

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. Richard T. Christman President Cinderalla Cleaners 1454-10th Street Lake Park, Florida 33403

Facility No. 0990454

Dear Mr. Christman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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 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

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):				
	CINDENEUR CLEANERS + LAUNDRY INC.				
2.	Site Name (For example, plant name or number):				
	CINOENEUM CLEANEM				
3.	Hazardous Waste Generator Identification Number:				
	FLO 981 269 095				
4.	Facility Location: 1454 - 1015 STAKET Street Address:				
	City: LAKE PANK County: PACM BEACH Zip Code: 33403				
5.	Facility Identification Number (DEP Use):				
1.0	0990454				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	RICHAMO J. CHRISTMAN (PRESIDENT)				
7.	Responsible Official Mailing Address:				
	Organization/Firm: Street Address: CINIENTELLA CLEINICH				
	Street Address: CINIENTIA CLERNICH Street Address: City: LAKE Park County: PALM BEACH Zip Code: 73403				
8.	i r				
	Telephone: (161) 848-0177 Fax: (-)				
Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):				
10.	Facility Contact Address:				
	Street Address:				
	City: Zip Code:				
11.	Facility Contact Telephone Number:				
,	Telephone: () - Fax: () -				
L /					
	/ may got n to A got n				

RECEIVED

SEP 20 1996

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Bureau of Air Monitoring & Mobile Sources

#0990454

· .	Cinderella Cleaners
P.14	1.(c) mark out "V" and initial 4. Should be existing large area source W/control
D 15	4. Should be existing large
P	area course m//montral
	and source of the source of
	5. (f) required
,	5. (f) required
·	*
	<u> </u>
7	
	·

1.

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.

C- ST MORES		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		1) my Z DA	7		Day T.	- JAJ			
(1) w/ ref. condenser	(/)	11/179-	11/199.	(2)	11/189-				
(2) w/ carbon adsorber	4			-				_	
(3) w/ no controls									
Washer Unit	٠.	4.1 (33)	e the second	•			1.	*** *** *** *** *** *** *** *** *** **	
(4) w/ ref. condenser							_		
(5) w/ carbon adsorber									
(6) w/ no controls				-					
Dryer Unit	1 12		- 42 ⁴ , -24	٠.,	•				man in the state of the state o
(7) w/ ref. condenser		1	I						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1.57		way en a la fill to		A TOTAL PROPERTY.	,			
(10) w/ ref. condenser		1	Ī		T	1			
(11) w/carbon adsorber	_	,						1	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requanting	equired to be ity of perchlons ons	installed [perc)				nths?	
	, tirtari	12 monuis:	New owner:	l] New store	: [] Did	not k	eep records:	

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(Indicate with an "X".)						
Existing large area source Carbon adsorber						
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
•						
Equipment Monitoring and Recordkeeping Information						
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:						
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

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Surrender of Existing Air Permit(s)

	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 statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Part II of this form, of the facility addressed in it is 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.					

ARM

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 12:35 TIME OUT: 1: TYPE OF FACILITY: DXY: Cleaning FACILITY NAME: CINDER ELLA	CI = A I = A					
FACILITY LOCATION: 1454 10T	h street L 33403					
RESPONSIBLE OFFICIAL: Richard christs						
compliance with DEP Rule 62-213.300, Florida Admini Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
	-					
COMMENTS:						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOTE DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY: R. V. CV	pproximate) OKS// lease Print)					
NSPECTOR'S SIGNATURE: (V- Choh PHONE NUMBER: 355-3070)						

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY 🗆				
AIRS ID#: 0996454DATE: 1-16- FACILITY NAME: CINDEREL FACILITY LOCATION: 1454 Lake for	LA CLEANERS 10th street	_ ,				
Richard Christman 848-0177 PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by 9/1/96	•					
2. New facility notified DARM 30 days prior to sta	rtup)				
3. Facility failed to notify DARM to use general pe	rmit					
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 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=""><td></td></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=""><td></td></x<2,>					
This is a correct facility classification	MY ON					
If no, please check the appropriate classification:						
☐ facility qualified for a general per☐ facility exceeds above limits and i	mit as number above s not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 210 gallons.						

