

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Moise Louis NuLook 1 Hour Cleaners #57 130 South Congress Avenue Delray Beach, Florida 33445

Re: Facility I.D. No. 0990450

Dear Mr. Louis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 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, Florida 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"

Bowman, Sandy

From: Martin_Liebler@doh.state.fl.us

Sent: Tuesday, July 01, 2003 6:43 AM

To: Bowman, Sandy

Cc: Ajaya Satyal@doh.state.fl.us

Subject: RE: Pay 02NoPay.xls

Sandy,0990372 has been renamed and renumbered 0990607, 0990415 is a drop store,0990426 is closed.0990450 is closed,0990478 needs to pay,0990527 is a drop store,0990585 is out of business.

----Original Message----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Monday, June 30, 2003 2:27 PM

To: Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; tutt@coj.net; John.Parker@ocfl.net; cbittle@broward.org; Martin_liebler@doh.state.fl.us; nozari@epchc.org; mmccann@co.pinellas.fl.us; ajaya_satyal@doh.state.fl.us; scameron@co.sarasota.fl.us; barrom@miamidade.gov

Cc: Davis, William; Grant, Patricia

Subject: Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

0990450

	Nu Look Hour Cleaners #57
	· !
	spoke with wife -10/16/96
P./3	6.add title—Manager/Owner
P.14	1.(c) mark out "V" and initial
	1.(c) mark out "V" and initial 3. Should be new small area
	- SOUNCOP)
_D.15	4 Should be new small area
•	4 Should be new small area Source W/ refrig. con.
	1
· -	
	· ·
	
	·
	-
	<u> </u>

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NULIA 1 Hour clay ATT
2.	Site Name (For example, plant name or number):
	Notook & Hour Cleaners #57
3.	Hazardous Waste Generator Identification Number:
	FLO 000261727
4.	Street Address: 30 S. Carchest Avenue
	Street Address: County: Polin Bency Zip Code: 33945
	Facility Identification Number (DEP Use):
*21;	0990450
	Responsible Official
6.)	Name and Title of Responsible Official:
	MOISE Cours
7.	Responsible Official Mailing Address:
	Organization/Firm: / 30 South Guenett AVENUE Street Address:
	City: DELLY DELLA County: PKM BENCH Zip Code: 33445
8.	Responsible Official Telephone Number:
	Telephone: $(\sqrt{6}i)$ 276 3447 Fax: ()
	Facility Control (If different from Personality Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

SEP 1 7 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		DM 7.	ory						
(1) w/ ref. condenser		66-1983	-						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		grant to the			,			2.55	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								_	
Dryer Unit					1 (1)	17.00			
(7) w/ ref. condenser									
(8) w/ carbon adsorber							,		,
(9) w/ no controls									
Reclaimer Unit	٠,								
(10) w/ ref. condenser									
(11) w/carbon adsorber									1
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total of (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ons	installed [_ oroethylene (perc)	purchased in				
What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	initions found nall area sour	rce [3) of 	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
×	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.
Signature	Mosse Couis Date

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

MAY 1 2 1997

TITLE V AIR QUALITY GENERAL PERVITE And of Air Monitoring INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:45 TIME OUT: 12:3	0 AIRS ID#: 0990450
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: NULOOK 1 H	our cleaners DATE: 4-23-97
	ess Ane
Delray Bo	ach, FL 33445
RESPONSIBLE OFFICIAL: MOISE LOUIS	PHONE NUMBER: 561-276-3447
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:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· · · · · · · · · · · · · · · · · · ·
	•
	rational and the second se
· · · · · · · · · · · · · · · · · · ·	
· -	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
	·
•	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	45-78
INCORPORTION CONDITIONS BY	Proximate) PHOKSHL
	PHONE NUMBER: 355-3070
MISTECTOR SSIGNATURE.	PROME MUMBER:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:
		•



