

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Rolando Mestre Milli Illi Cleaners 4800 Northwest 2nd Avenue Boca Raton, Florida 33431

Re: Facility I.D. No. 0990424

Dear Mr. Mestre:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely

Dotty Diltz, Chief Bureau of Air Monitoring

Bureau of Air Monitor and Mobile Sources

and nobite

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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



Department of Environmental Protection

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

David B. Struhs Secretary

June 20, 2001

Mr. Rolando Mestre Milli-illi Cleaners 4800 Northwest Second Avenue Boca Raton, Florida 33431

Dear Mr. Mestre:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on June 19.

In reviewing your submittal, it was noted that Milli-illi Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990424). 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 as 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"

Printed on recycled paper.



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MAY 1 2 1997

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY Bureau of Air Monitoring
TIME IN: //:15 TIME OUT:	12:00 AIRS ID#: 09 9 00 Punel
TYPE OF FACILITY: DYY Clean	ing
FACILITY NAME: MILLI IL	14° cleaners DATE: 4-8-97
FACILITY LOCATION: 4800 /	V. W. 2nd Aue
Boca Ket	
RESPONSIBLE OFFICIAL: Rolando Mes	STOR PHONE NUMBER: 794-8822
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
Need to install tempera gauges at inlet and outlet	tuol
	-
	·
	
·	
The second secon	
	· .
COMMENTS:	·
CONTRACTOR	÷
	-
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: R. V- CO	hokshi'
INSPECTOR'S SIGNATURE: AU Cho	(Please Print) PHONE NUMBER: 355-3070

- / - /

#0990424

1 .	, 4
:	Milli Illi Cleaners
	Spoke with Rolando Metre- 9/26/96
	9/26/96
P.13	le add totle-Owner
•	
D.14	1.(c) mark out "X" and initial 4. Should be new small area Source W/ refrig. con. 5.(f) required
D.15	4 should be new small area
	Source W/ refrig. con.
	5.(f) required
-	
,	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ROLANDO MESTRE (INDIVIDUAL)
2.	Site Name (For example, plant name or number):
	MILLI ILLI CLEANENS
3.	Hazardous Waste Generator Identification Number:
	FL0984188319
4.	Facility Location: 4800 N.W., 22 AVENUE Street Address:
	City: Baca 127.2 County: PACM BEACH Zip Code: 33431
5.	Facility Identification Number (DEP Use): 0990424
	Responsible Official
(6)	Name and Title of Responsible Official:
	ROLANDO MESTRE
7.	Responsible Official Mailing Address: 4800 NW. 249 vewe Street Address:
	City: Boch NATIN County: PACE BEACH Zip Code: 33431
	Responsible Official Telephone Number: Telephone: (561) 999-8822 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: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	RECEIVE
	Telephone: () - Fax: () - RECEIVED AUG 30 1996
	Bureau of Air Monitorin

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

Page 13 of 16

Bureau of the Source

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.

Money 65. Type of Machine	, ID	Date Machine Initially Purchased	Date Control Device Installed	ıD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Contro Device Installe
Example	#1	1	12-NOV-93	#2	08-DEC-91		#3		
Dry-to-Dry Unit		h *				_			
<u>`</u>		Dry Z		Г		1		1	ı
(1) w/ ref. condenser (2) w/ carbon adsorbe		4 16 93	4-16-93	ļ				<u> </u>	-
(3) w/ no controls	ÇI .				 	 		+	<u> </u>
Washer Unit						<u> </u>			
(4) w/ ref. condenser		1				1		1	1
(5) w/ carbon adsorb					 				
(6) w/ no controls					<u> </u>		+	_	-
Dryer Unit						1			<u> </u>
(7) w/ ref. condenser					-	T			
(8) w/ carbon adsorb					 		1	-	
(9) w/ no controls				 	 		+	1	-
Reclaimer Unit									
(10) w/ ref. condense	r					1			
(11) w/carbon adsorb									
(12) w/ no controls							1	<u> </u>	
(b) Control devices	are requ	ired, but not	yet installed]				
No control device No control device		•				Al John of 1	12	andla o	
2.(a) What was the total	ai quant] gallo	ons	oroethylene (perc)	purchased i	n the latest	12 moi	ntns?	
(b) If less than 12 me Check why it is l					_] New store	e: [] Di	d not l	keep records:	
3. What is the facility's (Indicate with an "X					initions foun	d in section	(3) of	Part II?	
Existing small	area so	ource []	Ne	ew sr	nall area sou	rce 🔀	لا	* "	
Existing large	area so	urce []	Ne	ew la	rge area sour	rce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