PART III: GENERAL CONTROL REQUIREMENTS

They conot store

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

Perc Person deliver diseitly

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 ieast 24 hours prior to disposal? Have Powder Fi

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

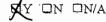
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

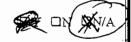
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

















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?	X ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY □N
	Is the temperature differential equal to or greater than 20° F?	AY 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?	AME NO YO
	Is the perc concentration equal to or less than 100 ppm?	DY DN XINA
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 ON MIN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON AWA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON (XVI)A

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) of the a Contactor of the content of the content of the content only of the content of the content of the content only of the content only of the content of the content only of the

PART VI: LEAK DETECTION AND REPAIRS	AVA NO YI
1. Does the responsible official conduct a weekly leak detection and repair inspection?	V ON

2. Which method	of detection is used by	the respon	nsible officia	al?		
	amination (condensed)	-		•	X	
	detection (airflow felt t			•	. \ ∀ ↑	
Odor (not	ticeable perc odor)				TX.	1.
Use of dia	rect-reading instrument	ation (FII	D/PID/calor	imetric tubes)	' □ ≱	a MA
If using (direct-reading instrum	entation,	is the equi	pment:	r	/ "
8	a. Capable of detecting	perc vapo	or concentra	itions in a range of 0-500 ppr	m? 🗆Y 🗆	JN
ł	o. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	OY C	JN
• (c. Inspected for leaks a	nd obviou	is signs of w	ear on a weekly basis?	OY C	M
C	d. Kept in a clean and	secure are	a when not	in use?	. מאַ	JN
6	e. Verified for accurac	y by use of	f duplicate s	amples (calorimetric only)?		M
3. Has the facility	maintained a leak log					אנ
4. Does the respon	nsible official check the	following	g areas for l	eaks?		1
	nections, fittings, gs, and valves	XY	ПИ	Muck cookers	. QY	ON Ø
Door gas	kets and seating	ÞΥ	ПN	Stills	*	ПИ
Filter gas	skets and seating	Ý	ПN	Exhaust dampers	ΩY	□и ф
Pumps		ΣΫ́	□N	Diverter valves They help	e alla s	DN 🔼
Solvent t	anks and containers	(XIY	ПD	Cartridge filter hous	U	dn 🗷
Water sej		WIV.	ПИ	< Have Powder		·
Water se					· · · · · · · · · · · · · · · · · · ·	
Rich	ard Ch.	ri ct	Lonen	Suite	_	
Nam	e of Responsible Offic	ial		A	<u> </u>	
<i>Q.</i> \	1. Choks	hî	2	1-16	~97	1
Inspe	ector's Name Please Pr	int)		Date of	Inspection	
D.V	1. (Shop		<u> </u>	1-16-	-78	
L	nspector's Signature			Approximate Da	te of Next Ins	pection
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e(on da	ry Conta	سيسي	ints	for dry de installed.	anij	Machi
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- thou	area	10 C	red.	*		
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rate	Y Separ	tol	•			
	1	4	of 4		Revise	d 10/28/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990454 CINDERELLA CLEANERS & LAUNDRY INC RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403

Do NOT Remove Label

Annual Reporting Period:	1-15	19 <u><i>9</i> 7</u>	то	1-15	19 <i>98</i>		
Based on each term or condition of 62-213.300, Florida Administrativ	_			· <u>~</u>	EP Ruie NO		
If NO, complete the following:			,				
#1. Term or condition of the gener	ral permit that has no	ot been in continuous co	ompliance during	the reporting perio	od stated above:		
					<i>-</i>		
Exact period of non-compliance: f	from		to	<u>C.</u>	None Teach		
Action(s) taken to achieve complia	ince:	•			1 CO		
Method used to demonstrate comp	liance:			8	VEI)		
#2. Term or condition of the gener	ral permit that has no	t been in continuous co	ompliance during	the reporting perio	od stated above:		
Exact period of non-compliance: f	rom		to	RECEI	VED		
Action(s) taken to achieve complia	nce:			JAN 2 1	- 100A		
North adversed to demand the second				OMN Z I	1770		
Method used to demonstrate compl	uance: ·			Bureau of Air & Mobile S			
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.							
RESPONSIBLE OFFICIAL:	Name (Please F	Print)	Signatur	re	/- 12 - 96 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 COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:20 TIME OUT: 10:1 TYPE OF FACILITY: Dry. Cleaning	5 AIRS ID#: 0990454
	eaners DATE: 5-28-98 Stolet L 33403
RESPONSIBLE OFFICIAL: Richard Christy	nan PHONE NUMBER: 848-0177
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	the contract of the contract o
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
	- Burney C
	TOOK AND THE SOLITON OF THE SOLITON
,	
COMMENTS:	
	· •
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION:	ed and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: R.V. Chok	Proximate)
INSPECTOR'S SIGNATURE: A.V. Chorde	ase Print) PHONE NUMBER: 355-3070