COMPLAINT/DISCOVERY

RE-INSPECTIO	
FACILITY NAME: NULOOK FACILITY LOCATION: 130 51. MOISE LOUIS	
PART I: NOTIFICATION	
(check appropriate box)	,
1. Existing facility notified DARM by 9/1/96	5 /
2. New facility notified DARM 30 days prior to sta	artup d
3. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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 Clearly dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	XY ON
If no, please check the appropriate classification:	•
	rmit as number above is not eligible for a general permit ourchased within the preceding 12 months by this dry cleaning
2. The tour quality protocolors, the good p	

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? 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 ieast 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA 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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources; (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON XINA condenser upon opening the door? 4. Measured and recorded the temperature of the gutlet exhaust stream of a refrigerated condenser on a weekly basis? As Ked to keep Rocard 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? as keet o kup Recod

$\overline{}$		
B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY OM
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON_N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ONN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
.Н (с	as the responsible official:	¼ Y □N
·H (c 1.	as the responsible official: heck appropriate boxes)	Ж ү Ои
H (c. 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
H (c. 1. 2.	as the responsible official: heck appropriate boxes) 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; Asked to keep percents.	
H (c. 1. 2.	As the responsible official: heck appropriate boxes) 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	и ои
H (c. 1. 2. 3.	As the responsible official: heck appropriate boxes) 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; Asked to keep percents to decumentation of parts ordered to repair leak and leak repaired w/in 2 days	□λ Δ ν X A □ν
H (c 1. 2. 3. 4.	Asked to keep and parts installed w/in 5 days of receipt? Asked to keep and parts installed w/in 5 days of receipt?	OX MA OX MA MA ON
H(c) 1. 2. 3. 4. 5.	Asked to keep Maintained calibration data? (for direct reading instruments only) Asked to keep Maintained calibration data? (for direct reading instruments only) Maintained consistence of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; Asked to keep perconsumptions Asked to keep perconsumptions Asked to keep perconsumptions Asked to keep perconsumptions Maintained calibration data? (for direct reading instruments only) Perconsumptions	OA ON MANY OA MA OA MA
H (c 1. 2. 3. 4. 5. 6.	Asked for keep Maintained calibration data? (for direct reading instruments only) Maintained calibratup/shutdown/malfunction plan? Maintained startup/shutdown/malfunction plan?	AA ON ANA OA
H(c) 1. 2. 3. 4. 5. 6. 7.	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; Asked to keel of pelcots b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Asked to keep Maintained calibration data? (for direct reading instruments only) Records Maintained exhaust duct monitoring data on perc concentrations? Maintained deviation reports? Maintained deviation reports? Asked to keep Records Problem corrected?	AA ON AN VA OA ON AN VA OA ON AN VA OA ON
H(c) 1. 2. 3. 4. 5. 6. 7.	Asked for keep Maintained calibration data? (for direct reading instruments only) Maintained calibratup/shutdown/malfunction plan? Maintained startup/shutdown/malfunction plan?	AY ON ANA OY
H(c) 1. 2. 3. 4. 5. 6. 7. 8.	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; Asked to keep percents 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 deviation reports? Problem corrected? Maintained compliance plan, if applicable?	AA ON ANA ON
H(c) 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; Asked to keel of pelcots b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Asked to keep Maintained calibration data? (for direct reading instruments only) Records Maintained exhaust duct monitoring data on perc concentrations? Maintained deviation reports? Maintained deviation reports? Asked to keep Records Problem corrected?	AA ON ANA ON

