 gal

1 455

D 1 2 0/15/07

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?	אואם אם צום
2. Examining the containers for leakage?	אוחם אם עום
3. Closing and securing machine doors except during loading/unloading?	אם אם
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?	OY ON ØN/A
PART IV: PROCESS VENT CONTROLS In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part If classification 2 has been checked, the machine should be equipped with a re (complete A below). 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 ter a refrigerated must have been installed
A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes)	ces:
1. Equipped all machines with the appropriate vent controls?	אם צע
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	" DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY DN

5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

condenser exceeded 45° F?

8.	Has the responsible official of an existing large or new large area source also:			
	the state of the s			
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?	۵Y	ОΝ	
2	Measured and recorded the washer exhaust temperature at the condenser			
~	inlet and outlet weekly?	ΠY	ИD	□N/A
	Is the temperature differential equal to or greater than 20° E?	ΩY	ПИ	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	.: □¥	ΠN	□N/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? ASKED to keep Perc receipt 2. Maintained rolling monthly total of perc consumption?	t on site
1. Maintained receipts for perc purchased? ASKED to KEEP 1880	ZY ON
2. Maintained rolling monthly total of perc consumption?	אם אפ
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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אוא אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PANA
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	אואם אם אַע
Problem corrected?	AVKO KO YA
3. Maintained compliance plan, if applicable?	OY ON ZOMA

PART VI: LEAK DETECTION AND F	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources, b	bi-weekly) leak detection a	nd repair			
inspection?		f .	MY ON			
2. Has the facility maintained a leak log?	Asked to keep log	onsite	מט צוב			
3. Does the responsible official check the		•	′			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN EN/A			
Door gaskets and seating	AND NO YA	Stills	A/NO NO YE			
Filter gaskets and seating	AND ND YM	Exhaust dampers	DY ON DAIA			
Pumps	DX ON ONA.	Diverter valves	אותם אם אבן			
Solvent tanks and containers	AND NO YE	Cartridge filter housings	DY ON ON/A			
Water separators	אותם אם צש					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed s	olvent on exterior surfaces)					
Physical detection (airflow felt the	rough gaskets)		1			
· Odor (noticeable perc odor)			1			
Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)	NA			
- Halogen leak detector			X PIA			
If using direct-reading inst	rumentation, is the equipm	ient:	DNIA			
a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	מם צם			
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks a	and obvious signs of wear or	a weekly basis?	אם עם			
d. Kept in a clean and	secure area when not in use		אם צם			
e. Verified for accurac	y by use of duplicate sample	es (calorimetric only)?	אם צם			

·.	K	A	2	14		M	7	So	aD
esp	ons	ibl	e	Off	įc:	ial' int)	B	Name	

Responsible Official's Signature

6-18-99

Date of Inspection

Approximate Date of Next Inspection

DDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] Waste area [] [] Spotting area Sealed [] []
2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service [] []
or contracted Wastewater service [1] MCF PICK UPTLE Wester MCF PICK UPTLE Wastewater service [1]

. . . .

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0990 410
TYPE OF FACILITY: Dr. Cleaning	
	eamer DATE: 7/25
FACILITY LOCATION: 10/14 5 mil. to	y Tr Boxaton Brach 334
RESPONSIBLE OFFICIAL: Razia Musood	PHONE NUMBER: 364_ 8719
	luated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Adminis Based on the results of the compliance requirements evaluated the compliance requirements.	• 111
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Bure P
	R Nogot
•	Sources Sources
	ig or and a second
· · · · · · · · · · · · · · · · · · ·	
	•
The second secon	
MMENTS:	
·	
Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
re of next inspection: 7/5_	
	oximate)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY O
AIRS ID#: <u>0990 4/0</u> DATE: 7/2	5/00 TIME IN: TIME OUT:
FACILITY NAME: The Day den.	vel s
FACILITY LOCATION:	
Boynton Be	each, F/ 33436
	PHONE: 364 - 87/9
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	tartup \square
2. Facility failed to notify DARM to use general p	permit D
PART II: CLASSIFICATION	
	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gallyr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(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 classific	cation:
☐ facility qualified for a ge	eneral permit as number above
	mits and is not eligible for a general permit
Cartifornia É o caltana	urchased within the preceding 12 months by this dry cleaning
racinty was <u>40</u> ganons. 40	

