

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1996

Mr. Anil Patel Sun Cleaners 1201-7 U.S. Highway 1 North Palm Beach, Florida 33418

Re: Facility I.D. No. 0990476

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 12, 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"

**9** 99

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## Perchloroethylene Dry Cleaning Facility Notification 42010

**Facility Name and Location** 

\$50,00

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	NISA Enterprises, Inc.	
2.	Site Name (For example, plant name or number):	
	Sun Cleaners	
3.	Hazardous Waste Generator Identification Number:	
	(9500190) FLD CESQG	
4.	(9500190) FLD CESQG Facility Location: Street Address: 1201-7 U.S. Highway 1 City: North Palm Beach County: Palm Beach Zip Code: 33418	
10.00	Facility Identification Number (DEP Use): 0990476	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	Mr. Anil Patel, Manager	
7.	Responsible Official Mailing Address: Organization/Firm: Sun Cleaners Street Address: 1201 - 7 U.S. Highway City: North Palm Beach County: Palm Beach Zip Code: 33418	
8.	Responsible Official Telephone Number: Telephone: (561) 622-8849 Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	r
11.	Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	-
	RECEIVE	
	N ton	

DEC 1 2 1996

Bureau of Air Monitoring & Mobile Sources

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

# 0990476

P.15 4. Should not be marked

Quality.

### 2

#### **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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit				: .				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	j Merani
(I) w/ ref. condenser		02.FB590	-		-				
(2) w/ carbon adsorber									
(3) w/ no controls									
Machine   Control   Initially   Device   Initially   Initially   Device   Initially   I									
(4) w/ ref. condenser			_		_				-
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	7.	, kai kipinga ja			tigate to the state of			Jeron Zu	Garana.
(7) w/ ref. condenser			_			_			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			Taratan					in the second second	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(c) No control devices  2.(a) What was the total of the least than 12 months.	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased in				
(Indicate with an "X".  Existing small ar	Selec ea so	et one classifi	cation only.) No	ew sn	nall area soui	rce [	_	Part II?	
Existing large an	ea so	urce [ ]	Ne	w Iai	rge area sour	ce [	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursual (Indicate with an "X".)	nt to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrig	gerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than o	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	]
Equipment Monitoring and Rec	cordkeeping Information
Check all logs which are required to be kept on-site in acco	rdance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <u>X</u> ]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	لگا

#### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
床	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pro	omptly notify the Department of any changes to the information contained in this notification.				
	8/31)96				

Signature

Date

DEP Form No. 62-213.900(2)

ANIL P. PATEL

## ARM

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TYPE OF FACILITY: D&Y Clean  FACILITY NAME: SUN CLEAN  FACILITY LOCATION: 1201-7  N.P.B., F.L.	DATE: 1-7-97 U.S. HWY 1 33408
2	
compliance with DEP Rule 62-213.300, Florida Adm	valuated during this inspection, the following compliance
÷	-
COMMENTS:	
The Annual Compliance Certification form has been properly c  DATE OF NEXT INSPECTION:	ertified and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: R. V. C. C. INSPECTOR'S SIGNATURE: Q.V. Chuese	(Please Print)  PHONE NUMBER: 355-3070

Page\_\_\_of\_\_\_.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISC	OVERY	
4 drops of places +1	nain plant at	1201-7	0.5.1
AIRS ID#: 0990476 DATE: 1-)-	77 TIME IN: 1:05 TIM	е оит: <u>2</u>	730
FACILITY NAME: SUN CL	EANERS		
FACILITY LOCATION: 1201 -	7 U.s. Hwy		
622-8849 N. P. B.	PL 33408		
PART I: NOTIFICATION		<del></del>	
(check appropriate box)			
1. Existing facility notified DARM by 9/1/96			$\times$
2. New facility notified DARM 30 days prior to st	artup		a \
3. Facility failed to notify DARM to use general p	permit		
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><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><td></td></x<2,>		
This is a correct facility classification	XY ON		
If no, please check the appropriate classification:		-	
facility qualified for a general per facility exceeds above limits and	ermit as number above is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) facility was 00 gallons.	purchased within the preceding 12 month	s by this dry	cleaning

Perc Person delivers perc in Hose disectly to the Tenk

PART III: GENERAL CONTROL REQUIREMENTS	<u></u> ₩	Hose	disectly	r ho th
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			4	
1. Storing perchloroethylene in tightly sealed and impervious containers?			. XY ON	I II NA
2. Examining the containers for leakage?			YY ON	1
3. Closing and securing machine doors except during loading/unloading?			XY ON	1
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?			XY ON	1
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon ads beds according to the manufacturer's specifications?	orber		מס אם	MN/A