2 37/15	ich method of detection is used	hy the respon	sible offici	ial?	
2. Wh	Visual examination (condense				6
				mraces)	3
ĺ	Physical detection (airflow fel	n unough gas	(Meta)	_	3
	Odor (noticeable perc odor)				\$ \(\sigma_{\text{sigma}} \)
	Use of direct-reading instrum				A/N/A
	If using direct-reading instr				
ļ	-			rations in a range of 0-500 ppm?	OY ON N/A
	b. Calibrated agains (PID/FID only)?	t a standard g	gas prior to	and after each use	A/N THO YO
	c. Inspected for leak	s and obvious	s signs of	wear on a weekly basis?	DY DN N/A
ł	d. Kept in a clean a	nd secure area	a when no	t in use?	DY DN N/A
:	e. Verified for accur	racy by use of	duplicate	samples (calorimetric only)?	A/N ND YD
3. Ha	s the facility maintained a leak l	og?			OY ON
4. Do	es the responsible official check	the following	g areas for	leaks?	
	Hose connections, fittings, couplings, and valves	XY	ПΩ	Muck cookers	ATY ON NA
	Door gaskets and seating	PY.	ПΩ	Stills	DY DN XV A
	Filter gaskets and seating	Д Y	ПИ	Exhaust dampers	OY ON XN A
	Pumps	. Å.	ПΝ	Diverter valves Har Fan	OY ON XN A
	Solvent tanks and containers	MY.	ПΝ	Cartridge filter housings	AY ON_N A
	Water separators	_ d√x	מם		
	Maile Spee	fficial (Signa	ature)	Moise Loui Name of Responsible Officia	.561 US 276349 1 (Paint) & Phone #
; *	R.V. Chak	shi		1-72-	-97
	Inspector's Name (Please	Print)		Date of Inspe	ection
(2. V.C hoyd	2		4-23	98
	Inspector's Signature	<u>*</u>		Approximate Date of	Next Inspection
Secondar Asked	y Containment for: Dr to installated rents by 6/30/97	y Cleanin on dayy	g Machi	ne & Storage area Waste area	Yes No [] X [] X
si amo	mens by 6/30/97	,		Spotting area Seale	•
Disposa	l of Water from Water	Separator	using a		
DI				Pick s up Water	X []
Me	are Keep YE	cords	As	stated above	2, Than 1

MAR 0 4 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990450
NULOOK 1 HOUR CLEANERS #57
MOISE LOUIS
130 S CONGRESS AVENUE
DELRAY BEACH FL 33445

Do NOT Remove Label

Annual Reporting Period:	_1997 TO12-3/1997
Based on each term or condition of the Title V general air permit, a 62-213.300. Florida Administrative Code (F.A.C.), during the period of NO, complete the following: #1. Term or condition of the general permit that has not been in code (F.A.C.).	iod covered by this statement. YES NO
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in co	ontinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and be notification are true, accurate and complete. Further, my annual consudoes not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 g	umption of perchloroethylene solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: MolSE LO Name (Please Print)	U/S Moise force &-24-98 Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:40 TYPE OF FACILITY:	TIMEOUT: 10	<u> </u>	0990450
FACILITY NAME:	ULOOK It	en Ave	DATE: 5-21-98
RESPONSIBLE OFFICIAL:	elsay Bear	 	276-3447
compliance with DEP R	ule 62-213.300, Florida Admin		
discrepancies were noted		aluated during this inspection, the fo FOLLOW-UP ACT	
Weste area cortainments. needs to be	needs secondary Spotting are	FDEP Will for necessary	le informed actions.
<u> </u>	Record Keeping	s will be insp	ected again in 4 Months
for Perc Purc	chese.		PK
			Burgar CK
			OTHE SOURCE OF S
1			
COMMENTS:			:
			·
The Annual Compliance Certifica	1: May	rtified and submitted to the inspector	. YES NO
INSPECTION CONDUCTED E	BY: R.V.	Approximate) Chokshe (Please Print)	355-3070
INSPECTOR'S SIGNATURE:	- V. Creeky	PHONE NUMBER:	

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

5. This is a correct facility classification

facility was _____ gallons.

