

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Alfred S. Zukowski Brite Lock Dry Cleaning, Inc. 22943 State Road 7 West Boca Raton, Florida 33428

Facility No. 0990449 Re:

Dear Mr. Zukowski:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 16, 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

and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BRITE LOOK DRY CLEANERS INC.
2.	Site Name (For example, plant name or number):
	Same
3.	Hazardous Waste Generator Identification Number:
	60-03-179511-49
4.	Facility Location:
	Street Address: 22,943 State Rd. 7, City: WEST BOCA RATON, County: PAM BEACH Zip Code: 33428
	City. WES. 1 (18 DEAL KHIEN, County. FAM DEALLY Zip Code. 33428
5.	Facility Identification Number (DEP/Use):
41.50	0990449
	Responsible Official
6.	Name and Title of Responsible Official:
	ALFRED S. ZUKOWSKI
7.	Responsible Official Mailing Address:
	Street Address: 91 Qit3 of the bil 7
	Responsible Official Mailing Address: Organization/Firm: BRITE LOOK DRY CLEANING INC. Street Address: 22,943 State Rd.7 City: WEST BOLA RATON County: PALM BEACH Zip Code: 33428
8.	Responsible Official Telephone Number:
	Telephone: (561) 477-1072 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:
	County. Zip Couc.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVED
	7005 7
	SEP 1 6 1996

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

Bureau of Air Monitoring & Mobile Sources

#0990449

:	Dibl LD M
	Brite Look Dry Cleaners
:	stake mil the manager Abe-
	-spoke W/ the manager, Abe-
	1-2-1-10-1-1-10
p./3	6. add title-President
· / .	
D./4	1. (a) add date control device
	1.(a) add date control device installed on line (1), and
_	mark out information on
	line(6) for regular washing
	machine
	1.(c) mark out "V" and initial
	12 (1) Amount uned to fill un
	machine, very small purchaser of perc.
<u> </u>	of perc.
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
_	
_	· <u> </u>

Facility Information

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

Type of 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-
Dry-to-Dry Unit	·	1			2.5				Ċ.
	TI/	\$5PT96							
(2) w/ carbon adsorber	7								
(3) w/ no controls	1		į,						
Washer Unit		afea	The State of						· ·
(4) w/ ref. condenser									
(5) w/ carbon adsorber	4	7							
(6) w/ no controls		Kens 3 46		L					
Dryer Unit,	-yu								, Sart
(7) w/ ref. condenser							,		
(8) w/ carbon adsorber									
(9) w/ no controls		<u></u>			<u>L</u>			1	
Reclaimer Unit	parts -	.^	i same		<u> </u>	, =		<u> </u>	
(10) w/ ref_condenser			_						
(11) w/carbon adsorber		<u>.</u>			<u>'</u>				
(12) w/ no controls					_ •				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less 3. What is the facility's so (Indicate with an "X".	are requant galle	equired to be ity of perchlo ons ow many? [_ 12 months:	installed [(perc)	New store	: Did	not k	eep records:	
Existing small ar Existing large are			•		nall area sour]		

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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
	5
this notifi statement maintain	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	White Cultonells September 1996,

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



TITLE V AIR QUALITY GENERAL PERMITMAY 1 2 1997 INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	СОМ	PLAINT/DISC	COVERY	eau of Air Mor & Mobile જિંદિયો ————————————————————————————————————	itoring LSECTION
TIME IN: 10:50	TIME OUT:	11	:25	AIRS ID#:	09904	49
TYPE OF FACILITY:	TO COCK	WEK	DRY	CLEANE	RS DATE:	5/1/92
FACILITY LOCATION:	22943	S.R. 7	, WZST	BOCA	RATION,	FE 33428
A	HCOTO S. 7	UKOWSH	// 5		(71)	M22 1002
RESPONSIBLE OFFICIAL:				HONE NUME		477-1072
Based on the results of compliance with DEP R					facility is found	1 to be in
Based on the results of discrepancies were note		ments evaluat	ed during this	inspection, the	following com	pliance
COMPLIANCE REQU		BLEM	FOLL	OW-UP A	CTION REQ	UIRED
	<u>. </u>			·	<u>. </u>	
-			-			
<u> </u>					·	
		·	·			
				 		