Page

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION \

AIRS ID#: 0990454 DATE: 5-28-	98 TIME IN: 9:20 TIME OUT: 10:15
FACILITY NAME: CINDERE	ELLA Cleaness
FACILITY LOCATION: 1454	10 Th Street
Cane Pa	ink, FL 33403
RESPONSIBLE OFFICIAL: Richard	hristmanphone: 848-0177
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	······································
	& 4/4 C
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 1305 of C
2. Facility failed to notify DARM to use general per	mit Okali 34 Ca
	Or Mar.
PART II: CLASSIFICATION	4.8
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	0 No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
2 Projetive James and a super	A. Navilana anna anna
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gallyr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific	ation:
facility qualified for a ger	
☐ facility exceeds above lim	its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? ØY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON EM/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? באמם מם אם 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 ØY ON ON/A 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 condense on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ONA
Is the temperature differential equal to or greater than 20° F?	AND NO TA
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?	באראם אם ארש
Is the perc concentration equal to or less than 100 ppm?	מץ מו אַלאוא
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?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	יין אים אס אוא פארא. מאל אוא אים אים אוא
6. Routed airflow to the carbon adsorber (if used) at all times?	בואק אם צם

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO YE			
2. Maintained rolling monthly averages of perc consumption?	אם צע			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ZY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ØN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA			
6. Maintained startup/shutdown/inalfunction plan?	מע פאי			
7. Maintained deviation reports?	AYM ON ON/A			
Problem corrected?	DY ON ON/A			
8. Maintained compliance plan, if applicable?	OY ON BNA			

PART VI: LEAK DETECTION AND	REPAIRS								
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair						
inspection?			NO YE						
2. Has the facility maintained a leak log	?		DY DN						
3. Does the responsible official check the	e following areas for leak	s?							
Hose connections, fittings, couplings, and valves	AVO NO YO	Muck cookers	DY DN ZINA						
Door gaskets and seating	MY ON ON/A	Stills	AND NO YES						
Filter gaskets and seating	AND NO YO	Exhaust dampers	DY DN ANIA						
Pumps	אַמס מס אַע	Diverter valves	MY ON ONA						
Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	אואם אם אוא						
Water separators	ANO NO YM								
4. Which method of detection is used by	the responsible official?		/						
Visual examination (condensed	solvent on exterior surfac	ces)							
Physical detection (airflow felt t	hrough gaskets)								
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector									
					If using direct-reading instrumentation, is the equipment:				
					a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N				
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?	OY ON						
d. Kept in a clean and	secure area when not in	use?	UY UN						
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	DY DN						
		0							
ponsible Official's Nam (Please Print)	e A	Responsible Offic:	ial's Signa						
2 V Chokshi		5-28-	78						
pector's Name (Please P	rint)	Date of Insp	pection						
	-								

.

Approximate Date of Next Inspection

ADD	DITIONAL SITE INFORMATION:		
			<u> </u>
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	YES XX	NO [] [] []
		\	
			*
•			
2.	Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service	[]	[]
	MICK PICKS UP the Was	HE	
	Once a month		
	entre de la companya		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	RE-INSPECTION			
TIME IN: 10:20 TIME OUT:	10:50 AIRS 10#: 09	90454			
TYPE OF FACILITY: Dry · Clean i	ng · · -				
FACILITY NAME: Cinderella	cleaners	DATE: 4-27-99			
FACILITY LOCATION: 1454 10 T	h stoeet	,			
Lake Par					
RESPONSIBLE OFFICIAL: Richard chri	stman PHONE NUMBER:	848-0177			
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida		ity is found to be in			
Based on the results of the compliance requirem	ents evaluated during this inspection, the follo	wing compliance			
discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION	ON REQUIRED			
		•			
· -					
COMMENTS:					
	•				
					
The Annual Compliance Certification form has been pr	The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: Apxil 2000 (Approximate)					
INSPECTION CONDUCTED BY: A.V. Chokshi					
INSPECTOR'S SIGNATURE Q.V. Cho	(Please Print) PHONE NUMBER	355-3070			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OE.	INSPE	CTIO	N٠
		111-11 6		

