

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 23, 1997

Ms. Martha Strickland President Imperial Cleaners 351 Cypress Drive Tequesta, Florida 33469

Facility No. 0990485

Dear Ms. Strickland:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 14, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: NY	TIME OUT: 1245	AIRS ID#:	990485
TYPE OF FACILITY: 0			
FACILITY NAME: 1 - 1-	erial Dry	cl eau	DATE:
FACILITY LOCATION: 3	ourse C	- tegusti	33411
	<u> </u>		112.2
RESPONSIBLE OFFICIAL: hut	he Stinkent	PHONE NUMBER:	061 147051
Based on the results of the comp compliance with DEP Rule 62-2	•	ated during this inspection, the facilitative Code (F.A.C.).	ty is found to be in
Based on the results of the comp discrepancies were noted:	liance requirements evalu	ated during this inspection, the follow	wing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	·		
		·	
and the same and the same of t			
COMMENTS:			
· · ·			
** ***********************************			
The Annual Compliance Certification for DATE OF NEXT INSPECTION:	m has been properly certif	ied and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY:	m Liebler		
INSPECTOR'S SIGNATURE:	~ Liebe	ease Print) PHONE NUMBER:	61355 4541

	#0990485
	Imperial Cleaners
p./4	1.1a) add date control device
	installed 3. Should be new small area
P.15	Source 5 4 should be new small area
	Source W/ retrig. Con. 5.(d) not required, mark out "X" and initial
	"X" and initial

,

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owney/Company Name (Name of companion, agency or individual current):
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
IMPERIAL.CLEANERS
3. Hazardous Waste Generator Identification Number:
NICH SYSTEMS ATLANTAING. GAN 9812690 95
NICH SYSTEMS ATLANTA INC. GAD 9812690 95 4. Facility Location: 351C YPARS S DRIVE. Street Address:
City: TEGOBSTA County: PALMEDACZID Codo: 53469
5. Facility Identification Number (DEP Use):
0990485
COMMINISTRATION OF THE PROPERTY OF THE ANALYSIS OF THE ANALYSI
Responsible Official
6. Name and Title of Responsible Official:
MARTHASTRICKLAND-PRES-
7. Responsible Official Mailing Address: Organization/Firm: TAIPERIA L CLEANER TAI LOIR =
Street Address: 3 510 VIII 55
Street Address: 351CYPRESS - PALMSEACHZip Code: 33469
8. Responsible Official Telephone Number: Telephone: 561,746-7555 - Fax: (A)
1010ptone: 2017/46-/3332 Take (10)
Facility Contact //S different from Demonstria Official)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City: County: Zip Code:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

MAR 1 4 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

MULTIMATIO PRY TO DRY. Type of Machine	JU	Date Machine Initially Purchased	Date Control Device Installed	-	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-0CT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		200	7	,		-			
(1) w/ ref. condenser	X		T]					
(2) w/ carbon adsorber		 	<u> </u>	_				1	† · -
(3) w/ no controls	_								
Washer Unit	ļ -			l	l				
(4) w/ ref. condenser								i i	
(5) w/ carbon adsorber	 			 			ļ		
(6) w/ no controls	 								
Dryer Unit	 	* **	, i.e.			·	- -		<u> </u>
(7) w/ ref. condenser	 		T		1		<u> </u>	T	
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit					<u> </u>	1		<u> </u>	<u> </u>
							_		· · · · · · · · · · · · · · · · · · ·
(10) w/ ref. condenser					,			1	
(10) w/ ref. condenser (11) w/carbon adsorber	_				·			<u> </u>	
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls									
(11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices 2 (a) What was the total	e requision of a requirement of a requir	equired to be ity of perchlors ow many? [_	installed [perc)] purchased in				
(11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices 2.(a) What was the total [e requision of the requirement o	equired to be ity of perchlo ins ow many? [_ 12 months:	installed [] months New owner:	perc)	purchased in	: [] Did	not k	eep records:	
(11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices 2.(a) What was the total [e requision of a received and a rece	equired to be ity of perchlo ins ow many? [_ 12 months: classification t one classifi	installed [] months New owner: based on the cation only.)	perc)	purchased in	: [] Did	not k	eep records:	