	· · · · · · · · · · · · · · · · · · ·					.
COMMENTS:						
w. ***	. •					
4	:	•		•		
The Annual Compliance Certifica	ation form has been pro	perly certified	d and submitte	d to the inspec	tor. YES	ом
DATE OF NEXT INSPECTION	N:	5/1/9	<u>8</u>			
INSPECTION CONDUCTED I	BY:	ALD	roximate)	SIKAZ	WE	-
INSPECTOR'S SIGNATURE:	Donnes	Sika	se Print) — WE PHO	one numbe	:r: <u>(</u> 561) <u>3</u>	55-4537
		مورو	o i		Q	Revised 10/96

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL TO THE IN-	JAL (SPECTIO	COMPLAINT/DISC	OVERY	ū
кс-ц	ISEEC (IO			11:05
AIRS ID#: 0990449 DATE:_	5/1/	97 TIME IN: 10:50 TE	Œ OUT:	12:25
FACILITY NAME: BATZ	6	OK ONE PRICE!	DR	azmas (1
FACILITY LOCATION: 229	43	S.R. 7, WEST &	NCA	RATION,
Li	331		<u> </u>	
·				
PART I: NOTIFICATION				
(caeck appropriate box)				
1. Existing facility notified DARM by 9/	1/96			\times
2. New facility notified DARM 30 days p	orior to star	unb .		
3. Facility failed to notify DARM to use	general per	mit	,	□
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)	that it is:			
<u>.</u>				
1. Existing small area source		2. New small area source	X	
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 gai/yr		
· (constructed before 12/9/91)		(constructed on or after 12/9/91)		
3. Existing large area source	Q	4. New large area source		
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<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td><td>transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></td></x<1,800>		transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800>		
(constructed before 12/9/91)		(constructed on or after 12/9/91)		
This is a correct facility classification.	,	ж □и		
If no, please check the appropriate classi	fication:			
facility qualified for a g	general pen	mit as number above		
, ,	•	s not eligible for a general permit		
B. The total quantity of perchloroethyles facility was DO gallons.	ie (perc) pi	rchased within the preceding 12 month	ıs by this	dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

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

XX	ИΠ	
XX	ΠŅ	
X	$\square N$	
À.	ПΩ	

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?
- AY O
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- ANNO NO. XX
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- YY ON ON/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- AT ON
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- XY ON
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

.D∙	Has the responsible official of an existing large or new large area source also:			
L.	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?	QΥ	ИD	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less taan 100 ppen?	ΠY	□N.	N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for ineasuring 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?	QΥ	ַמם.	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
=				
P	ART V: RECORDKEEPING REQUIREMENTS			
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: aeck appropriate boxes)			
(c)	as the responsible official:	X ^t	ND	
(c)	as the responsible official: neck appropriate boxes)	X'	2 2 2	
(c) 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	X X		
(c) 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	× ××		
(c) 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:		UZ UZ	
1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	/\		X √i/A
H. (c) 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	/\	X	N/A N/A
H. (c) 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	ΟY	X	N/A N/A
H. (c) 1. 2. 3. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	ΟY	0 X 0 X 0 X 0 X 0 X 0 X 0 X 0 X 0 X 0 X	N/A N/A
H. (c) 1. 2. 3. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	ΟY	0	N/A N/A
H. (c) 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	A A A A A A A A A A A A A A A A A A A	2	N/A N/A
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	A A A A A A A A A A A A A A A A A A A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A N/A
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	A A A A A A A A A A A A A A A A A A A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A N/A