If no, please check the appropriate classification:



•		
PERC	HLOROETHYLENE DRY CLE title v general permit compliance inspection checklis	Pons
TYPE OF INSPECTION:	ANNUAL COMPL RE-INSPECTION	AINT/DISCOVERY OF LA
<u> </u>	30 S. Congres & Jelsay Bench, F	120 - 3445 276 - 3447
PART I: NOTIFICATION		
(check appropriate box)		
	30 days prior to startup	
(check appropriate box)		ם
(check appropriate box) 1. New facility notified DARM 2 2. Facility failed to notify DARM	A to use general permit	_
(check appropriate box) 1. New facility notified DARM	A to use general permit	
(check appropriate box) 1. New facility notified DARM 2 2. Facility failed to notify DARM PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)	on form that it is:	_ 1
(check appropriate box) 1. New facility notified DARM 2 2. Facility failed to notify DARM PART II: CLASSIFICATION Facility indicated on notification	on form that it is: Do not be a constructed on or after 12	etification form store/out of business/petroleum etal/yr

QΥ

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

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

 \square N

Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 ON ON/A 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? DY DN DN/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? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? RYCON ON/A Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Asked to measure & Record temperature 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? He does not measure & Record Asked to record temperature. OY ØN ONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? The y do not seem o or any monitorin

PART III: GENERAL CONTROL REQUIREMENTS

2 of 5

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?	ם אם	NC
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	חע ר	A\ND N
	Is the temperature differential equal to or greater than 20° F?	•	IN 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,	ראָ ר	
	if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?-		AVNÜ NI
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	:	
	or expansion; and downstream from no other inlet?	OY C	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בי עם בי עם	A\ND N
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם א כ	N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) (check appropriate boxes)	Pesc Purchase
1. Maintained receipts for perc purchased?	מע עם
2. Maintained rolling monthly averages of perc consumption?	DY KIN
3. Maintained leak detection inspection and repair reports for the following: Sure do not keep records a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ONYA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MINA
6. Maintained startup/shutdown/malfunction plan?	אם עמץ 🦠
7. Maintained deviation reports? Asked to Kapp reports.	DY ØN DNA
Problem corrected?	ANO NO YA
8. Maintained compliance plan, if applicable?	OY ON ØN/A

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		MD ME		
2.	. Has the facility maintained a leak log?			OY DAN	
3.	. Does the responsible official check the fo	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	אוחם חם צוא	Muck cookers	מאלם אם אם	A
	Door gaskets and seating	MAINO NO YE	Stills	DY ON ON	A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ואס אם אם	Á
	Pumps	אוֹם מם ציק	Diverter valves	או אם אם צבש,	À
	Solvent tanks and containers	AVIO NO YE	Cartridge filter housings	ארם אם אבן	A
	Water separators	DY ON ONA			
4.	. Which method of detection is used by the	e responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)			B (
	Odor (noticeable perc odor)	B			
	Use of direct-reading instrumentati	on (FID/PID/calorimetric	tubes)	DIDIA	
	Halogen leak detector	`.		er/A	
	If using direct-reading instru	mentation, is the equipm	ent:	ØN/A	
	a. Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	DY DN	.
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN	
	d. Kept in a clean and secure area when not in use?			DY DN	
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON	

MOISE LOUIS
Responsible Official's Name
(Please Print)
RV Chokshi
Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

•	
ADDITIONAL SITE INFORMATION:	
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []	
Owner was advised to have spotting a and install Secondary Continued to wester as soon as possible	le ,
er soon er possible	Mg ⁴
2. Disposal of Water from Water Separator using approved evaporator [] [X] or contracted Wastewater service [X] []	
The following deficiencies were found and explained owner moise Louis to	
Correct Them now: * asked to beasure & Record temperature as explained in Part IV process Vert Control	S W
or The leak & Break down also keep record for Perc Purchase receipts handy, per Part I Record keeping Requisements,	
Gave him & FDEP Calender for	M