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What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
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
© Carbon adsorber exhaust perc concentration monitoring
(c) Refrigerated condenser temperature monitoring (a) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
×	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	arthu Struston 3.12-97

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Company Name (Name and Location)

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
IMPORIAL CLEANFRS
3. Hazardous Waste Generator Identification Number:
MICH SYSTEMS ATLANTA INC. GAD 9812690 95 4. Facility Location: 351C YPARS S' DRIVE Street Address:
4. Facility Location: 3510 YDARSS DRIVE Street Address:
City: TEGOBSTA County: PALMDDACZip Code: 53469
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
MARTHASTRICKLAND-PRES -
7. Responsible Official Mailing Address: Organization/Firm: TWPBRIAL CLEANER TAILOR -
Succi Addicas. J & / C Y PAGS 0 - PO
City: TE 9 VESTA County: PALM SEA & Might Code:
8. Responsible Official Telephone Number:
Telephone: (561)746-7555 - Fax: (A)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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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.

#									
MULTIMATIO	OC	Date	Date		Date	Date		Date	Date
DOUTS DOV	JUL	Machine	Control	1	Machine	Control		Machine	Control
PRY 10 UNY:	92	Initially	Device / E	M	Initially	Device		Initially	Device
Typé of Machine	ĮD,	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	797.	1020	7	,					
(1) w/ ref. condenser	\mathbf{x}								
(2) w/ carbon adsorber	\sim	_							
(3) w/ no controls								 	
Washer Unit				L			<u> </u>		
(4) w/ ref. condenser					T			Г	
(5) w/ carbon adsorber									-
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser		_		l					1
(8) w/ carbon adsorber	 								
(9) w/ no controls									
Reclaimer Unit	\vdash							L	L
(10) w/ ref. condenser	 		1	Ι	Т			Т	
(11) w/carbon adsorber	_								
(12) w/ no controls	 		 	ļ		<u> </u>			
(12) W/ NO CONTIONS									
(b) Control devices are	•		•						
2.(a) What was the total of $[130]$	quanti gallo		oroethylene (perc)	purchased in	n the latest 12	mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions found	`	•		1
Existing small ar	ea soi	urce [ACT	Ne	w sn	nall area sour	rce		m. G.J	<i>)</i>
Existing large are	ea sou	irce []	Ne	w la	rge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
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
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

	Surreman or Surrem
lease 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)
įΧ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain comply v	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 ats 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. Somptly notify the Department of any changes to the information contained in this notification.
Signatur	arthu Istrulano 3.12-97