2. Which met	hod of detection is used b	y the respon	nsible offici	al?		•
Visua	al examination (condense	d solvent on	n extérior su	rfaces)	叉	
Physi	cal detection (airflow felt	through ga	skets)	•	Æ.	
Odor						
Use	×	N/A				
If us	ing direct-reading instru	ımentation,	, is the equi	pment:		
	a. Capable of detection	ng perc vapo	or concentra	ations in a range of 0-500 ppm?	$\Box Y$	ON N/A
	b. Calibrated against (PID/FID only)?	a standard	gas prior to	and after each use	ΩY	ONXN/A
	c. Inspected for leaks	and obviou	is signs of v	vear on a weekly basis?	$\Box Y$	□NXN/A
	d. Kept in a clean an	d secure are	a when not	in use?	QΥ	ONXN/A
	e. Verified for accura	acy by use o	f duplicate :	samples (calorimetric only)?	ΩY	□NXN/A
3. Has the fac	cility maintained a leak to	g?			XΥ	DNIKNIA
4. Does the r	esponsible official check	the followin	g areas for	leaks?	`	
II .	connections, fittings, plings, and valves	Y	ΩИ	Muck cookers	. OY	□n≯n
Door	gaskets and seating	X	ЙD	Stills	X	□N_N
Filte	r gaskets and seating	Ϋ́Y	ПN	Exhaust dampers	ДY	ON X
Pum	ps	X.	ΠN	Diverter valves	YY	□N_̈N
Solv	ent tanks and containers	×	ΠN	Cartridge filter housing	× XX	□N_N
Wate	er separators	XY	מם			
<u></u>	The Culin	nles		ALFRED ZUKOW	<u>skî</u>	561-4
	Mame of Responsible Of	ficiai (Signa	ature)	Name of Responsible Official		
10	JACO	SIKAZ	WE	5/1/	97	
	Inspector's Name (Please	Print)		Date of Inst	ection	
	na co	SIKAZ	wE_		8	
	Inspector's Signature			Approximate Date of	Next I	nspection
condary Con	tainment for: Dry	/ Cleanir	ng Machir	ne & Storage area		YES No
				Waste area		X] []
				Spotting area Seale	ed	\bowtie
ismosal of W	Water from Water S	enarator	uaina a			

RECEIVED MAR 1 1 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Alc

\bigcirc	WEST BOCA RATO	PN FL	; /		
	Do	NOT Kemov	<u> </u>	,	
Annual Reporting Period:	< 0	1997 то	January	151	_19 <u>98</u>
Based on each term or conditi	on of the Title V general air pern	nit, my facility has r	emained in compliance		
62-213.300, Florida Administ	rative Code (F.A.C.), during the	period covered by th	is statement. YES	S UNO	
If NO, complete the following	;		•		
#1. Term or condition of the	general permit that has not been i	in continuous compl	iance during the reporti	ing period stated a	above:
Exact period of non-complian	ce: from		to		
Action(s) taken to achieve cor	npliance:				
Method used to demonstrate c	ompliance:				
#2. Term or condition of the	general permit that has not been i	in continuous compli	iance during the reporti	ng period stated a	ibove:
Facint mey rakefi no acmeve ico	ក្សារជិសម		tn		
Method used to demonstrate of	compliance:				
	reby certify, based on information a				

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

Name (Please Print)

^{*}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	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: 11:25	AIRS ID#: 0990 449
TYPE OF FACILITY: Dry Cleaning	<u> </u>
FACILITY NAME: BRITE LOOK DOY	Cleaners DATE: 7-14-98
FACILITY LOCATION: 22943 SR 7	
West Bock Rat	on, FL 33428
RESPONSIBLE OFFICIAL: Herman Santiago	PHONE NUMBER: 477-1072
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
·	P
	- & C
	Burger Blow C
· · · · · · · · · · · · · · · · · · ·	00 2 -
	is Source Co
	. Ges Orthogo
·	
	
	·
<u>-</u>	·
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YEST NO
DATE OF NEXT INSPECTION: July	1999
	proximate)
INSPECTION CONDUCTED BY:	ChoKShe
INSPECTOR'S SIGNATURE: R.V. Choust	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	\mathcal{Q}	COMPLAINT/DISCOVERY
	RE-INSPECTION (•

·	
AIRS 10#.0 990449 DATE: 7-14	78 TIME IN: 11:00 TIME OUT: 11:25
FACILITY NAME: BRITE L	ook Dry Cheanis
FACILITY LOCATION: 22943	SR. 7
West 7.	30 La Reton, FL 33428
RESPONSIBLE OFFICIAL: Alfred	Zukowski 477-1072
CONTACT NAME: Herman Son	nticso PHONE:
Manage	~ - (may be the owner in near Futur
	york - He is very sick per Herman
PART I: NOTIFICATION _	
(check appropriate box)	The Bloom
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit Oligher 14 Pr
PART II: CLASSIFICATION	'ès Olling
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. :	
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(constructed before 12/9/91)	(constructed on or after 1219191)
3. Existing large area source	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	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gallyr	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	ON Can not determine
If no, please check the appropriate classifi	cation:
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning
	997