PART IV: PROCESS VENT CONTROLS	
In Part II-A: Do not apply	
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 refrige (complete A below).	rated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must be installed prior to September \$2, 1993	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	AT ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY DN SHIA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	XY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AT ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	I MA
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?	ΟY	ND	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ПП	_ □N/A
_				
~	DESCENDATE DESCENDATE DE CHIPE MENTRE			

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	My on					
2. Maintained rolling monthly averages of perc consumption?	AT DN					
3. Maintained leak detection inspection and repair reports for the following:	` '					
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	M ON					
4. Maintained calibration data? (for direct reading instruments only)	OY ON XXVA					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X					
6. Maintained startup/shutdown/malfunction plan?	Ďα DN					
7. Maintained deviation reports?	XAY □N					
Problem corrected?	<b>X</b> TA □N					
8. Maintained compliance plan, if applicable?	OY ON XINA					

MY ON

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

2. V	Which method of detection is used by Visual examination (condensed	_			$\mathcal{A}$	
	Physical detection (airflow felt t			idoes)		l l
	Odor (noticeable perc odor)	04511 54	21100)		/ <u>_</u> \	·
	Use of direct-reading instrumen	tation (FII	D/PID/calori	metric tubes)		NA
	If using direct-reading instrun					
	-		• •	tions in a range of 0-500 ppm?	ΠY	ПИ
	b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	ΩY	N
	c. Inspected for leaks a	ınd obviou	is signs of we	ear on a weekly basis?	ΩY	ND
	d. Kept in a clean and		<del>-</del>	·	ΩY	ИП
	e. Verified for accurac	y by use o	f duplicate sa	amples (calorimetric only)?	ΩY	ПИ
3. E	Has the facility maintained a leak log	?	-		XY	ПИ
4. E	Does the responsible official check th	e followin	g areas for le	eaks?		
	Hose connections, fittings, couplings, and valves	<b>≱</b> ¥	ПN	Muck cookers	. <b>Q</b> Y	ON X N/A
	Door gaskets and seating	<b>A</b> À	ND	Stills	X	DN D
	Filter gaskets and seating	JPY	ПΝ	Exhaust dampers	ΩY	ON X MA
•	Pumps	XX	□N	Diverter valves	ΠY	Aly K NO
	Solvent tanks and containers	XY	ПП	Cartridge filter housing	s XY	ПИ
2	Water separators	X	ΩN		,	
<u>_</u> _	Name of Responsible Office  R. V. Chok St.  Inspector's Name (Please Processing)  L. Chok St.  Inspector's Name (Please Processing)	i.		Date of Inst	ection	<del></del>
hi	Inspector's Signature  1 place he talled alpha	) by	Seco			
) is	so Waste for talled two	mon	- Jetes Ths b oks	Saperater	le	rater

#### PERCHLOROETHYLENE DRY CLEANERS

## ARMS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

PART I: NOTIFICATION

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0990476DATE: 4-2-98 TIME IN: 9:45 TIME OUT: 11:00

FACILITY NAME: SUN CLEAN ERS

FACILITY LOCATION: 1201-7 U.S. HWY 1

NPB, FL 33408

RESPONSIBLE OFFICIAL: A. Patel PHONE: 622-6849

CONTACT NAME: \_\_\_\_\_\_\_PHONE:

(check appropriate box)		
1. New facility notified DARM 30 days prior to star	tup 🔲	ľ
2. Facility failed to notify DARM to use general per	mit O	
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)  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)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim		LEINED
B. The total quantity of perchloroethylene (perc) pure facility was 95 gallons.	archased within the preceding 12 months by this dry cleaning	g

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? AYND ND YØ AYNO NO YQ 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ĎSY □N 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? A/NC 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? DY 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 DY 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 condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	A/NO NO YO
	Is the temperature differential equal to or greater than 20° F?	□Y □N □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,	רוא רואן רואנא
	if machines are equipped with a carbon adsorber?	AVAC NC YC
	Is the perc concentration equal to or less than 100 ppm?-	A/MO 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 nó other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	V
	condenser coils?	A/NO NO YO
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	/ par du		
2. Maintained rolling monthly averages of perc consumption?	DY DH		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צע		
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 DW DWA		
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אם אם אם		
6. Maintained startup/shutdown/malfunction plan?	אם צעל,		
7. Maintained deviation reports?	אַאַם אם אַאַ		
Problem corrected?	אואם אם צים		
8. Maintained compliance plan, if applicable?	ам биле		