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?	DY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אום אם צם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ם או אל אל אום אם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part I If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mit prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	ust have been installed
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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אוחם אם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ах Ой

-		
I	3. 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?	מא מס
2	. Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	DY DN DN/A
	ls the temperature differential equal to or greater than 20° F?	DY, DN DN/A
3	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/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?	
	or expansion, and downstream from no other infect.	UI UN UNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עוֹס
2. Maintained rolling monthly total of perc consumption?	MY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON XIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אל אם אם
6. Maintained startup/shutdown/malfunction plan?	מם אם
7. Maintained deviation reports?	אואם אם אעם
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON JANA

ADI	ITIONAL:	SITE INFORMATI	ON:			·		
1.	Secondar	cy Containment	for: Dry	Cleaning		rage area	Yes	00/
					Waste area		[1/]	
					Spotting area	Sealed	17	[]
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2	ກະວາດວາໄ	of Water Com	Wahasa Cas		·		Mx	
2.	Disposar	of Water from	water Sep	parator us	ing approved e	evaporator	₩ J	17 J
	•	•	or o	xontracted	Wastewater se	ivice	Į∕¹	ſJ
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PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair	
inspection?			ØΥ	ПИ
2. Has the facility maintained a leak log	?		ΩÝ	ПИ
3. Does the responsible official check th	e following areas for leak	s?		
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ם צם	ANA V
Door gaskets and seating	ANO NO YÈ	Stills	ay o	N □N/A
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	OY O	ANAK 1
Pumps .	DY ON ON/A	Diverter valves	ØY □N	N DN/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אם אם	A/A
Water separators	ANO NO YO			
. Which method of detection is used by	the responsible official?		,	
Visual examination (condensed	solvent on exterior surface	:s)	Z)	
Physical detection (airflow felt the	hrough gaskets)		9/	
Odor (noticeable perc odor)			ø	
Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	AN X	
Halogen leak detector			X NA	1
If using direct-reading instr	umentation, is the equip	ment:	M N/A	i i
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	DY DN	
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	DY DN	
c. Inspected for leaks as	nd obvious signs of wear o	on a weekly basis?	DY DN	l
d. Kept in a clean and s	ecure area when not in use	?	OY ON	1
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
PAZIA MOS onsible Official's Nam (Please Print)		Responsible Office	<u>))00</u>	Signati
/ / / / (<i>j</i> ,		

Res

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TYPE OF INSPECTION: ANNUAL [V]	COMPLAINT/DISCOVERY RE-INSPECTION
ACIAD	AIRS ID#: 0990 410
TIME IN: 7/30/ TIME OUT:	AIRS ID#:
TYPE OF FACILITY: DE Cleaner	
FACILITY NAME: The Do Cleaner	DATE: 2/14/01
FACILITY LOCATION: 10114 S. hailitan	Tr Boxmb + 33436
RESPONSIBLE OFFICIAL: Ruy messel	PHONE NUMBER: 364 _ 8719.
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adn	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
•	
	RECEIVED
	Bureau of Mobile Sources
OMMENTS:	
	•
e Annual Compliance Certification form has been properly certification.	rtified and submitted to the inspector. YES NO
SPECTION CONDUCTED BY: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SPECTOR'S SIGNATURE: h hubb	Please Print) PHONE NUMBER: 355 3070

BEST AVAILABLE COPY COMPLIA	ICE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY D
RE-INSPE	CTION -
<u></u>	16 0 TIME IN: TIME OUT:
FACILITY NAME:	Cleamor
FACILITY LOCATION: 1019	Lilitar Tr Boxwiton 33436
RESPONSIBLE OFFICIAL:	Masool PHONE: 364 8719
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	o startup . \square
2. Facility failed to notify DARM to use gene	al permît
PART II: CLASSIFICATION	
Facility indicated on notification form that in (check appropriate box)	is: No notification form Drop store/out of business/petroleum
A.	
4 .	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
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	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr

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THE GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND ND YD
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	-ØY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	refrigerated thave been installed
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
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?	ØY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so 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?	94 DN
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 	AY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אס

В.	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?	٧٥	ПИ	Arma *
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПΝ	□N/A
3.	Measured and recorded the pers 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	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?			_N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	•Y	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	: Д Ү	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□и	□N/A
	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・			
P.	ART V: RECORDKEEPING REQUIREMENTS	··	· · · · · · · · · · · · · · · · · · ·	. • :
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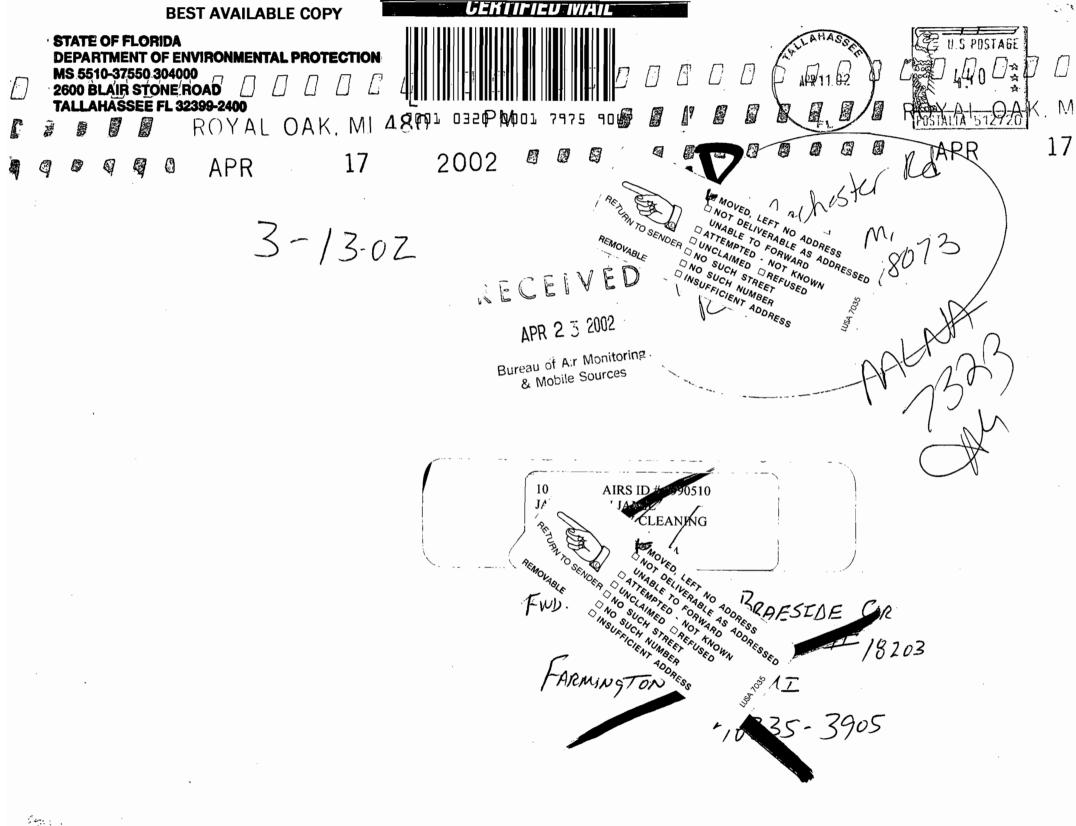
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; ZOY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? AND ND YD 4. Maintained calibration data? (for explicable direct reading instruments) DY DN DOWA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DXVA NO YO 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? MY ON ONA Problem corrected? Maintained compliance plan, if applicable? DY DN BANA

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Cleaning	Yes NO Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []
2. Disposal of Water from Water Separator u	sing approved evaporator [] [] d Wastewater service
	to the second of