Arams

1

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTI	") VO		FLATVI/DI2C	JVERI	
AIRS ID#: <u>0990485</u> DATE:	_	•	ME IN: I	TIM	e out: [245
FACILITY NAME: \Pe_10	1 0	Cimers				
FACILITY LOCATION: >51	<u> </u>	press		Tejue, t	4	73469
		·		····-	· .	
PART I: NOTIFICATION						
(check appropriate box)		······································				
1. Existing facility notified DARM by	9/1/96					
2. New facility notified DARM 30 days	s prior to st	artup		•		
3. Facility failed to notify DARM to us	e general p	ermit				b ⁄
PART II: CLASSIFICATION						
Facility indicated on notification form (check appropriate box)	a that it is:	:				
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)	۵.	dry-to-dry transfer o both type	mall area so only, x<140 nly, x<200 g s, x<140 gai/ ted on or afte) gal/yr al/yr yr	b	
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,="" y="" yr=""><td></td><td>dry-to-dry transfer o both type</td><td>• /</td><td><2, 100 gal/yr 1,800 gal/yr 00 gal/yr</td><td></td><td></td></x<2,>		dry-to-dry transfer o both type	• /	<2, 100 gal/yr 1,800 gal/yr 00 gal/yr		
This is a correct facility classification.		er (N			÷
If no, please check the appropriate class	sification:					
facility qualified for a				above ral permit		
B. The total quantity of perchloroethyl facility was 130 gallons.	ene (perc) j	purchased w	ithin the prec	eding 12 month	s by this d	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON 1. Storing perchloroethylene in tightly sealed and impervious containers? BY ON 2. Examining the containers for leakage? OY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DATA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) AL U.M 1. Equipped all machines with the appropriate vent controls? AMD ND YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the CHÝ ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated PY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the HAY LIM condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
i. 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
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? .	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ONN/A
 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? 	OY ONN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON QN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	QY QN QN/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	OY ON
Has the responsible official: (check appropriate boxes)	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	og on
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	1
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:	og on
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	of on
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?	OY ON OY ON OY ON ON/A OY ON_N/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)	OY ON OY ON OY UN OY ON ON/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) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON NA OY ON NA OY ON OY ON
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) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON NA OY ON NA
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) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON OY ON NA OY ON NA OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON

2. Whic			~~			
	ch method of detection is used by	the respon	sible official	?	•	
	Visual examination (condensed	solvent on	extérior surf	aces)	a ⁄	
	Physical detection (airflow felt t	hrough gas	kets)		4	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID	/PID/calorin	netric tubes)		W/1
	If using direct-reading instruc	nentation,	is the equip	ment:		
	a. Capable of detecting	g perc vapo	r concentrati	ions in a range of 0-500 ppm?	DY DN	_N/
	b. Calibrated against a (PID/FID only)?	ı standard g	gas prior to a	nd after each use	OY ON	W/2
	c. Inspected for leaks	and obvious	s signs of we	ar on a weekly basis?	DAY ON	CNT
	d. Kept in a clean and	. secure area	a when not i	a use?	מע אַני	_N/ I
ł	e. Verified for accurac	y by use of	duplicate sa	mples (calorimetric only)?	מט מע	_N/
3. Has	the facility maintained a leak log	; ?			DY ON	4/
4. Does	s the responsible official check th	e following	g areas for le	aks?		
	Hose connections, fittings, couplings, and valves	. QY	ΩИ	Muck cookers	. G Y (מב_מב
	Door gaskets and seating	dx	NΩ	Stills	ĠY (N
	Filter gaskets and seating	ØY	ПИ	Exhaust dampers	□Y Ċ	_אנ
	Pumps	eý	ПΩ	Diverter valves	OY (ו_אַב
	Solvent tanks and containers	dy	ND	Cartridge filter housings	s dry (ַאַב
	Water separators	ΘY	ПD			
Ma.	That I stuff Name of Responsible Offi	cial (Signa	iture)	Marth, Strice Name of Responsible Official		& Phor
	Inspector's Name (Please F M. Lube		· 	3/17/ Date of Insp 3/18	ection 198	
	Inspector's Name (Please P Lubbane Inspector's Signature	rint)		Date of Insp 3 (17 (Date of Insp 3 (18) Approximate Date of	ection 198	ction
condary	Inspector's Name (Please F M. Lube	rint)	g Machine	Date of Insp 3 (17 (Date of Insp 3 (18) Approximate Date of	ection 198	ction
:condary	Inspector's Name (Please P Lubbane Inspector's Signature	rint)	g Machine	Date of Insp 3 (17 (Date of Insp 3 (18) Approximate Date of	ection 198	ction
:condary	Inspector's Name (Please P Lubbane Inspector's Signature	rint)	g Machine	Date of Insp 3 (17 (Date of Insp 3 (18 Approximate Date of 8 & Storage area	ection 98 Next Inspec	ction No
;	Inspector's Name (Please P Lubbane Inspector's Signature	Cleaning		Date of Insp 3 (17) Date of Insp 3 (18) Approximate Date of Storage area Waste area Spotting area Seale	pection 9 1 1 2 3 4 7 6 7 7 7 8 9 1	