ANNUAL



COMPLAINT/DISCOVERY

Q

RE-INSPECTION

AIRS ID#: 0990454 DATE: 4-27-99 TIME IN: 10:20 TIME OUT: 10:50				
FACILITY NAME: Cinderella Cleaners				
FACILITY LOCATION: 1454 10th Storet Lake Park, FL 33403				
Lake Park FL 3	3403			
RESPONSIBLE OFFICIAL: Richard Christman	PHONE: 848-0177			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to startup				
2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (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 dry-to-dry only, x transfer only, x < 200 gal/yr transfer only, x both types, x < 140 gal/yr both types, x <	, x < 140 gal/ут < 200 gal/ут			
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, 20 both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	area source □ 1, 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)			
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, 20 both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$, 140≤x≤2,100 gal/yr 00≤x≤1,800 gal/yr ≤x≤1,800 gal/yr			
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, 20 both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on	, 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine umber above			

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?

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?

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?

_		
B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊠Y ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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 ZNIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN ZN/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?	ם או בא אום אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואבן אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	אוא בע אום אם אוא

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: DY 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 AY ON ON/A and parts installed w/in 5 days of receipt? DY DN PANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ₽Ŷ □N 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN DNA 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND REPAIRS					
١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?					
2.	Has the facility maintained a leak log?					
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers OY ON ON/A					
	Door gaskets and seating DY ON ON/A Stills OY ON ON/A					
	Filter gaskets and seating DY ON ON/A Exhaust dampers OY ON DN/A					
	Pumps DY ON ON/A Diverter valves DY ON ON/A					
	Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ON/A					
	Water separators					
4.	Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	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 secure area when not in use?					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
L						

(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

t-27-91Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
TO THE THE PROPERTY OF THE PRO	
1. Secondary Containment for: Dry Clean	Waste area (1 []
	Spotting area Sealed [/][]
·	
`.	·
7	
· _	
2. Disposal of Water from Water Separato	or using approved evaporator [1]
or contra	acted Wastewater service []
	19/00/11/
MCF Picks lepthe	waste When Celle
	소마 보이 가장 확인 사용한 경상이다. 그래 환경 이 일반이 한 경이라는
	지나는 경기를 가장하는 것이 되었다. 사람들은 기계를 가장하는 것이 되었다.
•	
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· .	
	•
	·

TIT			GENERAL PERM IARY REPORT	IT-	(1)
TYPE OF INSPECTION: ANNU	IAL X	COMPL	AINT/DISCOVERY [RE-INSPECTION [
TIME IN: 11: 45	IME OUT: /	2:15	AIRS ID#	0.9904	54
TYPE OF FACILITY: Dey Cl	ANTINS		·		
FACILITY NAME: Cisdewill	CLAMES			DAT	E: 3/20/90
FACILITY LOCATION: 1454	10th Steer +	·	<u> </u>		
LAKE F	ek, F/ 3	33403			
RESPONSIBLE OFFICIAL: Richard	Cheistman		PHONE NUM	BER: 84	80177
Based on the results of the compliance with DEP Rule 62-213	.300, Florida Ac	lministrative	Code (F.A.C.).	•	•
Based on the results of the complia discrepancies were noted:	nce requirement	s evaluated d	uring this inspection, the	following c	ompliance
COMPLIANCE REQUIREME	NT/PROBLE	EM	FOLLOW-UP A	CTION RE	EQUIRED
No piec receipts At the	Acility		FAX Receipts immediately	to my	OFFICE
			•		0
			,	Burea	E C
				Nobile So	
				arcos	
OMMENTS: Inspector could reconsplete Perchloweth time of inspection	uct detern ylewa raca	nive A	cility Classifi Re Not Availa	cation s	inice ins the
ne Annual Compliance Certification form has	been properly c	ertified and s	ubmitted to the inspector	YES	Пом
ATE OF NEXT INSPECTION:		Maech 20 (Approxima			
SPECTION CONDUCTED BY:		Please Prin	Direk		
SPECTOR'S SIGNATURE: Quick	2° 5	•	PHONE NUMBER:	255 -	3070 YT 1139

of

Page

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS .

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECT	TION []	
FACILITY LOCATION: 1454 10	ANGES	: 15
l'	K F1 33403	
	eistmad PHONE: 848 - 0177	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
New facility notified DARM 30 days prior to state	artun	
2. Facility failed to notify DARM to use general po	:mit	
PART II: CLASSIFICATION		:-
	[] N	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petro	leum
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 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 □N ACan not determine	
· •	ation: neral permit as number above nits and is not eligible for a general permit	
facility was gallons. Facility did	rchased within the preceding 12 months by this dry clear	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AND NO YO 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? Spis disk DY DN **D**N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **X**N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) N□ YX 1. Equipped all machines with the appropriate vent controls? ANA NO KO 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 AYY ON ON/A 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 MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after M□ AE verifying that the coolant had been completely charged?