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/ND ND 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON 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? AYO NO YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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 Y ON ON/A 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:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	led OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F2	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	A/AC NC YO
Is the perc concentration equal to or less than 100 ppm?	∆אַבֿ אם עם Aאַבּ
4. Assured that the sampling port on the earbon adsorder exhaust for measuring perc concentrations is at least 8 duot diameters downstream of any bend, contraction,	· · ·
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	,
Has the responsible official: (check appropriate boxes) arked to Keep on 5,4e	
(check appropriate boxes) arked to keep on site 1. Maintained receipts for perc purchased? All receipts.	DY ON
2. Maintained rolling monthly averages of perc consumption?	DA ON
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אותם עם אוא
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINIA
5. Maintained exhaust duct monitoring data on perc concentrations?	בואם אם צם.
6. Maintained startup/shutdown/inalfunction plan?	ØΥ ON
7. Maintained deviation reports?	DAY ON ONIA
Problem corrected?	ANO NO YE
8. Maintained compliance plan, if applicable?	בואש אם אם

VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct	a weekly (for small s	sources, bi-weekly) leak d	etection and repair
	inspection? asked to kee	p Klords	on site	DY M
2.	Has the facility maintained a leak log	7		DY MY
3.	Does the responsible official check the	following areas for	leaks?	/
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY DN DNIA
	Door gaskets and seating	DY ON ON/A	Stills	gy on ona
	Filter gaskets and seating	DY ON ON/A	Exhaust dampe	rs OY ON DAVA
	Pumps	DY ON ON/A	Diverter valves	ØY ON ON/A
	Solvent tanks and containers	DA DN DNY	. Cartridge filter	housings DY ON ON/A
	Water separators	אואם אם צים		
4.	Which method of detection is used by	the responsible offic	cial?	/
	Visual examination (condensed	solvent on exterior s	surfaces)	ø (
	Physical detection (airflow felt t	hrough gaskets)		9/ .
	Odor (noticeable perc odor)			Ø
	Use of direct-reading instrumen	tation (FID/PID/cald	orimetric tubes)	\$ NA
	Halogen leak detector	`.	•	ØMA
	If using direct-reading ins	trumentation, is the	e equipment:	ØN/A
	a. Capable of detecting	g perc vapor concent	rations in a range of 0-50	00 ppm? □Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	אם צם
	, , , , , , , , , , , , , , , , , , , ,	and obvious signs of	wear on a weekly basis?	מע מע
	d. Kept in a clean and		·	OY ON
	-		e samples (calorimetric or	nly)? 🗆Y 🗆N
			•	

(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

_				
	ADD	LICONA	L SITE INFO	RMATION:

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

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

* Safety Kleen picks up the waste When needed

* Grave him FDEP Calendar for Record Keeping

* Asked to keep record for leak

* Explained again on phone (8-3-98)

Lo Herman Santiago for Record Keeping.

He Said He did not keep for last year but

He will keep now and on the Sand He is

grew, he did not know about record Keeping.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 10:50	TIME OUT:	AIRS ID#: 09	390449
TYPE OF FACILITY:	Dry cleaning	. · -	
FACILITY NAME: BRI		CLEANER	DATE: 4-29-99
FACILITY LOCATION:			1 Road)
	211 121110	FL 33428	
RESPONSIBLE OFFICIAL:_	Herman Santiago	PHONE NUMBER:	<u> 561-477-1072</u>
	f the compl <u>i</u> ance requirements evalua Rule 62-213.300, Florida Administra		lity is found to be in
	of the compliance requirements evalua	ted during this inspection, the follo	owing compliance
discrepancies were no		L EOLLOW ID 1 Car	ON DEPOSITOR OF
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
COMMENTS:		•	
. .	,		
The Annual Compliance Cer DATE OF NEXT INSPEC	rtification form has been properly cert	2000	YES NOT
INSPECTION CONDUCT	ED BY: KU. Chot	Approximate)	
INSPECTOR'S SIGNATU		Please Print) PHONE NUMBER	: 355-3070

RE-INSPECTION

Apms

PERCHLOROETHYLENE DRY CLEANERS

TITLE VIGENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	AMNUAL	
---------------------	--------	--

1

COMPLAINT/DISCOVERY

a

AIRS ID#: 6990449 DATE: 4-22-39 TIME IN: 10:50 TIME OUT: 11:25

FACILITY NAME: BRITE LOOK Dry Clearer

FACILITY LOCATION: 22943 State Rowle 7 (441 Ad)

West Boca Raton, FL 33428

RESPONSIBLE OFFICIAL: PHONE:

CONTACT NAME: Herman Santiago PHONE: -477-1072

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	up . 🗖
2. Facility failed to notify DARM to use general per	nit 🗆
·	19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gaVy}$ transfer only, $200 \le x \le 1,800 \text{ gaVy}$ both types, $140 \le x \le 1,800 \text{ gaVy}$ (constructed on or after $12/9/91$)
Cl facility exceeds above lin	Day ON Ocan not determine ration: neral permit as number above nits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning For 1988 20 Sel So fas

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS .

beds according to the manufacturer's specifications?