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ďΥ ПN inspection? ďΥ ПN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, אואם אם צום Muck cookers OY ON DN/A couplings, and valves DY ON ONA Stills ФY ON ON/A Door gaskets and seating ΦY ΩN ΩN/A Exhaust dampers OY ON DIVA Filter gaskets and seating AYMO NO YØ Diverter valves AYAO AO YØ Pumps AVAD ND YED Solvent tanks and containers Cartridge filter housings AWD ND YD DY DN DNA 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: ØN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box$ Y $\Box$ N b. Calibrated against a standard gas prior to and after each use אם צם (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 by use of duplicate samples (calorimetric only)? DY DN

•	٨
ANIL	PATEL
TIMIC	

Responsible Official's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Jest .

Responsible Official's Signature

4-2-98

Date of Inspection

APRIL 99

Approximate Date of Next Inspection

ADI	DITIONAL SITE INFORMATION:	] ]
1.	Secondary Containment for: Dry Cleaning Machine & Storage area [/] []  Waste area [/] []  Spotting area Sealed [/] []	
2.	Disposal of Water from Water Separator using approved evaporator [ ] [ ] or contracted Wastewater service [ ] [ ]	
  - 	Sapet Kleeen picksup the was	
m	or. Amil Patel was explained at time of Inspection as follow	1
A	Isked to Reasure & Record temperature as	
	Explained in Part IV process Control AND	
	Acked to About Check Pools to Discontinue	
′	Asked to about Check leak, keep record	7
7	for The leck & Break down also kee	P
	record for ferc Purchase and months	
1	yearly ferc lisese Per Part V	#
	Record keeping Requirement.	-
	1 8 x 2 C	
	nd FDEP 1998 Calender for Record Keeping.	والإ

5 of 5 ·

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	NT/DISCOVERY	RE-INSPECTION
TIME IN: 9:45	TIME OUT:/	11:00	AIRS ID#: O	990476
TYPE OF FACILITY:	Doy Clean	ing		" 2 0
FACILITY NAME: SU	NCLEAN	ERS		DATE: 4-2-98
FACILITY LOCATION:	201-7 C	D. S. F.	$\frac{\omega - 1}{1}$	11 - 61
	Vorth Palm	Beach	, FL 22	122-44110
RESPONSIBLE OFFICIAL:	THUL THE	EL	PHONE NUMBER:	622 0047
<b>3</b>			ring this inspection, the faci	lity is found to be in
,	Rule 62-213.300, Florida A			
discrepancies were not	· · · · · · · · · · · · · · · · · · ·	its evaluated du	ring this inspection, the follo	owing compliance
COMPLIANCE REQ	•	EM	FOLLOW-UP ACTION	ON REQUIRED
		-		`.
	•			
•		-		•
				,.ex-
			•	B
and the same that the same				Bure
				E E
			· · · · · · · · · · · · · · · · · · ·	
	_			1998 LEO
				1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
COMMENTS:				<b>&amp;</b>
•				
••	·	•		
The Annual Consultance Confe	instinct for her her her	du aarifi 1		VECT NOW
The Annual Compliance Certifi	N.A.	PRIL	Submitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTIO	JN::NC	(Approxin	nate),	
INSPECTION CONDUCTED	BY: Q1/	Chok	shi.	
	7.1.11	(Please Pr	rint)	000 7000
INSPECTOR'S SIGNATURE	XIV- CM	olur	PHONE NUMBER:	355-3070

## TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL DE COM	PLAINT/DISCOVERY RE-INSPECTION
TIME THE OUT: 11:0	0 = 1 AIRS 103: 0990 476
TYPE OF FACILITY: Doy Cleaning	RECE 6-3-9
FACILITY NAME: SUN Cleaners	DATE: 999
FACILITY LOCATION: 1201-7 U.S.	Huse- 1 Monitoring
· North Palm Boo	Charles Sources 3 408
RESPONSIBLE OFFICIAL: HNIL PATEL	PHONE NUMBER: 622-8849
Based on the results of the compliance requirements evaluate	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ted during this inspection, the following compliance
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	L FOLLOW ID ACTION DECEMBED.
COMPLIANCE REQUIREMENTIFROBLEM	FOLLOW-UP ACTION REQUIRED
<del>_</del>	
<del>-</del>	
COMMENTS:	•
	•
The Annual Compliance Certification form has been properly certification	
THE OF THE ACT WHO I SHOW I SH	-2000
$\omega$	pproximate)
INSPECTION CONDUCTED BY: A.V. Cho.	lease Print)
INSPECTOR'S SIGNATURE Q'V Chokshi	PHONE NUMBER: 355-3070