	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?	Жу: □и
2	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	YY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	AND NO YA
3	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,	
ľ	if machines are equipped with a carbon adsorber?	DY DN XNA
	Is the perc concentration equal to or less than 100 ppm?	ANN M NO YO
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?	מאלע מם עם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON X M/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN MONA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? Not at facility XY DN ØY □N 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 ANO NO YX and parts installed w/in 5 days of receipt? □Y □N XÍN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXINA 5. Maintained exhaust duct monitoring data on perc concentrations? MD Y 6. Maintained startup/shutdown/malfunction plan? Y ON ON/A 7. Maintained deviation reports? ANG NO Y Problem corrected? DY ON MYNA 8. Maintained compliance plan, if applicable?

ADI	ITIONAL SITE INFORMATION:					
٠.					··············	
1.	Secondary Containment for:	Dry Cleaning	Machine & Storage area	Yes [X]	[]	
			Waste area	M	[]	
			Spotting area Sealed	·[X]	[]	

- A Deum of Feet waste stored behind Feet machines without secondary containment.

 Advised me Cheistman to store all deums containing hazardous materials / wastes on secondary containment.
- Disposal of Water from Water Separator using approved evaporator [X] []
 or contracted Wastewater service [] [X]
 - A MCF Picks up the waster
 - (B) FACILITY has two (Z) perc dry cleaning
 - (C) LEAK 1055 / CONDENSE REMPERATURE READINGS

 ARE KOPT IN A DEP COMPLIANCE CALENDAR 2000.

 FACILITY 1055 CONDENSE READINGS AT 45°F.

 Addised MR. Christman to 105 exact

 CONDENSE EMPERATURE READINGS (i.e. 37°F,

 42°F, etc.)

	Does the responsible official conduc	ra weekly (for small sour	car bi wookly) last detection		
		• , • •	ces, bi-weekly) leak delection		
2.	inspection?			XY	ПИ
	Has the facility maintained a leak log			X Y	ПИ
3.	Does the responsible official check th	ne following areas for lead	<s?< td=""><td></td><td></td></s?<>		
	Hose connections, fittings, couplings, and valves	AA ON ONIA	Muck cookers	חס אם	AVI K
	Door gaskets and seating	AND NO PA	Stills	XY DN	□N/A
	Filter gaskets and seating	XY ON ONA	Exhaust dampers	DY DN	⊠ N/A
	Pumps	MY ON ONA	Diverter valves	XYY DN	ANG
	Solvent tanks and containers	YY ON ON/A	Cartridge filter housings	MY DN	□N/A
	Water separators	AND ND TANA			
1. V	Which method of detection is used by	the responsible official?			
	Visual examination (condensed :	solvent on exterior surface	es)	×	
	Physical detection (airflow felt the	rough gaskets)		X	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrument	ation (FID/PID/calorimet	ic tubes)	×	,
	Halogen leak detector			×	
	If using direct-reading instr	umentation, is the equip	oment:	MN/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□У □И	
•	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	DY DN	
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	NO AO	1
	d. Kept in a clean and so	cure area when not in use	?	DY DN	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	NO YO	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392227

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

CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided)
m			10 mg/s
958			3
75	Postage	\$	
6	Certified Fee		Postmark ()
0200	Return Receipt Fee (Endorsement Required)		Here ,
	Restricted Delivery Fee (Endorsement Required)		13
	Total Postage & Fees	\$	
0.520	Rec 10	AIRS ID # 099045	54001AG
10		A CLEANERS	
7000	City, 1454 10TH ST		-6-
	PS F		nstructions

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: 10 AIRS ID # 0990454001AG RICHARD CHRISTMAN CINDERELLA CLEANERS 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 17 If YES, enter delivery address below:
1454 10TH STREET LAKE PARK FL 33403	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	9372 9583
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