	ontrol technology is requite with an "X".)	nred on machines	pursuant to section (5) of	Part II of this notification form?
	Existing large area source Carbon adsorber	<u> </u>	Refrigerated condenser	·.
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
5 A facili	itu uhiah gantaing nan g	womnt omissions	units shall not be aligible t	to use the general permit pursuant
to Rule 62		that all steam an	d hot water generating uni	ts on-site meet the following
boiler HP	or less), and (2) are fire	d exclusively by n		10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
	and hot water generating nits on-site	g units exempt		
		·		
	Equipm	ent Monitoring a	and Recordkeeping Infor	mation
Check all	logs which are required	to be kept on-site	in accordance with the rec	uirements of this general permit:
(a) Purcha	se receipts and solvent p	urchases		\bowtie
(b) Leak d	letection inspection and	repair		
(c) Refrige	erated condenser temper	ature monitoring		\(\)
(d) Carbor	n adsorber exhaust perc	concentration mor	nitoring	
(e) Instrun	nent calibration			
(f) Start-u	ip, shutdown, malfunctio	on plan		

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Level Es Es Date

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:
444	$\mathcal{O}_{\mathcal{L}}$	

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990424 DATE: 4-8-97 TIME IN: 11:15 TIME OUT: 12:00				
FACILITY NAME: MILLI ILLI Cleaners				
FACILITY LOCATION: 4800 N.W. 2nd Are				
Bocaraton, FL 33431				
PARCE NOTICE TION				
PART I: NOTIFICATION				
(check appropriate bax)				
1. Existing facility notified DARM by 9/1/96				
2. New facility notified DARM 30 days prior to startup				
3. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)				
1. Existing small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<200 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)				
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" dry-to-dry="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""></x<2,>				
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 65 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?	P ¹Y □N			
2. Examining the containers for leakage?	Ø A □N			
3. Closing and securing machine doors except during loading/unloading?	XY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Ху ои			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON OXI/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?	K Y □n			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AT ON ONA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Has Fan	OY ON SONA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated his condenser on a weekly basis? Will be with 11ed by 4/30/97	OT XN			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY AN			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Will do Aller witalling tend gaves	ΩΛ Ά μ			

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN
	Is the temperature differential equal to or greater than 20° F?	ΩY	ND
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?	ΟY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□NN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	QY	ON_N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	□N □N/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	□N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased? —	ADY ON
2. Maintained rolling monthly averages of perc consumption?	AY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	(A □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?	OJA UN -
4. Maintained calibration data? (for direct reading instruments only)	DY ON ANT
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X N/A
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	DA ON
Problem corrected?	ΦY □N
8. Maintained compliance plan, if applicable?	OY ON ANIA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	AY ON