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X a	COMPLAINT/DI	SCOVERY	۵
AIRS ID#: 0990476 DEFACILITY NAME: SUN FACILITY LOCATION: MESPONSIBLE OFFICIAL: CONTACT NAME:	Cheane 201-7 08th Pelm	vs U.S. 1 Black	4wy 1	3408	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup	)			
2. Facility failed to notify DAR	A to use general permit	·			Ω.
The property of the property o		· .			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)  A.	on form that it is:	-	☐ No notification☐ Drop store/out		troleum
1. Existing small area sourdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	γτ di tr b	ansfer only, x oth types, x <	, x < 140 gaVyr <200 gaVyr		
3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	100 gaVyr d 0 gaVyr tr gaVyr b	ransfer only, 2 oth types, 140	area source v, 140 \le x \le 2,100 g 000 \le x \le 1,800 gaVy 0 \le x \le 1,800 gaVyr 1 or after 12/9/91)		
5. This is a correct facility of	assification	AY DN	□Can not determ	nine	
☐ facili	ty qualified for a gener ty exceeds above limit	ral permit as n s and is not el	igible for a general p	permit	
B. The total quantity of perchlo facility was gallons	roethylene (perc) purch	hased within t	he preceding 12 mo	nths by this dry <b>99</b> 53	cleaning

So fer

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
Storing perchloroethylene in tightly sealed and impervious containers?	AY ON ON/A	
2. Examining the containers for leakage?	DY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	'MY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	LY ON MIN/A	
PARTIV: PROCESS VENT CONTROLS:		

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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu. prior to September 22, 1993	a refrigerated st have been installed
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ב/אם אם צם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 46° F?	DY ON ON/A
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

7 055

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υ.	Has the responsible official of an existing large or new large area source also:			
۱.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY (	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	□Y	ו אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ו אם	□N/A
3.	Measured and recorded the pers concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	□Y ·	ו אם	A/ $C$
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ו אם	DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		٠	
	or expansion; and downstream from no other inlet?	ΠY	□И□	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Ϋ́ΩΥ	□N □	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ו אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	AY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוחם אם צאם
4. Maintained calibration data? Gor applicable direct reading instruments)	אועם אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	אואם אם אא
Problem corrected?	DY ON ON/A
3. Maintained compliance plan, if applicable?	DY DN ØN/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ON inspection? 2. Has the facility maintained a leak log? ØМ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON DINA couplings, and valves Muck cookers ZY ON ON/A MY ON ON/A Door gaskets and seating Stills DY ON DINA DY ON ON/A Filter gaskets and seating Exhaust dampers AND ND YE Y DN DN/A Pumps Diverter valves Cartridge filter housings Y ON ON/A AYON ON/A Solvent tanks and containers AND NO YES Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN 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 by use of duplicate samples (calorimetric only)? DY DN

John

esponsible Official's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

AM

Responsible Official's Signature

6-2-99

Date of Inspection

June 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	Yes No Dry Cleaning Machine & Storage area [1 []  Waste area [1 []]  Spotting area Sealed [1 []]  Steel Board Under
2. Disposal of Water from Water	Separator using approved evaporator [1] or contracted Wastewater service [1]
When Calle	1

:

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BEST AVAILABLE COPY	TITLE V AIR QUINSPECTION	*		<u></u>
TYPE OF INSPECTION:	ANNUAL D	•	NT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	8990 476
TYPE OF FACILITY	D-1 Cleaner	·		
FACILITY NAME: Sy-	4 . clpimens			DATE: 7 (11 00
FACILITY LOCATION:	1201-7	<u> </u>		
	No. Puly	Beich	33408	•
RESPONSIBLE OFFICIAL:	Dry Potal.		PHONE NUMBER:	622 8841
compliance with DEP R	he compliance requirement ule 62-213.300, Florida Ad he compliance requirements	ministrative Cod	ie (F.A.C.).	•
COMPLIANCE REQU		M   F	OLLOW-UP ACTION	ON REQUIRED
	•	-		<b>4</b> )
· · · · · · · · · · · · · · · · · · ·			Bureau &	
			Mobile Social	
	•		•	toring:
				··
	·			
COMMENTS:				
	·	: '		
The Annual Compliance Certification	n form has been properly ce	ertified and subn	nitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:_	_ <del>/</del>	(Approximate)	<u> </u>	
NSPECTION CONDUCTED BY:	h Li	ebler		
nspector's signature:	he Sulle	(Please Print)	PHONE NUMBER:	155.3040
t New treatment in 1800 per 2010 April 1800 at 2	Page	of state		Revised 10/96