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10100 TIME OUT: 10:4	5 AIRS ID#: 0990 450
TYPE OF FACILITY: Doy Cleaning	
	leaner DATE: 3-24-99
FACILITY LOCATION: 130 S. Congress	Thre
Delvay Beach,	FL 33445
RESPONSIBLE OFFICIAL: MOISE	
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Spotting area has a steel	FDEP will be advised.
Secondary containment. Since Contain- ment is Very Small, the owner	•
15 advised and suggested to seal more alea abound this Containment.	
more alex abound this Containment.	
	· :
•	
-	
-	
COMMENTS:	
The Annual Compliance Certification form has been properly certing DATE OF NEXT INSPECTION: May Ch	fied and submitted to the inspector. YES NO
	pproximate)
INSPECTION CONDUCTED BY:	OKSHI
INSPECTOR'S SIGNATURE Q.V. Choksh	PHONE NUMBER: 355-3070
•	(+ 11711

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	ECT	10N:
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ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990450 DATE: 3-24-99 TIME IN: 10:00 TIME OUT: 10:45
FACILITY NAME: NULOOK 1 HR Cleaner
FACILITY LOCATION: 130 S. Congress Are
Delsay Beach, FL 33445
RESPONSIBLE OFFICIAL: Moise Louis PHONE: 276-3447
CONTACT NAME:PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

The second secon	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 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)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
facility exceeds above ling. B. The total quantity of perchloroethylene (perc) perchloroethylen	ration: neral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning To touy feet L. 19
	0) (100 1100 11)

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?

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

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

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

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

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

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

DY DN ØN/A

₿.	. 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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
1	Is the temperature differential equal to or greater than 20° F?	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?	OY ON ON/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?	□Y □N □N/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
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
P	ART V: RECORDKEEPING REQUIREMENTS	
	Has the responsible official: check appropriate boxes)	
я,	Mai satura I magatisha famanana a mai 10	Av my

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: MY ON ON/A 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 ON/A and parts installed w/in 5 days of receipt? אואם אם צם 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? אואם אם אם Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

Best Available Copy

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection	on and repair		
inspection?			ND YD		
2. Has the facility maintained a leak log?			VQA ON		
3. Does the responsible official check the	e following areas for leaks	?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY DN DKIA		
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housi	ngs DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surface	ės)			
Physical detection (airflow felt	through gaskets)				
· Odor (noticeable perc odor)			U/A		
Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)			
Halogen leak detector			D P/A		
If using direct-reading ins	trumentation, is the equi	pment:	DINIA		
a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm	? DY DN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks and obvious signs of wear on a weekly basis?					
d. Kept in a clean and	d. Kept in a clean and secure area when not in use?				
e. Verified for accura	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Morse Louis	more hours
Responsible Official's Name	Responsible Official's Signature
(Please Print)	
RV Chokshi	3-24-99
Inspector's Name (Please Print)	Date of Inspection
Q.V. Chokshi	March 2000.
Inspector's Signature	Approximate Day (SX)

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []
They have a Steel Container for spotting board. This
secondary steel Container is small - May be O.K., advised
and Suggested that spotting area be sealed attent
few feet more around steel Container.
2. Disposal of Water from Water Separator using approved evaporator []
or contracted Wastewater service []
Safety Kleen picks up The Waste
Dafet Mem Picks of

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	MPLAINT/DISCOVERY RE-INSPECTION [
TIME IN: 1: 35 TIME OUT: 2: 05	AIRS ID#: 0990450
TYPE OF FACILITY: DRY CLANING	
FACILITY NAME: NULOOK I HE CLANCE	DATE: 3/8/00
FACILITY LOCATION: 130 5. Congress Aux	
Deleny Beach F1 3344	5
RESPONSIBLE OFFICIAL: Louis moiss	PHONE NUMBER: 276 - 3447
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Incomplete leak inspections logs Incomplete pels prechasel receipts	FACILITY WILL FAX RECEIPTE TO MY OFFICE OWNER TOLD & KEEP COMPLETE TEAK INSPECTION TOSS immediately.
: .	Will Reinspect in April / many 2000.
	70
	APR 1 2500 APR 1 2500 Aprilor Monitor 84 Mobile Sources
OMMENTS: A NOTICE TO CORRECT VIOLATION AND FACILITY.	
ne Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NOX
ATE OF NEXT INSPECTION: Appli	i/may 2000
SPECTION CONDUCTED BY: Jeffes (Please	y Dizak
ISPECTOR'S SIGNATURE: Juny Duzel	PHONE NUMBER: 355 - 3070 V 7 1139