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

hist Ection som	MARIREIONI
YPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 12:05	AIRS ID#: 0990485
YPE OF FACILITY: Dry cleaning	
	9 30 8/6
ACILITY NAME: Imperial Cleaner	
ACILITY LOCATION: 351 St. CYPRESS	Drive
· Tegnesta, FL	33469
RESPONSIBLE OFFICIAL: Martha Strickland	PHONE NUMBER: 746-7555
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evaluate	tive Code (F.A.C.).
discrepancies were noted:	· · · · · · · · · · · · · · · · · · ·
	FOLLOW TIP A CATION DECLIEDED
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	-
	P
	Burgar Or, CE
	Mobile Source O
	e Es Gins
COMMENTS:	
• •	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: Q'V. Ch.	pproximate) OKSh(
INSPECTOR'S SIGNATURE: 2. V. Choks	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990 485 DATE: 9-29-	-98 TIME IN: 11:30 TIME OUT: 12:05
FACILITY NAME: Imperio	of Cleaners
	xpress Drive
Teghest	9, FL 33469
responsible official: Martha	_strickland PHONE: 746-7555
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	·
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	mit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before $12/9/91$)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□N □Can not determine
If no, please check the appropriate classific	ation:
· · · · · · · · · · · · · · · · · · ·	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu	archased within the preceding 12 months by this dry cleaning
facility was 55 gallons. for 199	2 30 gel dw 1988

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? 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 ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 DY 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?

<u> </u>				
B.	Has the responsible official of an existing large or new large area source also:			
i .				
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?	$\square V$	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
		_		_
-	Is the temperature differential equal to or greater than 20° F?	ШY	ΠN	□N/A
H _				
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
Ì	at the end of the final drying cycle while the machine is venting to the adsorber,			
1	if machines are equipped with a carbon adsorber?	ΠY	\square N	□N/A
	Is the more concentration equal to on loss than 100	ΠV		DNI/A
	Is the perc concentration equal to or less than 100 ppm?	u	UN	□N/A
	A second short short second in front and short s			
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?	\Box Y	\Box N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A
Ĺ				

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

PART VI: LEAK DETECTION AND REPAIRS

l.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection as	nd repair
	inspection?			אם אס
2.	Has the facility maintained a leak log?	•	•	NO YE
3.	Does the responsible official check the	following areas for leaks	5?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON DANIA
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ØN/A
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	olvent on exterior surfac	es)	Ø
	Physical detection (airflow felt th	rough gaskets)		A
	Odor (noticeable perc odor)			7
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	DE P(H)
	Halogen leak detector			Ry8
	If using direct-reading instr	rumentation, is the equi	pment:	ØN/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and s	secure area when not in u	se?	OY ON
	e. Verified for accuracy	y by use of duplicate sam	ples (calorimetric only)?	OY ON

Mortha L. JTRI Responsible Officia Official's Signature (Please Print) Inspector's Name (Please Print)

Inspector's Signature Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] Waste area [] Spotting area Sealed []
Spotting area may need more Coating
2. Disposal of Water from Water Separator using approved evaporator [] [] or contracted Wastewater service [] []
MCF Picks up the Waster When Called
Asked to organize & Record Keeping Procedure for Perc Purchase receipts, leak cheek & Temperature Monitoring