## BEST AVAILABLE COPY PERCHLOROETHY LENE DRY CLEANERS

## TITLE VIGENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	COMPLAIN	NT/DISCOVERY 🗖
J	RE-INSPECTION	<b>a</b> .	
	<del></del>		
AIRS ID#: 0996476	DATE: 7/11/00	TIME IN:	TIME OUT:
FACILITY NAME:	Sur Cie	eanien,	
FACILITY LOCATION:	1201-7	0 3	
	MJ. Pul	n Beach	33408
RESPONSIBLE OFFICIAL:		PHONE:	622-8849
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION	•		
(check appropriate box)			
1. New facility notified DARM	130 days prior to startup		·
2. Facility failed to notify DAF			
	<del></del>	<del></del>	and the second s
PART II: CLASSIFICATIO	N .		
Facility indicated on natificat			
Facility indicated on notificat (check appropriate box)	ion form that it is:	•	fication form  ore/out of business/petroleum
<b>1</b>	Tree E 2.  Vyr dry  tra  bo	•	ore/out of business/petroleum
(check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr	2.  Vyr dry  tra  bo  (co	New small area source y-to-dry only, x < 140 gal/snsfer only, x < 200 gal/yr th types, x < 140 gal/yr	ore/out of business/petroleum  yr  /91)  0 gal/yr gal/yr
(check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 th types, 140 ≤ x ≤ 1,80 to types, 140 ≤ x ≤	2.  Nyr dry  r tra  bo  (co	New small area source y-to-dry only, $x < 140$ gal/yr onstructed on or after 12/9  New large area source y-to-dry only, $140 \le x \le 2$ ensfer only, $200 \le x \le 1,800$ onstructed on or after 12/9	ore/out of business/petroleum  yr  /91)  0 gal/yr  100 gal/yr  22/yr
(check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/9)  5. This is a correct facility  If no, please check the	Arce 2.  Nyr dry  T tra  bo  (co  1.  1.  1.  1.  1.  1.  1.  1.  1.  1	New small area source y-to-dry only, $x < 140$ gal/yr onstructed on or after 12/9  New large area source y-to-dry only, $140 \le x \le 2$ ansfer only, $200 \le x \le 1,80$ on types, $140 \le x \le 1,80$ on types, $140 \le x \le 1,800$ on structed on or after 12/9	ore/out of business/petroleum  (yr  /91)  100 gal/yr 100 gal/yr 100 gal/yr 101 gal/yr 1091)  determine

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?	אוחם אם צם
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØÝ □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON-BN/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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	3 <b>:</b>
1. Equipped all machines with the appropriate vent controls?	NO AO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט אם

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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 dryex machines on a weekly basis?	٧۵	ПN	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
Is the temperature differential equal to or greater than 20° F?	ΩY	ИП	ANA
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 adsorbed			
Is the perc concentration equal to or less than 100 ppm?	. <b>D</b> Y	ИП	□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,	Dv		<b>5</b> 274
or expansion; and downstream from no other inlet?	<b>U</b> Y	מט	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Ωy	_Ои	_ N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΝΩ	□N/A
	ξε ·	•	٠.
PART V: RECORDKEEPING REQUIREMENTS	<u>::</u>		· · · ·
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ΞY	ПN	
		_	
2. Maintained rolling monthly total of perc consumption?	BÝ	ΠN	-
	BÝ	ПN	
2. Maintained rolling monthly total of perc consumption?			<b>⊠</b> N/A
<ul><li>2. Maintained rolling monthly total of perc consumption?</li><li>3. Maintained leak detection inspection and repair reports for the following:</li></ul>	ΩY	N	ÓN/A ON/A
<ol> <li>Maintained rolling monthly total of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	©Y □Y	NO NO	
<ol> <li>Maintained rolling monthly total of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	OY C Y C		τ/A
<ol> <li>Maintained rolling monthly total of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for applicable direct reading instruments)</li> </ol>	0.YC 0.YC 0.YC 0.YC 0.YC	70 70 70 70 70	BN/A BN/A BN/A
<ol> <li>Maintained rolling monthly total of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for applicable direct reading instruments)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	0.YC 0.YC 0.YC 0.YC 0.YC	70 70 70 70 70	ONIA ONIA ONIA
<ol> <li>Maintained rolling monthly total of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? Gor applicable direct reading instruments)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	2Y 2Q YQ YQ YQ YQ	, OX	BN/A BN/A BN/A