PERCHLOROETHYLENE DRY CLEANERS

____TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	TION D
AIRS ID#: 0990450 DATE: 3/8	/04 TIME IN: 1:35 TIME OUT: 2:05
FACILITY NAME: Na look 1 HE	CLANTE
FACILITY LOCATION:/305.	Congress Ave.
Daleny 3	Beach, F/ 33445
RESPONSIBLE OFFICIAL: Louis Mo	PHONE: 276 - 3447
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	-
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	artup \square
2. Facility failed to notify DARM to use general p	ermit \square
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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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 □N ★Can not determine
• •	ation: neral permit as number above nits and is not eligible for a general permit
facility was 2 gallons. facility was 2 gallons. facility was	rchased within the preceding 12 months by this dry cleaning of people in pacture with pachhoesethyland

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? MY DN DN/A XY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD Y 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XXY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XIN/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) **YSK**Y DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the \mathbf{Y} Y \square N \square N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ИП ҮЖ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after \mathbf{X} Y \Box N verifying that the coolant had been completely charged?

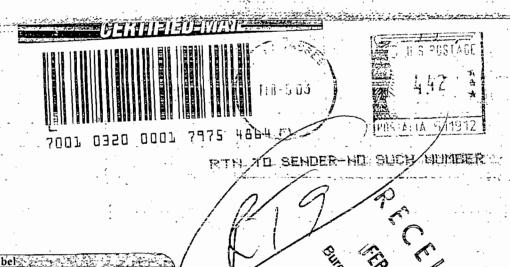
ľr			
]	B. Has the responsible official of an existing large or new large area source also:		
1	. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם	
2	. Measured and recorded the washer exhaust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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? Lucanoleke	DY X M
2. Maintained rolling monthly total of perc consumption?	XY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YK
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	¤ (Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON X N/A
6. Maintained startup/shutdown/malfunction plan?	XA DM
7. Maintained deviation reports?	ANO NO YA
Problem corrected?	XY ON ON/A
8. Maintained compliance plan, if applicable?	אואקל אם צם

ADI	DITIONAL SITE IN	IFORMATION:				
<u> </u>						-
1.	Secondary Con	tainment for:	Dry Cleaning	Machine & Storage	Yes area	α <i>α</i> []
				Waste area	[X]	[]
				Spotting area Sea	•	[]
				opocoming control	1/1	
	•					
				·		:
	·			·		
		·			•	
	green.	•			·	
า	Pi of Wa	from Water	~		rj	r. A
2.	Disposar or no.	ter IIOn mater		sing approved evapo		[X]
		`	or contracted	Wastewater service	e Kı	ΓJ
		,				
	(A)	SARty Kla Wash 51	ew Picks up	the wast wake	bun	
	(B)	Incomplete Will fax	Peec puecher Receipts to	ny office with	acitity	,
		5 welling	s days.	77 57772 55	J	
	. (2)	LANY INSP	action loss i	incomplet. Wil	1. /	
		Romineed	facility is i	April /may 20	20	
			TACINITY II.	The family	30,	
-		•			•	
			·			
		The second				
			•	•		