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PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detecti	on and repair	}
inspection?			√ΩY ΩN	
2. Has the facility maintained a leak log	?		AY ON	
3. Does the responsible official check the	e following areas for lead	cs?		
Hose connections, fittings, couplings, and valves	אוחם אם אוא	Muck cookers	מא סא סאישא	
Door gaskets and seating	אואם אם אס	Stills	DY ON ON/A	
Filter gaskets and seating	אותם אם YO	Exhaust dampers	DY DN PRÎVA	
Pumps	אואם אם אס	Diverter valves	MY ON ON/A	,
Solvent tanks and containers	אום אם אום אים	Cartridge filter housi	ngs DY ON ON/A	
Water separators	AND NO YO	•		:.
4. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	solvent on exterior surfa	cės)		
Physical detection (airslow felt				ļ
 Odor (noticeable perc odor) 	•			
Use of direct-reading instrument	ntation (FID/PID/calorime	etric tubes)	A NA	
Halogen leak detector	:		NA W	
If using direct-reading in	strumentation, is the equ	ipment:	∴ © /N/A	
		ns in a range of 0-500 ppm	? OY ON	
	a standard gas prior to and		OY ON	
c. Inspected for leaks	and obvious signs of wes	r on a weekly basis?	עם עם	
	i secure area when not in		אם עם א	
		nples (calorimetric only)?	אם צם	
<u> </u>				
				1
X FREDERICO VAler	υ _{ςί} α .	4-1/		
sponsible Official's N		Responsible Or	fficial's Signa	atu
(Please Print)				
Inspector's Name (Please	Print)	Date of Inspection		
. In Irella		2/02		
Inspector's Signature		Approximate Date	te of Next Inspection	



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Ĕ	IS Postal Service Receipt for Cert to Insurance Coverage P o not use for Internation	Provided. al Mail <i>(See reverse)</i>
	·	A1RS ID # 0990410
RAZ	E DRY CLEANER ZIA MASOOD I4 S MILITARY TRA YNTON BEACH FL 3	AIL 33436
Į	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	
8	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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rse 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.	can return this	I also wish to refollowing service extra fee):		G
reverse	Attach this form to the front of the mailpiece, or on the back if spac permit.			see's Address	Servic
‡	 Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an 		2. 🗆 Restrict	ed Delivery	ŝ
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completed	3. Article Addressed to: AIRS ID # 0990377	4a. Article N	umber 052	178	rn Receipt
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RETURN	5. Received By: (Print Name)	and fee is	e's Address (Only paid)	if requested	Thank
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UNITED STATES POSTAL SERVICE



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

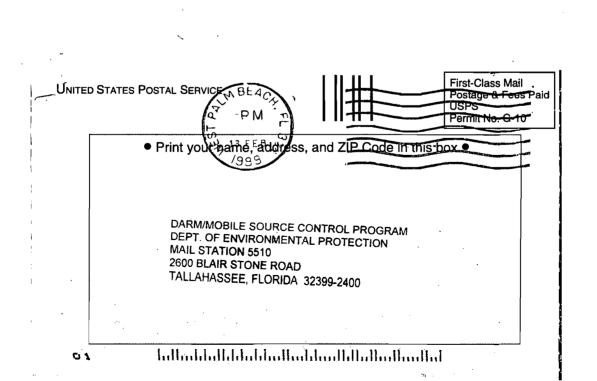
Print your name, address, and ZIP Code in this box ●

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

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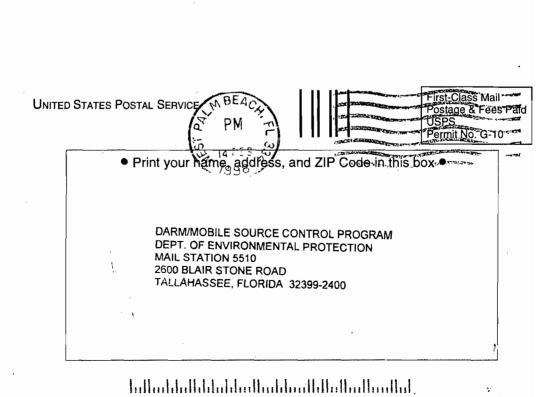
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on the reverse side?	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	followin extra fe 1. 2.	•	(for an e's Address I Delivery	eipt Service.
	3. Article Addressed to:	4a. Article N	umber			36
completed	AIRS ID # 0990410	23	33	660	359	Ξ
Ē	THE DRY CLEANER	4b. Service	Гуре			Retu
	RAZIA MASOOD	☐ Registere	ed .		Certified	
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your j	6. Signature: (Addressee or Agent)	1-			•	•
	_X M2=					
<u>s</u>	PS Form 3811 , December 1994	2595-97 - B-0179	Domes	stic Retu	rn Receipt	