ITIONALS	ITE INFORMATION	:		
Secondar	Y Containment fo	r: Dry Cleaning	Machine & Storage Waste area Spotting area Sea	
		•		<b>.</b>
Disposa	L of Water from N		using approved eva	
•		or contract	ed Wastewater serv	iœ [[][]
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•	· · · · · · · · · · · · · · · · · · ·			
	• •		•	· ·
;	•			
	•	•		
	·			

PART VI: LEAK DETECTION AND	REPAIRS			
. Does the responsible official conduct :	weekly (for small source	es, bi-weekly) leak detection	and repair	`
inspection?			אם אם	
2. Has the facility maintained a leak log?	•		DY ON	
3. Does the responsible official check the	following areas for leak	s?		
Hose connections, fittings, couplings, and valves	מאם אם אם	Muck cookers	□Y □N ŒKÍ/A	
Door gaskets and seating	BY ON ON/A	Stills	DAY ON ON/A	·
Filter gaskets and seating	אואם אם אוא	Exhaust dampers	DY ON DNA	•
Pumps	MY DN DN/A	Diverter valves	OY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housing:	S TOY O'N ON/A	<u>.</u> :
Water separators	DY ON ON/A		• •	6.75
4. Which method of detection is used by	the responsible official?			·
Visual examination (condensed	solvent on exterior surface	es)	<b>.</b>	
Physical detection (airflow felt	through gaskets)		<del>.</del> .	
Odor (noticeable perc odor)				
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	□ h^	
- Halogen leak detector			D NA	
If using direct-reading ins	trumentation, is the equ	ipment:	™N/A	(A)
a. Capable of detectin	g perc vapor concentratio	ns in a range of 0-500 ppm?	DY DN	
<ul> <li>b. Calibrated against a (PID/FID only)?</li> </ul>	standard gas prior to and	I after each use	מם עם	
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in	use?	OY ON	
e. Verified for accura	cy by use of duplicate sar	nples (calorimetric only)?	OY ON	
•				ĺ
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Ala Patal		of Allate		
sponsible Official's Na (Please Print)	ine -	Responsible Off	icial's Sign	ature
m. L'abler		>11.100		
Inspector's Name (Please	Print)	Date of Inspection		
, P.0				
- har hall		7/01		
Inspector's Signature		Approximate Date of	of Next Inspection	

## 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.

paid - CH. No. 5683 - 11-1-27 01

TOTAL AMOUNT DUE: \$50.00

1-31-01 pd

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AIRS ID # 0990476

SUN CLEANERS ANIL PATEL 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418 FOR GOVERNMENT USE ONLYOUTH OF CONTROL OF CONTROL OF CONTROL ON CONTROL OF CONTROL OF CONTROL ON CONTROL OF CO



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SUN CLEANERS ANIL PATEL 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418 C 20 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0990476

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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300675

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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AIRS ID#0990476

NISA ENTERPRISES INC ANIL PATEL 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258551

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 21 97

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AIRS ID# 0990476

NISA ENTERPRISES INC ANIL PATEL SUN Cleaners 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 174 052 142 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID # 0990476 SUN CLEANERS ANIL PATEL 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418 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?	SENDER:  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.
N ADDRESS completed	3. Article Addressed to:  AIRS ID # 0990476  SUN CLEANERS ANIL PATEL 1201-7 US HIGHWAY 1 NORTH PALM BEACH FL 33418	4b. Service 7 Registers Express Return Rec	Type  ad Certified  Mail Insured  ceipt for Merchandise COD	you for using Return R
s your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Addressee or Agent)	8. Addresses and fee is	e's Address (Only if requested paid)	Thank
<u> </u>	PS Form <b>3811</b> , December 1994		Domestic Return Receip	₹

1	′Z 333	660 587 AA
	US Postal Service	VV /
	Receipt for Cer	
	No Insurance Coverage	
SI	JN CLEANERS	AIRS ID # 0990476
	VIL PATEL	:
12	01-7 US HIGHWAY I	
	ORTH PALM BEACH	
	Postage	5
	Certified Fee	
	Special Delivery Fee	•
	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	
PS		

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