2. Wh	uch method of detection is used by	the respon	sible officia	1?		•	
	Visual examination (condensed				∯		
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment:							7
						XN/A)
1	a. Capable of detecting	perc vapo	or concentra	tions in a range of 0-500 ppm?	OY C	אַ אַ אַנ	
	b. Calibrated against a (PID/FID only)?				OY C	N_N	
1	c. Inspected for leaks a	ınd obviou	s signs of w	ear on a weekly basis?	ay c	INN/A	
Ì	d. Kept in a clean and	secure are	a when not	in use?	OY C	A\NNC	
1	•			amples (calorimetric only)?	OY C	א או	
3. Ha	is the facility maintained a leak log		•	•	QY C		
- 1	oes the responsible official check th		g areas for le	eaks?			
	Hose connections, fittings, couplings, and valves	₽¥	ПN	Muck cookers	. A Y	□ии	A
	Door gaskets and seating	d Y	ПN	Stills	ΟY.	UN YN	Ά
		(h	Ov	To book downsom	ΟY		7
	Filter gaskets and seating	T _Y	ΩИ	Exhaust dampers	,	пХи	A
	Pumps	\ \\ \dag{\pi}\t	ИD	Diverter valves	XX	□и_п	A
	Solvent tanks and containers	Ģ Yr	ΠN	Cartridge filter housing	gs XY	□и_и	A
}	Water separators	7 4	ΠN	,			
_R	Name of Responsible Office Name of Responsible Office Inspector's Name (Please P		ature)	Name of Responsible Office 4-8-9 Date of Ins Approximate Date of	7 pection - 98) 	
Secondar	ry Containment for: Dry	Cleanin	ng Machin	e & Storage area	ſ	Yes No X][]	
			J = =======				
				Waste area Willings Spotting area Seal Will do 57 4/0	#/97	[X] [] [K] []	
Dia	a of water of the second			Will do by 4/	97	. 1 L/H	
nrabosa	l of Water from Water Se			oproved evaporator	´ [] []	
				Pick s up Water	[] []	
V	Asked to in	stal	1 ev	apositos			
	for	/ WC	of t	-	Revis	ed 10/23/96	
		•	J-				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:	30 AIRS ID#: 0990424
TYPE OF FACILITY: Dry cleaning	. · -
FACILITY NAME: MILLI ILLI	DATE: 6-12-98
FACILITY LOCATION: 4800 N-W-	2nd Ave
Boca Riton	, FL 33431
RESPONSIBLE OFFICIAL: Kolando Mestro	PHONE NUMBER: 994-8822
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:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
·	
· · · · · · · · · · · · · · · · · · ·	
	RECEIVED
	- (0)1
	JUL 1 5 1998
	Bureau of Air Monitoring & Mobile Sources
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	ine 1999
O(1/2)	proximate) Chokshi
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE: 2. V. Chokil	PHONE NUMBER: 355-3078

PERCIILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

2. Facility failed to notify DARM to use general permit



COMPLAINT/DISCOVERY

 \Box

RE-INSPECTION

AIRS ID#: 0990424 DATE: 6 - 12-9 TIME IN: 9:45 TIME OUT:	10:30
FACILITY NAME: MILLI ILLI	
FACILITY LOCATION: 4800 N.W. 2812 Ave	
Bo. Ca Raton, FL 339	431
RESPONSIBLE OFFICIAL: Rolando Mestrephone: 994 -	8822
CONTACT NAME:PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	`
1. New facility notified DARM 30 days prior to startup	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ 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	□N □Can not determine
☐ facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was significant 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) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

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

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

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(check appropriate boxes)

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

AMO NO YO

ON ON/A

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?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?-	ΩY	ПΝ	ĎN/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 apstream from any bend, contraction,	· :		
	or expansion; and downstream from no other inlet?	QΥ	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO AR
2. Maintained rolling monthly averages of perc consumption?	['] Ω Υ □Ν
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צאַ
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 NO YOU
4. Maintained calibration data? (for applicable direct reading instruments)	אואבן אם צם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAŽ NO YO
6. Maintained startup/shutdown/malfunction plan?	MO AM
7. Maintained deviation reports?	ZY ON ON/A
Problem corrected?	PY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN PANIA