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	(COV	1PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /2:30 TIME O	UT: /: 00	AIRS ID#:_	0990485
TYPE OF FACILITY: Dey Clanin	5	<u> </u>	
FACILITY NAME: Impezial CLO	ANCES		DATE: <u> //12/00</u>
FACILITY LOCATION: 351 Cypres			/ /
1equesta, F			
RESPONSIBLE OFFICIAL: Macha Steich	KIANO	PHONE NUMB	ER: 746 - 7555
Based on the results of the compliance recompliance with DEP Rule 62-213.300, F	· .		facility is found to be in
Based on the results of the compliance rec discrepancies were noted:	luirements evalua	ted during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/P	ROBLEM	FOLLOW-UP AC	CTION REQUIRED
		Ø	R
		ureau of A & Mobil	
		r Monitorit 3 Sources	
		<u></u> <u> </u>	
COMMENTS:		•	
			The say, the
The Annual Compliance Certification form has been	properly certified	and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION:		2001 oximate)	
NSPECTION CONDUCTED BY:	Jeffeey (Pleas	Dizek se Print)	· · · · · · · · · · · · · · · · · · ·
NSPECTOR'S SIGNATURE:	Direk	phone number	<u> 355 - 3070</u>
	Pagec	of	X7 //39 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLA	INT/DISCOVERY	
AIRS ID#: <u>0940 485</u>	, ,			
FACILITY NAME:	Imperial Cleaners			
FACILITY LOCATION:	351 5 Cypeas	s Deije	· · · · · · · · · · · · · · · · · · ·	
	Tequesta FI	33469		
RESPONSIBLE OFFICIAL	: Maetha Steickla	PHONE:	746 - 75.	55
CONTACT NAME:		PHONE:		
Security States and appropriate the second security of the second			· · · · · · · · · · · · · · · · · · ·	
PART I: NOTIFICATION	·	<u></u>		
(check appropriate box)				·
1. New facility notified DARM	1 30 days prior to startup			
			*	_
2. Facility failed to notify DAF	RM to use general permit			
PART II: CLASSIFICATION	γ			<u></u>
PART II: CLASSIFICATION Facility indicated on notification check appropriate box)	γ	☐ No notifi	cation form e/out of business/petro	<i>*</i>
PART II: CLASSIFICATION	ion form that it is: -ce		e/out of business/petro	<i>A</i>
PART II: CLASSIFICATION Facility indicated on notification check appropriate box) 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr	ion form that it is: ce	Drop storew small area source o-dry only, x < 140 gal/yr fer only, x < 140 gal/yr cypes, x < 140 gal/yr	e/out of business/petro (1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9	<i>A</i>
PART II: CLASSIFICATION Cacility indicated on notification check appropriate box) 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤	ion form that it is: ce	Drop storew small area source bedry only, $x < 140$ gallyr fer only, $x < 200$ gallyr tructed on or after 12/9/9 are large area source bedry only, $140 \le x \le 2,10$ er only, $200 \le x \le 1,800$ gapes, $140 \le x \le 1,800$ gapes.	e/out of business/petro (1) (2) (3) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (1) (1) (1)	<i>*</i>

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?	N/A NO V K
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	⋈ Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	X Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X
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 refi (complete A below).	rigerated 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 m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	X Y DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO Y
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צואל
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ж У ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אוום מם צוּגן ∟אוו
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ж А ПИ

7				
I	3. 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?	ΠY	ПΝ	
2	. Measured and recorded the washer exhaust temperature at the condenser			D.W.
Į.	inlet and outlet weekly?	ЦY	N	\square N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	□Y ($\square N$	\square N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	Dy (וא⊂	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ו מב	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?		ו אכ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AA DH
2. Maintained rolling monthly total of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANNO NO Y X
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	∑ Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	Y □N XXN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA X NO YO
6. Maintained startup/shutdown/malfunction plan?	MA CIN
7. Maintained deviation reports?	AYO NO Y K
Problem corrected?	AY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN X N/A