1. Does the responsible official conduc	, , , , , , , , , , , , , , , , , , ,	, ,,		
inspection?			AY DN	
2. Has the facility maintained a leak lo			MO AN	
3. Does the responsible official check t	he following areas for lead	<s?< td=""><td></td></s?<>		
Hose connections, fittings, couplings, and valves	אואם אם ציבל	Muck cookers	באואי אל אם אם	
Door gaskets and seating	ANA UN CHIA	Stills	A'NO NO Y	
Filter gaskets and seating	AND ND YA	Exhaust dampers	באוא או אם אם	
Pumps	MY ON ONA	Diverter valves	AND NO YX	
Solvent tanks and containers	AND NO YA	Cartridge filter housings	AYNO NO YK	
Water separators	AND NO YA			
4. Which method of detection is used by	the responsible official?	•		
Visual examination (condensed	solvent on exterior surface	es) -	×	
Physical detection (airflow felt t	hrough gaskets)		M	
· Odor (noticeable perc odor)			⊠	
Use of direct-reading instrument	X NA			
Halogen leak detector			DA NA:	
If using direct-reading instrumentation, is the equipment:			A\N)	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ПУ ПИ	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□У □И	
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	DY DN	
d. Kept in a clean and s	ecure area when not in use	e?	DY DN	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
			<u></u>	
Moi SE Jack onsible Official's Nam	<i>∕ઙ</i> e	Muse W Responsible Office	cial's Sign	
(Please Print) Jeffacy Dick		Date of Inspection		
Inspector's Name (Please Pri	nt)	Date of Inspection		
Quian Dink		mal 70	200	
011 3, c: 8		- , , , , , ,		

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



AIRS ID#0990450

NULOOK 1 HOUR CLEANERS #57

MOISE LOUIS
130 S CONGRESS AVENUE
DELRAY BEACH FL
33445

विभिन्नोत्तेवनिष्येद्वीयन्त्रीयवीत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत्वेत्रीत

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE: HIS SECTION ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Print your name and address on the reverse so that we can return the card to you. ☐ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID#0990450 NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE DELRAY BEACH FL 33445	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
•	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label) 7[01 0320 0001 7975 4864
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

Certified Fee

Central Postage

Certified Fee

Central Postage \$

Certified Fee

Endorsement Required)

Festricted Delivery Fee (Endorsement Required)

Sent To

NULOOK 1 HOUR CLEANERS #57

Street, Apt. No. MOISE LOUIS
or PO Box No. 130 S CONGRESS AVENUE

City, State, ZiP4

DELRAY BEACH FL

33445

5510

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEÉ, FLORIDA 32399-2400

AC5521

BAMMS/BCO JOEY___ROBERTS 5510





NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS
130 S CONGRESS AVENUE DELRAY BEACH FL 33445

-SENDER-GOMPLETET	HIS SECTION	-COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, ar item 4 if Restricted Deli Print your name and ad so that we can return the Attach this card to the tor on the front if space	very is desired. dress on the reverse ne card to you. back of the mailpiece,		gent ddressee
Article Addressed to: NULOOK 1 HOUR CLEA	AIRS ID#0990450 NERS #57	D. Is delivery address different from item 1?	
MOISE LOUIS 130 S CONGRESS AVEN DELRAY BEACH FL 33445		3. Service Type Certified Mail	chandise
2. Article Number (701		4. Restricted Delivery? (Extra Fee)	es :
PS Form 3811, July 1999	Pestage \$ Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) See NULOOK 1 HOUR CLE MOISE LOUIS or 130 S CONGRESS AVE	AIRS ID#0990450	99-M-1789
201	TEI DELRAY BEACH FL 33445	,	