PART VI: LEAK DETECTION AND REPAIRS

77	RI VI: LEAR DETECTION AND	REPAIRS						
l.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		•	ND Y				
2.	Has the facility maintained a leak log?			אם אַצאַ				
3.	Does the responsible official check the	following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ם אועש אם אם				
	Door gaskets and seating	אואם אם אָע	Stills	DY ON ON/A				
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	אואבן אם צם				
	Pumps	DY ON ONA	Diverter valves	DY ON ONIA				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ONA				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by	the responsible official?	•					
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)			A NIA				
l	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	DANIA				
	Halogen leak detector	`		N/A				
	If using direct-reading inst	rumentation, is the equi	ipment:	ØN/A				
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON				
1	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and	secure area when not in	use?	OY ON				
	e. Verified for accurac	y by use of duplicate san	ples (calorimetric only)?	NO YO				
Ŋ		•						

Responsible Official's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

6-12-98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes N	၁]
		Waste area	MI	
		Spotting area Sealed	1/1]

Safety Kleen Picks lep the west.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE O	F INSPECTION:	ANNUAL X	COM	1PLAINT/DI:	SCOVERY	RE-INSP	ECTION
TIME IN	9:45	TIME OUT:	10:3	O	AIRS ID#: O	990424	
TYPE OF	FACILITY: De	zy Cleaning					
FACILIT	Y NAME: MIL	LILLI CLEANERS				_DATE:_/	4 00
FACILIT	Y LOCATION: 4	1800 N.W. 2~	ط <u> </u>	نند			
	<i></i>	A RATON, FI					
RESPON		Rolando mestes			PHONE NUMBER:	994 - 8	822
LZX		he compliance requireme ule 62-213.300, Florida A			•	ility is found to	be in
	Based on the results of the liscrepancies were noted	he compliance requireme d:	ents evalua	ited during th	is inspection, the foll	owing complia	nce
COM	IPLIANCE REQU	IREMENT/PROBI	LEM	FOL	LOW-UP ACTI	ON REQUI	RED
_				-			
				-			
·						EC FE	
					of Air Monitorius Mobile Sources	9 200	
	The second secon				Monitorn's Sources)
COMME	NTS: My OFFIC document (for	e ecceived A f	milli	copy of	nees of 1/	y escaed 13/00.	Keep, J
The Annu	al Compliance Certifica	tion form has been prope	rly certifie	ed and submit	ted to the inspector.	YES	ио[X]
DATE OF	F NEXT INSPECTION	l:	J _P へ (App	2001			•
INSPECT	TION CONDUCTED B	Y:		ase Print)	· ·		
INSPECT	OR'S SIGNATURE:_	augu Durk		P	HONE NUMBER:_	<u> 355 - 307</u>	٥٠
	_	100 7 - 7			•	KT. 1139	
	•		Page	_of			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	JAL SPECTION	× □	COMPLAINT/DIS	COVERY	۵
AIRS ID#: <u>0990 424</u> DATE: <u>/</u> FACILITY NAME: <u>MÎLLÎLLÎ</u> (/ /	TIME	in: 9: 45 tin		O: <u>30</u>
		d a		· _	
FACILITY LOCATION: 4800 /					
<u> Воса К</u>	RATON, FI				
RESPONSIBLE OFFICIAL: Roland	o mestee		_ PHONE: <u> </u>	- 8832	
CONTACT NAME:			_ PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days pri-	or to startup				
2. Facility failed to notify DARM to use ge	neral permit				
PART II: CLASSIFICATION					
Facility indicated on notification form tha (check appropriate box) A.	.1 11 15:		☐ No notification fo☐ Drop store/out of		oleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to-d transfer both tyj	dry only, only, x pes, x < 1	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	×	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	dry-to-c transfer both typ	lry only, only, 20 bes, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
5. This is a correct facility classification	XY	ΠN	□Can not determine		
If no, please check the appropriate c facility qualified f facility exceeds ab	or a general perm		nber above ble for a general permi	it	
3. The total quantity of perchloroethylene (p facility was 100 gallons. for 199		ithin the	preceding 12 months l	by this dry cle	aning .