	Z	333	P.75		871		
1	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
R 1	RAZ INC RAZIA M 0114 S M BOYNTON	ILITARY			AIRS ID	09904	410
	Certified Fe	e					_
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PS Form 3800 , April 1995	Postmark of	or Date					

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.	ace does not	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.
ADDRESS completed	3. Article Addressed to: AIRS ID 0990410 RAZ INC RAZIA MASOOD 10114 S MILITARY TRAIL BOYNTON BEACH FL 33436	4a Article N 4b. Service Registere Express Return Ret 7. Date of De	Type ed Mail Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
9067	
8	OFFICIAL USE
75	Postage \$
7	Certified Fee
-3	Return Receipt Fee (Endorsement Required)
0007	Restricted Delivery Fee (Endorsement Required)
20	Total Poi 10 AIRS ID # 0990510
E	Sent To JANICE ANN JAMIL
	Street, Apt ONE PRICE DRY CLEANING
	or PO Box PO BOX 541354
7007	City, State, LAKE WORTH FL 33454
i	PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	,			
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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature			
Attach this card to the back of the mailpiece, or on the front if space permits.	X ☐ Agent ☐ Addressee			
Article Addressed to:	D. Is deliver address different from item 1?			
10 AIRS ID # 0990510 JANICEANN JAMIL ONE PRICE DRY CLEANING	FARMING TON VIlls, MI 1835			
PO BOX 54178 LAKE WORTH A \$3454	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
7001 0320 0001 7975 9067				
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789			

UNITED STATES POSTAL SERVICE



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

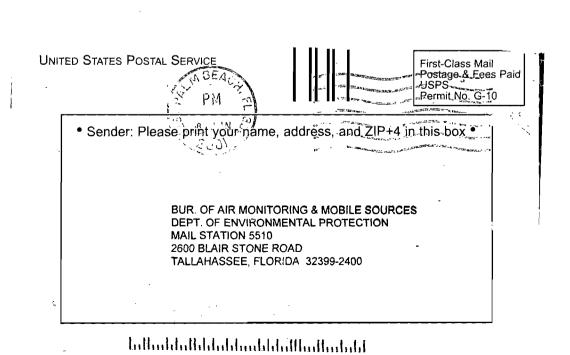
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2500 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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 spapermit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered.	ce does not de number.	I also wish to refollowing service extra fee): 1. Address 2. Restriction Restrictions Restrictions Restrictions Restrictions Restrictions Restrictions Restrictions Restrictions Restriction Restri	ssee's Address
3. Article Addressed to:	4a. Article N	umber 4 052	179
AIRS ID # 0990410	4b. Service	Type	
THE DRY CLEANER	Registere		Certified S
RAZIA MASOOD 10114 S MILITARY TRAIL	☐ Express		☐ Insured is
BOYNTON BEACH FL 33436	1 - '		
BOTNION BEACH PL 33430		ceip(for Merchandi	se COD
··· · · · · · · · · · · · · · · · · ·	7. Date of De		9 you fe
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Oni paid)	y if requested , 불
6. Signature: (Addressee or Agent)	1		r-
x tmosood			
PS Form 3811 , December 1994		Domestic Re	eturn Receipt