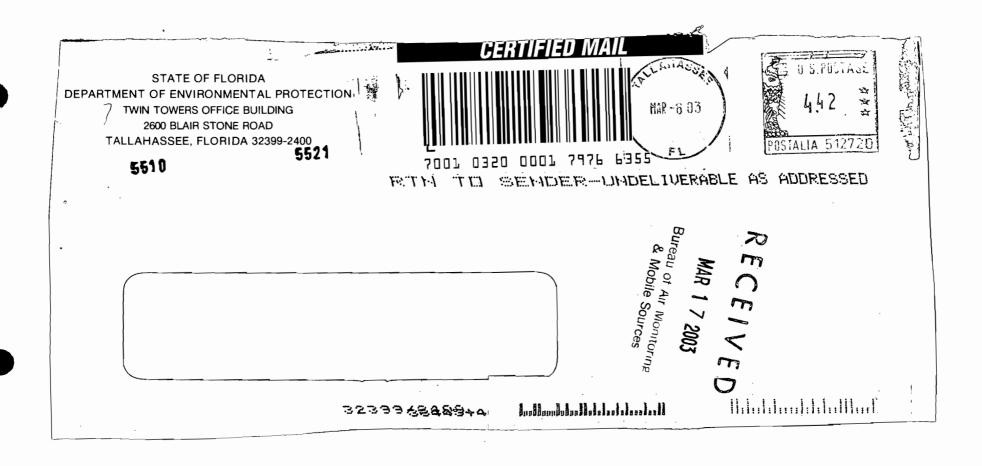
The Bride

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- 41

°6. 582 305 934 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. AIRS ID#: 0990450 **NULOOK 1 HOUR CLEANERS #57** MOISE LOUIS 130 S CONGRESS AVENUE DELRAY BEACH FL 33445 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

on the reverse side?	 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 		I also wish to receive the following services (for an extra fee): 1.		Return Receipt Service.
IN ADDRESS completed	3. Article Addressed to: AIRS ID#: 0990450 NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS		4a. Article Number P 2 6 5 30 2 23 9 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		Thank you for using Return Rec
Is your RETUR	6. Signature: (Addressee or Agent)	8. Addressee and fee is		·	
	PS Form 3811 , December 1994 Domestic Return Receipt			j	



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03	Sent To MOISE LOUIS
r-3	MOISE LOUIS Street, Apt. 130 S CONGRESS AVENUE or PO Box N DELRAY BEACH FL
7007	City, State, 2 33445
1	PS Form 3800. January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID#0990450 NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 30 S CONGRESS AVENUE DELRAY BEACH FL	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
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(Transfer from service label)	



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

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.

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:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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#0990450 NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE DELRAY BEACH FL 33445

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



Department of Environmental Protection

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

David B. Struhs Secretary

March 1, 2003

FINAL NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year **2002** you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual operation fee for your facility is \$50 for calendar year 2002. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have <u>not</u> yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2003** may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief Bureau of Air Monitoring and Mobile Sources

/IK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



POSTAGE REQUIRED

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



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 # 0990450 NULOOK I HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE DELRAY BEACH FL 33445

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

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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 mailing label.

TOTAL AMOUNT DUE: \$50.00

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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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0990450

NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS

130 S CONGRESS AVENUE

DELRAY BEACH FL 33445

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service

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

AIRS ID # 0990450

NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE **DELRAY BEACH FL 33445**

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990450 NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
DELRAY BEACH FL 33445	3. Service Type Certified Mail
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UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES

BUR. OF AIR MONITORING & MOBILE SOURCES

Air Monitoring

MAIL STATION 5510

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

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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.

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TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789



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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: \$75.00

Do NOT Remove Label

AIRS ID # 0990450

NULOOK 1 HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE **DELRAY BEACH FL 33445**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

AIRS ID # 0990450

NULOOK 1 HOUR CLEANERS #57

MOISE LOUIS
130 S CONGRESS AVENUE
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TOTAL Postage & Fees
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JOEY B JOSE 1211 SUMMERWOOD CIRCLE WEST PALM BEACH FL 33414	3. Service Type Certified Mail
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Z 210 662 451 US Postal Service US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990450 NULOOK I HOUR CLEANERS #57 MOISE LOUIS 130 S CONGRESS AVENUE DELRAY BEACH FL 33445 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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