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

ZY ON ON/A

DY DN ZNA

DY ON ON/A

ZY ON

MY ON ON/A

9: 0

8.	Has the responsible official of an existing large or new large area source also:		
ι.	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?	אם עם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם	□N/A
	15 the temperature differential equal to or greater than 20° F2	NO YO	DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying sycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	אם אם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	DN/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	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. מס אם	□N/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AND NO YE a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ONA and parts installed whin 5 days of receipt? DY DN DX/A 4. Maintained calibration data? Geor applicable direct reading instruments) DY ON DX/A 5. Maintained exhaust duct monitoring data on perc concentrations? QY ON 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? ZY ON ONA Problem corrected? DY DN 9KIA 3. Maintained compliance plan, if applicable?

化学 中华 医克朗斯氏反应

inspection? Has the facility Does the respondence coupling Door gask Filter gask	maintained a leak log?	• •	Muck cookers Stills Exhaust dampers	ON ANVA	
Has the facility Does the response Hose conficulting Door gash Filter gash Pumps Solvent to	sible official check the sections, fittings, s, and valves sets and seating sets and seating	Following areas for leak MY ON ON/A MY ON ON/A MY ON ON/A	Muck cookers Stills Exhaust dampers	DY DN DN/A	
Hose contacting Door gask Filter gask Pumps Solvent to	sible official check the sections, fittings, s, and valves sets and seating sets and seating	Following areas for leak MY ON ON/A MY ON ON/A MY ON ON/A	Muck cookers Stills Exhaust dampers	מאום אם צם. אואם אם צם.	
Hose consciousling Door gask Filter gask Pumps Solvent to	ections, fittings, s, and valves ets and seating ets and seating	DY ON ON/A	Muck cookers Stills Exhaust dampers	A/NO NO YES	
Door gask Filter gask Pumps Solvent to	s, and valves sets and seating sets and seating	MY ON ON/A	Stills Exhaust dampers	A/NO NO YES	
Filter gas: Pumps Solvent to	cets and seating	DY ON ON/A	Exhaust dampers		
Pumps Solvent to	· ·	•	•	OY ON ZN/A	•
Solvent to	enks and containers	DY ON ON/A	n		
	nks and containers		Diverter valves	אום מם אים	
Water seg		ØY ON ON/A	Cartridge filter housi	ings DY DN DN/A	· . -
	parators	AND NO YES			·
4. Which method	of detection is used by	the responsible official?	?		
Visual ex	amination (condensed	solvent on exterior surfa	ices)		
Physical	detection (airflow felt	through gaskets)		Ø	
· Odor (no	ticeable perc odor)			A	
Use of di	rect-reading instrumer	ntation (FID/PID/calorim	etric tubes)	PHIL	
- Halogen	leak detector			D h(U	
If us	ing direct-reading ins	strumentation, is the equ	uipment:	ØN/A	
	a. Capable of detecting	ig perc vapor concentrati	ons in a range of 0-500 ppn	n? DY DN	
•	b. Calibrated against (PID/FID only)?	a standard gas prior to an	id after each use	חא מים	
	c. Inspected for leaks	s and obvious signs of we	ar on a weekly basis?	DY DN	
· :·	d. Kept in a clean and	d secure area when not in	use?	□Y □N	
	e. Verified for accura	acy by use of duplicate sa	emples (celorimetric only)?	DY DN	

ADDITIONAL SITE INFORMATION:
1. Secondary Containment for: Dry Cleaning Machine & Storage area [1] [] Waste area [1] [] Spotting area Sealed [1] []
2. Disposal of Water from Water Separator using approved evaporator []
or contracted Wastewater service [][]

.