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? XY ON ON/A YZY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **X**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) XY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated **X**Y DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after YY ON verifying that the coolant had been completely charged?

D. Handle and the official of a size in the	
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?	O.Y. O.M.
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	AVNO NO YO
Is 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?	\square Y \square N \square N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN DN/A
or expansion, and so migroum from the editor milet.	ar an ann
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? * Not At Facility When inspected Received On 1/7/2000	🕱 ОИ
2. Maintained rolling monthly total of perc consumption?	X Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND Y X
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוים אם צוֹ ע
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XINA
5. Maintained exhaust duct monitoring data on perc concentrations?	ANY NO YO
6. Maintained startup/shutdown/malfunction plan?	X Y □N
7. Maintained deviation reports?	XY ON ON/A
Problem corrected?	XY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON XNA

ADI	DITIONAL SITE INFORMATION:		
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes [X] [X] [x]	00/ [] []
2.	Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service	í] MJ	[] [X]
	(B) SARety Kleen PICKS up WASTE lint		٠.
	On secondary containment Fallet.	\$	
	O Perc eacripts not Kept at facility and compliance Calcudar not Kept on - site		. . .
	(E) Asked me, mester to Keep Perc receipts & Compliance Cakadar on - sike		
	(F) Pervided MR. mester with a formal NTC for Not naving A leak log and perc receipts on-site. Asked MR. mester to fax all perc receipts And leak log to one office within 5 days. (G) Received Force receipts a mandabel recederation by via-	5	

1. Does the responsible official conduc	t a weekly (for small sour	ces, <u>bi-weekly</u>) leak detection	and repair
inspection?			XY ON
2. Has the facility maintained a leak log	;?		Y ØY □N
3. Does the responsible official check the	ne following areas for lead	ss?	
Hose connections, fittings, couplings, and valves	אין פא פאר פאל	Muck cookers	OY ON X N/A
Door gaskets and seating	A/אם אם צ ואל	Stills	AND NO VE
Filter gaskets and seating	ANO NO Y	Exhaust dampers	אוא 🔀 אם צם
Pumps	MY ON ON/A	Diverter valves	AND NO YES
Solvent tanks and containers	אואם אם צ ואַ	Cartridge filter housings	ANG NO YE
Water separators	XY ON ON/A		
1. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es) -	×
Physical detection (airflow felt to	hrough gaskets)		X
Odor (noticeable perc odor)			M
Use of direct-reading instrument	ation (FID/PID/calorimet	ic tubes)	M WA
Halogen leak detector			ĭ⊠ nJA
If using direct-reading insti	rumentation, is the equip	ment:	⋈ N/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	חם עם
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and s	ecure area when not in use	?	DY DN
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
	,		
onsible Official's Nam (Please Print)	e	Responsible Office	cial's Sign
Jeffrey Dizek Inspector's Name (Please Prin	nt)	Date of Inspection	
Jeun Durik		100C ME	

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

P 265 302 244

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AIRS ID#: 0990424

ROLANDO MESTRE ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431

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AIRS ID#: 0990424 ROLANDO MESTRE ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431	P 265 302 345 4b. Service Type □ Registered □ Cert □ Express Mail □ Insu		Certified Insured COD	you use ior box
5. Received By: (Print Name) 6. Signature (Addressee or Agent) PS Form 3811, December 1994		paid)	f requested	116111
	■ 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. 3. Article Addressed to: AIRS ID#: 0990424 ROLANDO MESTRE ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	■ 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. 3. Article Addressed to: AIRS ID#: 0990424 ROLANDO MESTRE ROLANDO MESTRE ROLANDO MESTRE BOCA RATON FL 33431 4a. Article N AIRS ID#: 0990424 □ Registere □ Express I □ Return Rec 7. Date of Delivered and fee is	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address cn 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. 3. Article Addressed to: AIRS ID#: 0990424 ROLANDO MESTRE ROLANDO MESTRE ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431 4a. Article Number □ 265 302 4b. Service Type □ Registered □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only to and fee is paid)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address dn 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. 3. Article Addressed to: AIRS ID#: 0990424 ROLANDO MESTRE ROLANDO MESTR