ſr			
ADI	DITIONAL SITE INFORMATION:		
		Yes	МО
1.	Secondary Containment for: Dry Cleaning Machine & Storage area	[X]	[]
]	Waste area	$[\times]$	[]
	Spotting area Sealed	[×]	[]
			_
<u>.</u>			
			:
	•	•	
		r .a	rı
2.	Disposal of Water from Water Separator using approved evaporator	ľΧ1	[]
	or contracted Wastewater service	()	[גו
		`	
	1) MCF PICKS up the Waste sludge		
•			
		*	
	evners		
	evinence of the second		
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inspection?		•	, Jest Jest Jest Jest Jest Jest Jest Jest	mvi
·			ΣΚΥ	ΠN
2. Has the facility maintained a leak log			\Q (Y	ПN
3. Does the responsible official check th	e following areas for lead	(\$?		
Hose connections, fittings, couplings, and valves	A/NO NO Y	Muck cookers	(O Y	A/N/ X
Door gaskets and seating	∑ Y □N □N/A	Stills	XY D	A/ND 1
Filter gaskets and seating	AND NO YX	Exhaust dampers	חם אם	A\M X
Pumps	AND ND YX	Diverter valves	X Y On	A/ND I
Solvent tanks and containers	AINO NO Y X	Cartridge filter housings	MY ON	DN/A
Water separators	YOY ON ON/A		-	
Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surfac	es) .==	X	
Physical detection (airflow felt th	rough gaskets)		×	
Odor (noticeable perc odor)		$ \psi_{ij}\rangle = \psi_{ij}\rangle + \psi_{ij}\rangle = 1$	Ø	
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	X VA	
Halogen leak detector			Ø NA	
If using direct-reading instr	umentation, is the equip	oment:	⋈ N/A	.]
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	DY DN	
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	DY DN	ŀ
d. Kept in a clean and se	cure area when not in us	e?	OY ON	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	
		•		•
onsible Official's Name	KLAND M	Jortha V. Stuff Responsible Office	cial's	Signa
(Please Print)				
(Please Print) Jeffer Dizek Inspector's Name (Please Prin	t)	Date of Inspection		

	Therream	NI CYLANGED V DEPORT	•
BEST AVAILABLE COPY TYPE OF INSPECTION:	ANNUAL M	N SUMMARY REPORT COMPLAINT/DISCOVERY	RE-INSPECTION [
TITE OF MICHELIAN			
TIME IN:	TIME OUT:		0990485
TYPE OF FACILITY:	D- Cleo		
FACILITY NAME:	Imperial C	leamors.	DATE: 4 Dec 00
FACILITY LOCATION:	351 Cyp	res> Dr leg.	10) ta 35469
	- · · · · · · · · · · · · · · · · · · ·		
RESPONSIBLE OFFICIAL:	·	PHONE NUM	BER: 746-755
compliance with DEP Rul	le 62-213.300, Florida Adı	s evaluated during this inspection, the ministrative Code (F.A.C.). evaluated during this inspection, the	•
discrepancies were noted:	-	•	
COMPLIANCE REQUI	REMENT/PROBLE	m Follow-up ac	CTION REQUIRED
		•	•
New owner	r- gove	Notification	paper mete
to RO.	this dux	· ·	B E
			JAN 8 eau of Air & Mobile
	•	•	2000 Monitoring Sources
			· · · · · · · · · · · · · · · · · · ·
COMMENTS:			٠
•			•
	•		
The Annual Compliance Certification OATE OF NEXT INSPECTION:	form has been properly co	ertified and submitted to the inspecto	r. YES NO
nspection conducted by:_	h L:	(Approximate) (Please Print)	
nspector's signature:	In Lu	PHONE NUMBER	: 355 3070

Page

406180 FEB26 2001

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

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

Obj.: 002273

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Er J

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Fund: 20-2-035001 Obj.: 002273

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FUND: 20-2-035001 **OBJECT: 002273**