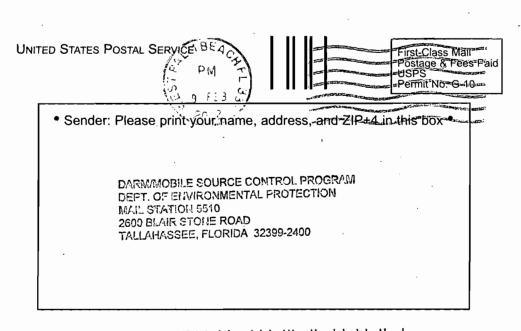
	Z 570 P	62 943					
F	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. December International Mail (See reverse)						
R T 1	0 AIRS II LAZIA MASOOD HE DRY CLEANER 0114 S MILITARY TI BOYNTON BEACH FI						
.	Certified Fee Special Delivery Fee						
pril 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,						
PS Form 3800 , April 1995	Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	\$					
L							

Fold at line over top of envelope to the right of the return address	OMPLETE 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. Striefersky address timerent from item 12 Yes			
1. Article Addressed to: 10 AIRS ID # 0990410001AG RAZIA MASOOD THE DRY CLEANER	If YES, enter delivery address below: No JUN 1 1 200 Bureau of Air Monitoring			
10114 S MILITARY TRAIL BOYNTON BEACH FL 33436	3. Service Type Certified Mail Registered Receipt for Merchandise Classred Co.D.			
2. Article Number (Copy from service label) 2. 2 1 0 6 2 9 4 3 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				



U.S. Postal Service CERTIFIED MAII (Domestic Mail Onl	L RECEIPT y; No Insurance Coverage Provided)
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Total RAZIA MASO Stree 10114 S MILITA BOYNTON BEA City, 2 33436	OD ARY TRAIL ACH FL
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. AIRS ID # 0990410 THE DRY CLEANER RAZIA MASOOD 10114 S MILITARY TRAIL	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X D. Is delivery address different from item 1? If YES, enter delivery address below:
BOYNTON BEACH FL 33436	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0520 0020 9372 PS Form 3811, July 1999 Domestic Ref	7046 turn Receipt 102595-99-M-1789

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371h		Service OMAIL REC Only; No Insurance		d)
0026 4127	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 0600	Recipient's RAZIA M. Street, Apt. 10114 S M	CLEANER	RS ID # 0990410	
	PS Form 3800, February 2	000	See Reverse for Ins	tructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Comptete 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. AIRS ID # 0990410 THE DRY CLEANER RAZIA MASOOD 10114 S MILITARY TRAIL BOYNTON BEACH FL 33436	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 C. Signature X	
2. Article Number (Copy from service label) 9700000000000000000000000000000000000	41243416	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

UNITED STATES POSTAL SERVICE PM 17 09 FEB 20



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 TAILAHASSEE FLORIDA 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259998

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# 0990410 RAZ INC RAZIA MASOOD 10114 S MILITARY TRAIL **BOYNTON BEACH FL 33436**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990410

RAZ INC RAZIA MASOOD 10114 S MILITARY TRAIL BOYNTON BEACH FL 33436

FOR GOVERNMENT USE ONLY

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

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990410

THE DRY CLEANER
RAZIA MASOOD
10114 S MILITARY TRAIL
BOYNTON BEACH FL 33436

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FOR GOVERNMENT USE ORLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4141**07** FEB142802

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 # 0990410

THE DRY CLEANER RAZIA MASOOD 10114 S MILITARY TRAIL BOYNTON BEACH FL 33436

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361540

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

| MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 23 99

Do NOT Remove Label

AIRS ID # 0990410

THE DRY CLEANER RAZIA MASOOD 10114 S MILITARY TRAIL BOYNTON BEACH FL 33436

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405406 FEB152001

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 # 0990410

THE DRY CLEANER RAZIA MASOOD 10114 S MILITARY TRA

10114 S MILITARY TRAIL BOYNTON BEACH FL 33436 FOR GOVERNMEN PUSE ONEY Org.: 37550101000 EO: AIT

Fund: 20-2-035001 Obj.: 002273

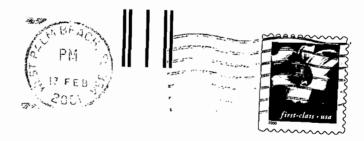
THE DRY CLEAVERS.

RAZIA MASCOD

IDII 4 S MILITARY TRAIL

BOYNTON BEACH FL.

33436.



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