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ROLANDO MESTRE ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431 FOR GOVERNMENT USE ONLY

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

Z 210 662 403

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AIRS ID # 0990424001AG ROLANDO MESTRE MILLI ILLI CLEANERS 4800 NW 2ND AVENUE BOCA RATON FL 33431

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PS Form 3800, April 1995	Postmark or Date	

old at line over top of envelope to the right of the return address	co	OMPLETE THIS SE	CTION ON DELIV	ERY ,
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Article Addressed to:		If YES, enter delive		No □ No
10 AIRS ID # 0990424001AG ROLANDO MESTRE MILLI ILLI CLEANERS				
4800 NW 2ND AVENUE BOCA RATON FL 33431	/	Service Type Coertified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receip ☐ C.O.D.	ot for Merchandise
	4.	Restricted Delivery	r? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)	,			
PS Form 3811, July 1999 Doi	nestic Return F	Receipt		102595-99-M-1789

يتوادون البياد المعاد والمال مساحوا لليها والوجه العواد المساحوا

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401755

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AIRS ID # 0990424

MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431 Bureau of Ar Monitoring

For Government use only

Forg.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

1-4-01 pd

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WEST BOCA DRY CLEANERS ANTHONY MULE 8177 WEST GLADES ROAD #18 BOCA RATON FL 33434 EOR GOVERNMENT-USE ONLY OF 237550 101000 EO: A1 Fund 20-2-035001 Obj.: 302273

392842

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ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431

Bureau of Air Monitoring

Mobile Soul Print Soul Print

Obj.: 002273

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MILLI ILLI CLEANERS
ROLANDO MESTRE

ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Z 333 LLO 3LO $\sqrt{49}$

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AIRS ID # 0990424

MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE **BOCA RATON FL 33431**

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n the reverse side?	SENDER: Corriplete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address 2 d Delivery 2
ADDRESS completed on	3. Article Addressed to: AIRS ID # 0990424 MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431	4a. Article Number 233366036 4b. Service Type Registered Express Mail		Certified Insured
is your <u>RETURN</u>	 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) XX X X 	8. Addressee and fee is	e's Address (Only i paid)	
~	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Reti	urn Receipt

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BOCA RATON FL 33431 . 2. Adjcle Number (Copy from service label)	Service Type Certified Mail

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	4. Re	stricted Delivery	r? (Extra Fee)	☐ Yes
2. Article Number/(Copy from service label)				
PS Form 3811, July 1999	Domestic Return Reco	eipt	_	102595-99-M-1789

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Sent In AIRS ID # 0990424

MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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AIRS ID # 0990362 ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 9841 GLADES:ROAD BOCA RATON:FL 33428	3. Service Type Certified Mail
2. Article Number (Copy from service label) Z 2 10 662 450	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-178

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AIRS ID # 0990424

MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431

800, 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	
	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt
s;

\$ 510 663 172

US Postal Service Receipt for Certified Mail

AIRS ID # 0990424

MILLI ILLI CLEANERS ROLANDO MESTRE 4800 NW 2ND AVENUE BOCA RATON FL 33431



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

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SENDER: COMPLETE T Ot adolar	ne for the order top of en
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A.) Received by (Please Print Olearly) B. Date of Delivery
 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. 	e, XMarpun leve Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 09904	24
MILLI ILLI CLEANERS	
ROLANDO MESTRE	
4800 NW 2ND AVENUE	O Out to True
BOCA RATON FL 33431	3. Service Type ☐ Certified Mail ☐ Express Mail
	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2210663 172	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
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