TITLE V AIR QUALITY GENERAL PERMIT-INSPECTION SUMMARY REPORT

TIME IN: //: 30 TIME OUT: /2:	/O AIRS ID#: 0990449
TYPE OF FACILITY: Dey CLANING	
FACILITY NAME: Beite LOOK Dey COANE	DATE: 3/23/00
FACILITY LOCATION: 22 943 5R. 7 (441)	
Ban RATON, F/ 33428	·
RESPONSIBLE OFFICIAL: HERMAN SANTIAGO	PHONE NUMBER: 477 - 1072
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Referented condenses temperature readings Not 1055ed.	FACILITY WILL begin ileeping condenses temperature 1055 immediately.
Purchases Not partizened/incomplete.	Facility will begin performing colling totals for monthly perchloroethylene purchases immediately.
LEAK inspection loss ARE incomplete	LEAK inspection 10)s will be people immediately.
PA	Facility will be Remspected in may 2000.
Sun App Con	Motice to Coerect Violation dueing this inspection.
Signature Com C	
OMMENTS: It appears that the machine is condensed system but I was well	is equipped with a reference ted
musitorius gauss.	
e Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
TE OF NEXT INSPECTION: MA	roximate)

PER	TITLE V GEN COMPLIANCE INSP	ERALPI	ERMIT V
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCOVERY
J .	• •		IN: //: 30 TIME OUT: /2:/0
FACILITY NAME:	·		
FACILITY LOCATION:	22943 Sink RJ	. 7 (441)
	BOLA RATON, F.	/ 33	428
responsible official :	Heeman Sautias	<u>jo</u>	PHONE: 477 - 1072
CONTACT NAME:			PHONE:
	<u> </u>		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		
2. Facility failed to notify DAR	M to use general permit		
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification form ☐ Drop store/out of business/petroleum

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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	Y ON OCan not determine
· · · · · · · · · · · · · · · · · · ·	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur facility was 30 gallons. April 1979 TO	richased within the preceding 12 months by this dry cleaning

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

		=		
1	B. Has the responsible official of an existing large or new large area source also:			
}	1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	· 🗆 N	I
2	2. Measured and recorded the washer exhaust temperature at the condenser			
ľ	inlet and outlet weekly?	ΠY	ΠN	A/ND .
	ls the temperature differential equal to or greater than 20° F?	ΠY	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,			
l	if machines are equipped with a careon adsorber?	ΠY	ПИ	□N/A
	Is the perc concentration equal to excess than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 dust 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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY I	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	Ma AM	
2. Maintained rolling monthly total of perc consumption?	DY XIN	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	AY 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?	XIY ON ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	AYN X NO YO	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XVNA	
6. Maintained startup/shutdown/malfunction plan?	ØY □N	
7. Maintained deviation reports?	ANO NO YX	
Problem corrected?	AND NO YA	
8. Maintained compliance plan, if applicable?	DY DN KANIA	

ADD	ITIONAL-SF	TE-INFORMATION:				
1.	Secondary	Containment for:	Dry Cleaning	Machine & Storage area	Yes a [X]	()
				Waste area	[X]	[]
				Spotting area Sealed	[X]	[]
			•			
			·			
		•		·		
	****			·	•	
2.	Disposal o			ing approved evaporator		[X]
	·	\	or contracted	Wastewater service	ĺΧ1	LJ
	•					
	A) FALLITY'S leak i	inspuction logs	nee isumplehe.		
	\ (B)	,	_	Kept a complete perce	.d	
		OF temperature	condensee k	De since last Title	J	
·				Fio. (Apr. 1 1999).		
	(c) Records for purchases an	edling total	Is of mosthly peech	beacth	ייןעמיי
	15		and the b	in I to fill out All		
		1	TED Came	pliance CACOURE 20	, DO	
. •	E) Will Remise	mectial 1 m	۴k		
			·	•		
			,			

Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detect inspection? Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Note to follow the responsible official check the following areas for leaks? Note to follow the responsible official check the following areas for leaks? Note to follow the responsible official check the following areas for leaks? Note to follow the fol	MY ON ON/A MY ON ON/A MY ON ON/A MY ON ON/A			
Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Pumps Solvent tanks and containers Water separators Poes the responsible official check the following areas for leaks? August Joyand Muck cookers Stills Filter gaskets and seating YOUN ON/A Exhaust dampers Diverter valves Cartridge filter housing	OY DANIA OY ON DANIA OY ON DANIA OY ON DANIA DANIO NO YA			
Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Pumps Solvent tanks and containers Mark tookers Muck cookers Cartridge filter housing	A/N (N			
Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Filter gaskets and seating YY ON ON/A Exhaust dampers Pumps YY ON ON/A Diverter valves Solvent tanks and containers YY ON ON/A Cartridge filter housing Water separators	אירם מם ציאל מם מם אילא מם מם אירם מם אירם אירם אירם אירם אירם אירם אירם איר			
Couplings, and valves AY ON ON/A Muck cookers Door gaskets and seating AY ON ON/A Stills Filter gaskets and seating AY ON ON/A Exhaust dampers Pumps Pumps YOUN ON/A Diverter valves Solvent tanks and containers AY ON ON/A Cartridge filter housin Water separators	אירם מם ציאל מם מם אילא מם מם אירם מם אירם אירם אירם אירם אירם אירם אירם איר			
Filter gaskets and seating YY IN IN/A Exhaust dampers Pumps YY IN IN/A Diverter valves Solvent tanks and containers YY IN IN/A Cartridge filter housin Water separators	איאם אם צ אַ			
Pumps All	אואם אם צאָ			
Solvent tanks and containers YY ON ON/A Cartridge filter housing Water separators YY ON ON/A	· · · · · · · · · · · · · · · · · · ·			
Water separators XY ON ON/A	ngs D Y ON ON/A			
	. ,			
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	XI NA ·			
If using direct-reading instrumentation, is the equipment:	X IN/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	מט עם			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	DY DN			
c. Inspected for leaks and obvious signs of wear on a weekly basis?	מם עם			
d. Kept in a clean and secure area when not in use?	מם עם			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN			
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TITLE V AIR QUALITY GENERAL PERMIT-INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	0990449
TYPE OF FACILITY: D- FACILITY NAME: B - FACILITY LOCATION:	Look 2 22943	s R 7 Boin	DATE: 5/26/00 Raboy
RESPONSIBLE OFFICIAL:	ernum Santiego	PHONE NUMBER	R: 477-1072
compliance with DEP Rule	e 62-213.300, Florida Adminis	uated during this inspection, the fatrative Code (F.A.C.). uated during this inspection, the fo	
COMPLIANCE REQUIF	REMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
			Bur m
			CEI JUN 2 3 au of Air & Mobile s
		•	2000 Monitoring
COMMENTS:			
he Annual Compliance Certification f	June 200		YES NO
ISPECTION CONDUCTED BY:	mi	se Print) PHONE NUMBER:	355 3070

Revised 10/96

TYPE OF INSPECTION: ANNUAL	COMPLAINTIDISCOVER I
	AIRS ID#: 0990 449 (6/c
TIME IN: V TIME OUT: Cleaver	
TYPE OF FACILITY.	Boca Retow Dry Cl. DATE: 2/13/61
FACILITY NAME: The look of	7 Boca Katow 33428
FACILITY LOCATION: 27 943 SR	
	PHONE NUMBER: 477 _ /072 .
RESPONSIBLE OFFICIAL: Tom Bolato .	
Based on the results of the compliance requirements e	valuated during this inspection, the facility is found to be in
Based on the results of the compliance requirements of	valuated during this inspection, the following compliance
discrepancies were noted:	1 FOLLOW-UP ACTION REQUIRED
COMPLIANCE REQUIREMENT/PROBLEM	
New ouwer of gave in	
Most : Fi cution . Forms	
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	Bureau of 2001
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	Bureau of Air Monitoring Sources
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COMMENTS:	· · · · · · · · · · · · · · · · · · ·
COMMENTS.	
The Annual Compliance Certification form has been properly of	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: M Liebler	(Parine)
:) 4 10	(Please Print) PHONE NUMBER: 3 55 3070
INSPECTOR'S SIGNATURE: M Lefte	
Paş	Revised l

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	Z 333 L US Postal Service Receipt for Cer No insurance Coverage Do not use for Internation	., 1000 tified Mail Provided.
2294	TE LOOK DRY CLEA RED S ZUKOWSKI 3 STATE ROAD 7 T BOCA RATON FL	AIRS ID # 0990449 NERS INC
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E 3	Postmark or Date	
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over top of envelope to idnas	o anil 1s blo-7
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AIRS ID # 09 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7	
WEST BOCA RATON FL 33428	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999	Domestic Return 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 PROBRANTS
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

100 BLAIR STONE ROAD
11 ASSEE, FLORIDA 32399-2400
12 ASSEE, FLORIDA 32399-2400 THIS RECEIVED

AIRS ID # 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATON FL 33428 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) AIRS ID # 0990449 4b. Service Type Registered Registered Return Receipt for Melbiandise AZ Company 7. Date of Delivery 3.5.47 8. Addressee's Address (Dally it requested and fee is paid)	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 w card to you. Attach this form to the front of the mailpiece, or on the back if sparpermit. Write Return Receipt Requested on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered and delivered.	te does not 1. Addressee's Address te number. ad the date 2. Restricted Delivery Consult postmaster for fee.
	BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATON FL 33428 5. Received By: (Print Name) LUMPL ZUKOWS KI	4b. Service Type Registered Express Mail Return Receipt for Melbrandise

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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 mashing label.