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MARTHA STRICKLAND 351 CYPRESS DRIVE TEQUESTA FL 33469

FOR GOVERNMENT USE-ON Org.: 37550101000 EO: B(Fund: 20-2-035001 Obj.: 002273



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414411 FEB22 2002

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AIRS ID # 0990485
IMPERIAL CLEANERS
MARTHA STRICKLAND
351 CYPRESS DRIVE
TEQUESTA FL
33469

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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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ID# 990485 SOMPHOU KHANTHAVONG MARTHA-STRICKLAND IMPERIAL CLEANERS 351 CYPRESS DRIVE TEQUESTA, FL 33469

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428911 APR252003

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

Remove Label

AIRS ID#0990485

Do NOT Remove Label

IMPERIAL CLEANERS MARTHA STRICKLAND 351 CYPRESS DRIVE TEQUESTA FL 33469

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO:-A1

Fund: 20-2-035001 Obj.: 002273

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	Restricted Delivery Fee (Endorsement Required)		
	Total Postage & Fees	\$	20.405
5	Reci, IMPERIAL C	AIRS ID # 099	90485
	MARTHA S		
	Stron Asia Grand Bara		***************************************
7000	TEQUESTA FL		
7	City, : 33469		
	PS Fo.	and the second s	structions

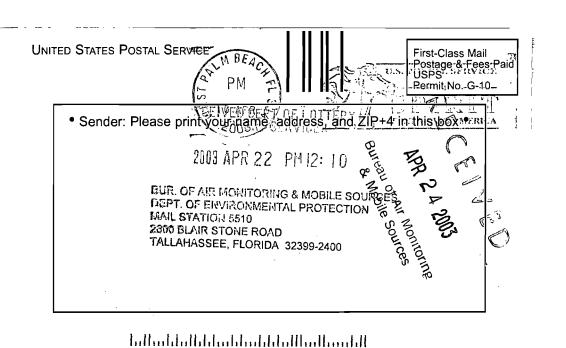
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 1. Article Addressed to: 	everse illpiece,	A. Received by (Please C. Signature) X D. Is delivery address If YES, enter delivery 2 5 2000 A Service Type So 120 Aprified Mail	different from iter	
IMPERIAL CLEANERS MARTHA STRICKLAND 351 CYPRESS DRIVE TEQUESTA FL 33469	& Mobile	3) Service Type So Table Specified Mail Description Insured Mail 4. Restricted Delivery	☐ C.O.D.	il eipt for Merchandise
		4. Nestricted Belivery	7: (Extra 7 CC)	Li res
2. Article Number (Copy from service label)	0026	9373	1685	
PS Form 3811, July 1999	Domestic Ret	urn Receipt		102595-99-M-1789
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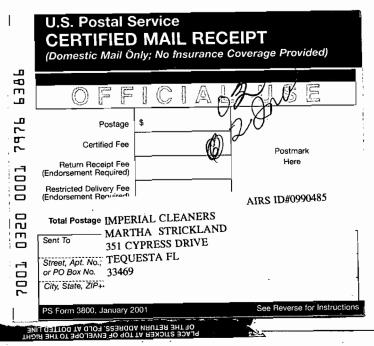
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8	Restricted Delivery Fee (Endorsement Required)		
	Total F		5 ID # 0990485
8	Recipies IMPERIAL C	CLEANERS	
	MARTHA STRICKLAND Street, A 351 CYPRESS DRIVE		
7000	TEQUESTA City, Stat	FL 33469	,
ļ. 	PS Form 3800, February 2	000	See Reverse for Instructions

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complète 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 # 0990485 IMPERIAL CLEANERS MARTHA STRICKLAND	A. Received by (Please Print Clearly) B. Date of Delivery 2 9 01 C. Signature X
351 CYPRESS DRIVE TEQUESTA FL 33469	3. Service Type Certified Mail Express Mail
4	│ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	4127 3679
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789