	U.S. Postal Service CERTIFIED M (Domestic Mail C	AIL RECEIPT	e Coverage Provided)
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9590			
LU U	Postage	\$	K
9376	Certified Fee		Postmark
	Return Receipt Fee (Endorsement Required)		Here '
0000	Restricted Delivery Fee (Endorsement Required)		7
	Total Postane & Fees	\$	7
0.52	Rei 10 JAYVANT PA	AIRS ID # 099045	9001AG maller)
	Stre SNOW WHIT	E CLEANERS	(0
7000	8934 MILITA PALM BEAC		7
	PS A		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 # 0990459001AG AYVANT PATEL SNOW WHITE CLEANERS 8934 MILITARY TRAIL PALM BEACH FL 33410	A. Received by (Please Print Clearly) B. Date/of Delivery C. Signature X
2. Article Number (Copy from service label) 7000 0520 0020	9372 9590
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405399 FEB152001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990454

CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403

FOR GOVERNMENT OSE ONE Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

1454-10 ST LAKK PONT PL 33403



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

ا چان چان در اور در اور در اور در اور در		CERTIFIED	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	3488			
	0026 4127	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
	7000 0600	Street, A LAKE PAR	LA CLEANERS CHRISTMAN STREET K FL 33403	RS ID # 0990454
	00	LAKE PAR	K FL 33403	See Reverse for Instructions

		2.9.0/
 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. 	C. Signature *Sandra Jullu	Agent Addressee
Article Addressed to:	 D. Is delivery address different from iter If YES, enter delivery address below 	
RICHARD CHRISTMAN 454 10TH STREET LAKE PARK FL 33403	3. Service Type 3. Certified Mail	il eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)	M 21188	

٠	0
	Z 333 667 349 200
	Z 333 & & ? 349 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)
	Sent to
	AIRS ID # 0990454
RIC 145	NDERELLA CLEANERS CHARD CHRISTMAN 54 10TH STREET KE PARK FL 33403
	Columna i ee
	Special Delivery Fee
ю	Restricted Delivery Fee
199	Return Receipt Showing to Whom & Date Delivered
, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address
800	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 or 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	A. Received by (Please Print Clearly) C. Signature Agent Addressee If YES, enter delivery address below: No
130 S CONGRESS AVENUE DELRAY BEACH FL 33445	3. Service Type Certified Mail
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390005

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 # 0990454

CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403 MAIL RECEIVE

FOR GOVERNMENT USI Org.: 37550101000 EOCB Fund: 20-2-035001

Obj.: 002273

Cinderella Dry Cleaners & Laundry 1454 10th Street Lake Park, 7L 33403



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

P 174 052 141 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID # 0990454 CINDERELLA CLEANERS RICHARD CHRISTMAN **1454 10TH STREET** LAKE PARK FL 33403 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

		9,40		
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):		
Attach this form to the front of the mailpiece, or on the back if space does not permit.		1. Addressee's Address		
■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		2. Restricted Delivery		
delivered.		Consult postmaster for fee.		
AIRS ID # 0990454 CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403		Type ad IX Certified Mail Insured ceipt for Merchandise COD		
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)			
6. Signature: (Addressee or Agent)	- 4110 100 13	paid)		
X Cella				
PS Form 3811, December 1994	Domestic Return Receipt			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361537

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 FEB 23 99

Do NOT Remove Label :

AIRS ID # 0990454
CINDERELLA CLEANERS
RICHARD CHRISTMAN
1454 10TH STREET
LAKE PARK FL 33403

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



300121

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#0990454

CINDERELLA CLEANERS & LAUNDRY INC RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	Ž 333	FFO 28FV				
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided AIRS ID # 0990454						
CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403						
	Postage	\$				
	Certified Fee					
PS Form 3800 , April 1995	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt Showing to Whom & Date Delivered					
	Return Receipt Showing to Whom Date, & Addressee's Address	1,				
800	TOTAL Postage & Fees	\$				
PS Form 3	Postmark or Date					

er top of envelope to	vo enil 1s b	010-1			
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.	I also wish to receive the following services (for an extra fee):				
 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 		Addressee's Address Restricted Delivery			
6 delivered.	Consult postmaster for fee.				
3. Article Addressed to: AIRS ID # 0990454 CINDERELLA CLEANERS RICHARD CHRISTMAN 1454 10TH STREET LAKE PARK FL 33403	4a. Article Number Z 333 66 Ø 4b. Service Type □ Registered □ Express Mail □ Return Receipt for Merchandis		Cop Cop		
1 4	7. Date of Delivery 2 -13 - 99				
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)				
6. Signature: (Addressee or Agent) X X M M M M M M M M M M M	Manage.	·			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt					

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.

RECEIVED

MAIL ROOM

JAN 24 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990454 **CINDERELLA CLEANERS & LAUNDRY INC** RICHARD CHRISTMAN **1454 10TH STREET** LAKE PARK FL 33403

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273