TOTAL AMOUNT DUE: \$50.00

FEB 2 5 1999

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 **WEST BOCA RATON FL 33428**

MAIL ROOM BECEINEN

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 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 # 0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATON FL 33428

FEB 19 99

MAIL ROOM RECEIVED

FOR GOVERNMENTUSE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001

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	Certified Fee			
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199	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
. 80	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmass	s (for an ee's Address d Delivery
3. Article Addressed to: AIRS ID # 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATON FL 33428	4b. Service Registere Express	Type ad Mail ceipt for Merchandise	☐ Certifie
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X V V C T T T T T T T T T T T T	8. Addresses and fee is	e's Address (Only i paid)	f requested

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900	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI	A. Received by (Please Print Clearly) B. Date of Pelivery 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
22943 STATE ROAD 7 WEST BOCA RATON FL 33428	3. Service Type Certified Mail
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 # 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATON FL 33428 FOR GOVERNMENT USE ONLY
Out 20-2-035001
Obj.: 002273

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	ALFRED S ZUKOWSI	KI		
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BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7	
WEST BOCA RATON FL 33428	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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WEST BOCA RATON FL 33428	3. Service Type B Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 0600 0026 4126 1	126
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

7	U.S. Postal Service CERTIFIED M. (Domestic Mail C	CE AIL RECEIPT Only; No Insurance Cover	rage Provided)
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ALFRED S ZUKOWSKI BRITE LOOK DRY CLEANERS INC 22943 STATE ROAD 7 WEST BOCA RATON FL 33428 3. Service Type Certified Mail	for Marchandisa
☐ Insured Mail ☐ C.O.D.	, ror more manage
4. Restricted Delivery? (Extra Fee)	☐ Yes

P 174 052 180

US Postal Service

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

AIRS ID # 0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7

WEST BOCA RATON FL 33428

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	\$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID#: 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATOPN FL Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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your RETU	6. Signature: (Addressee or Agent)	and fee is	paid)	Inank
<u> </u>	PS Form 3811 , December 1994		Domestic Return Receipt	j

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.

MAR 10 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI **22943 STATE ROAD 7** WEST BOCA RATOPN FL

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obi.: 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.

303514

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATOPN FL MAIL ROOF

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obl.: 002273

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule. 30.25

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

on 2/17/98 (30)

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400

#d12376





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 0990449

BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATOPN FL

FOR GOVERNMENT USE ON Org.: 37550201600 EO: B1₀ Fund: 20-2-035001₀

Obi.: 002273

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0026 4127	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 0000	Total Postage Recipient's Na BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI Street, Apt. No. 22943 STATE ROAD 7 WEST BOCA RATON FL 33428			
	PS Form 3800. February 2	2000	See Reverse for Instru	ctions

TOP OF ENVELOPE	
SENDER: COMPLE	DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 	A. Received by (Please Print Clearly) B. Date of Delivery 2-9-0/ C. Signature X Agent Addressee D. S delyery address different from item 1? Yes INYES, enter delivery address below: No
22943 STATE ROAD 7 WEST BOCA RATON FL 33428	3. Service Type The Certified Mail
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PS Form 3811, July 1999 Domestic Re	sturn Receipt 102595-99-M-1789

Z 333 612 888 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATOPN FL Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

Is your RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spar permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.				
	3. Article Addressed to: AIRS ID 0990449 BRITE LOOK DRY CLEANERS INC ALFRED S ZUKOWSKI 22943 STATE ROAD 7 WEST BOCA RATOPN FL	4a. Article N 4b. Service Registere Express Retum Ret 7. Date of Do	Certified			
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)				

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1. Article Addressed to: 10 AIRS ID # 0990490001AG STEVEN JENNINGS DRYCLEAN ALTERNATIVE	D. Is delivery address different from item 1?
1398 NW 4TH STREET BOCA RATON FL 33486	3. Service Type Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952

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