U.S. Postal Service **CERTIFIED MAIL RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided) · ru 728 9372 Postage Certified Fee Return Receipt Fee (Endorsement Required) 0020 Restricted Delivery Fee (Endorsement Required) Total Postess Total Postess Total Postess The IMPERIAL CLEANERS MARTHA STRICKLAND Stre 351 CYPRESS DRIVE TEOUESTA FL Total Postage & Fees | \$ AIRS ID#0990485 naller) 7000 TEQUESTA FL nstructions

ENDER: 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.	A. Signature X
Article Addressed to:	□ D. Is delivery address different from item 1? □ ¥es If YES, enter delivery address below: □ No
AIRS ID#0990485 MPERIAL CLEANERS MARTHA STRICKLAND	
351 CYPRESS DRIVE TEQUESTA FL 33469	3. Service Type Certified Mail
•	4. Restricted Delivery? (Extra Fee) ☐ Yes





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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
AIRS ID#0990485 IMPERIAL CLEANERS MARTHA STRICKLAND 351 CYPRESS DRIVE TEQUESTA FL 33469	MISDELIVERED Not for P. O. Rox 12519 3. Service Type Certified Mail
2 Article Number (Transfer from service label) 7001 0320	0001 7976 6386

United States Postal Service



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

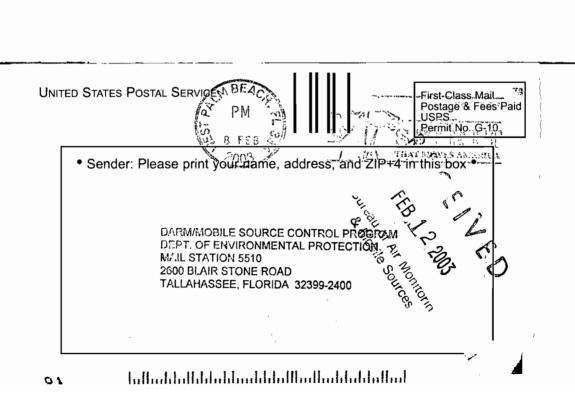
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAMS PROPERTY OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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TEQUESTA FL 33469	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	0320 0007: 5452 4555
~ 3811, July 1999 Domestic Ref	turn Receipt 102595-00-M-0952

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PS Form 3800, May 2000	See Reverse for Instructions
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1 Article Addressed to:) AIRS ID # 0990485001AG ARTHA STRICKLAND MPERIAL CLEANERS 1 CYPRESS DRIVE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
EQUESTA FL 33469	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
70002870000040244213	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	

UNITED STATES POSTAL SERVICE



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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION

White Air Control Contro DARM/MOBILE SOURCE CONTROL PROGRAM.
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

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6945	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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7004	AIRS ID# 990485 1stC IMPERIAL CLEANERS				
70	Sin 351 Cypress Drive				
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 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. 	A. Signature A. Signature Addressee B. Recelved by (Printed Name) C. Date of Delivery 7 F E B D. Is delivery address different from item 12 Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID# 990485 1stC IMPERIAL CLEANERS 351 Cypress Drive TEQUESTA, FL 33469	3. Service Type DXCertified Mall
A Section of the sect	4. Restricted Delivery? (Extra Fee) ☐ Ye
mber 7004 25.	10 0002 <u>3938 6945</u>
August 2001 Domestic Ro	eturn Receipt 1025

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. 240

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTIONS MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

8281	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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7003	IMPERIAL CLEANERS	7	
7	₹ 351 CYPRESS DRIVE		
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	PS Form 3800, June 2002 See Reverse for Instruction	s	

-	(Transfer from service label)	260 0003 5650 8281
2	Article Number	4. Restricted Delivery? (Extra Fee)
	351 CYPRESS DRIVE TEQUESTA, FL 33469	3. Service Type Certified Mail
	ID# 990485 MARTHA STRICKLAND IMPERIAL CLEANERS	
1	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	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.	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
<u>-</u> S	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY

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

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

 DARM/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

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

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