



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

July 22, 1997

Mr. Joe Marinacci
Special Delivery Cleaners, Inc.
51 Northwest First Avenue
Boca Raton, Florida 33432

Re: Facility No.: 0990498

Dear Mr. Marinacci:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 23, 1997.

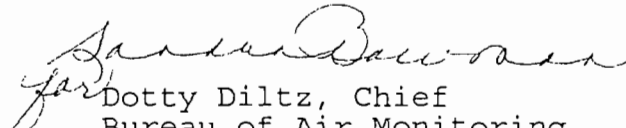
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

TIME IN: 9:45 TIME OUT: 10:35 AIRS ID#: 0990498
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: SPECIAL DELIVERY DRY CLEANERS DATE: 5/23/97
 FACILITY LOCATION: 51 N.W. 1st Ave., Boca Raton, FL 33432
 RESPONSIBLE OFFICIAL: JOE MARINACCI PHONE NUMBER: (561) 391-1662

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They failed to notify in 1996.	Notification forms were given them in May 1997. Air ID# was issued in 1997 June

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 5/23/98

INSPECTION CONDUCTED BY: Donaco SIKAZWE
(Please Print)

INSPECTOR'S SIGNATURE: Donaco SIKAZWE PHONE NUMBER: (561) 355-4537

0990498

p13

6. Add Title of Responsible Official

p14

1(a) Add dates of purchase of machine
and installation of control device.

1(c) Should not be marked. Mark out
and initial

4. Existing large area R.C. should
not be marked. Mark out a initial
New Small Area Source R.C. should
be marked.

7/9/97 Spoke with Mrs. Morinacci and
she said Mr. Morinacci is the
President.

RECEIVED

JUN 23 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>SPECIAL DELIVERY CLEANERS INC</i>			
2. Site Name (For example, plant name or number): <i>SAME</i>			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: <i>51 NW 1st Ave</i> City: <i>BOCA RATON</i> County: <i>PB</i> Zip Code: <i>33432</i>			
5. Facility Identification Number (DEP Use): <i>0990498</i>			

Responsible Official

6. Name and Title of Responsible Official: <i>JOE MARINACCI</i>			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>SAME</i> County: Zip Code:			
8. Responsible Official Telephone Number: Telephone: <i>(561) 391-1662</i> Fax: () -			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</i>			
10. Facility Contact Address: Street Address: City: County: Zip Code:			
11. Facility Contact Telephone Number: Telephone: () - Fax: () -			

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		8-DEC-91	(REPLACED WITH S197 MACHINE)						
(1) w/ ref. condenser	1	5/97							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed
- (c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- Existing small area source DS New small area source DS
- Existing large area source New large area source

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

Surrender of Existing Air Permit(s)

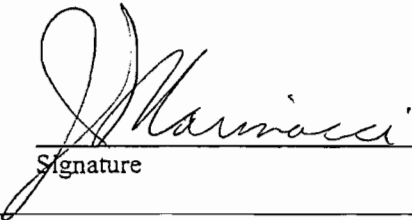
Please indicate with an "X" the appropriate selection:

- 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

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

5/22/97

Date

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [] RE-INSPECTION []

AIRS ID#: 0990498 DATE: 5/23/97 TIME IN: 9:45 TIME OUT: 10:35 FACILITY NAME: SPECIAL DELIVERY DRY CLEANERS FACILITY LOCATION: 51 N.W. 1st AVE., BOCA RATON, FL 33432

PART I: NOTIFICATION

- (check appropriate box) 1. Existing facility notified DARM by 9/1/96 [] 2. New facility notified DARM 30 days prior to startup [] 3. Facility failed to notify DARM to use general permit [X]

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source... [X] 2. New small area source... [X] 3. Existing large area source... [] 4. New large area source... [] This is a correct facility classification. [X] If no, please check the appropriate classification: [] facility qualified for a general permit as number ___ above [] facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

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? Y N
- 2. Examining the containers for leakage? Y N
- 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? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N
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 N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - 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
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. 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) ~~N/A~~

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N N/A

d. Kept in a clean and secure area when not in use? Y N N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N N/A

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N N/A

Door gaskets and seating Y N

Stills Y N N/A

Filter gaskets and seating Y N

Exhaust dampers Y N N/A

Pumps Y N

Diverter valves Y N N/A

Solvent tanks and containers Y N

Cartridge filter housings Y N N/A

Water separators Y N

Joe Marinacci

Name of Responsible Official (Signature)

JOE MARINACCI (561) 391-1662

Name of Responsible Official (Print) & Phone #

Donovan SIKAZWE

Inspector's Name (Please Print)

5/23/97

Date of Inspection

Donovan SIKAZWE

Inspector's Signature

5/23/98

Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area

Yes No

Waste area

To be inspected

Spotting area Sealed

To be inspected

2. Disposal of Water from Water Separator using approved evaporator

or Waste Handler's Pickup Water

ADDITIONAL SITE INFORMATION:

THIS FACILITY HAS BEEN OUTFITTED WITH A NEW DRY CLEANING MACHINE (PURCHASE DATE: 5/97). HOWEVER, I BASED THE INSPECTION INFORMATION ON THE PREVIOUS MACHINE WHICH THE OWNER INDICATED WAS PURCHASED BEFORE 8-DEC-1991

all

RECEIVED
MAR 06 1998
Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990498
SPECIAL DELIVERY CLEANERS INC JOE MARINACCI 51 NW 1ST AVENUE BOCA RATON FL 33432

Do **NOT** Remove Label

Annual Reporting Period: 1-1-97 1997 TO 12-31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JOE MARINACCI J. Marinacci 2/20/98
Name (Please Print) Signature Date

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

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TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:35 TIME OUT: 11:00 AIRS ID#: 0990498
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Special Delivery Dry cleaners DATE: 6-9-98
 FACILITY LOCATION: 51 N.W. 1st. Ave
BOCA RATON, FL 33432
 RESPONSIBLE OFFICIAL: Joe Marinacci PHONE NUMBER: 391-1662

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1. Need Secondary Containment for waste. Spotting area needs ^{keep} to be sealed	FDEP Will be informed.
2. Needs to ^{keep} Records for Perc Purchase on site, as explained	- Will be re inspected in 2 months
Required Record keeping for weekly leak check, Record for temperature measurement (should be less than 45F)	

RECEIVED
JUL 15 1998

COMMENTS: _____

Bureau of Air Monitoring & Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: June 1999
(Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓ MNC
ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990498 DATE: 6-9-98 TIME IN: 10:35 TIME OUT: 11:00
FACILITY NAME: Special Delivery Dry Cleaners
FACILITY LOCATION: 51 N.W. 1st Ave
Boce Raton, FL 33432
RESPONSIBLE OFFICIAL: Joe Marinacci PHONE: 391-1662
CONTACT NAME: _____ PHONE: _____

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

PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15 gallons.
for 1997 (owner says he uses very little Perc)

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A				
4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/> N/A
Halogen leak detector	<input checked="" type="checkbox"/> N/A
If using direct-reading instrumentation, is the equipment:	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

Owner was not there

Responsible Official's Name
(Please Print)

R.V. Chotshi

Inspector's Name (Please Print)

R.V. Chotshi
Inspector's Signature

Responsible Official's Signature

6-9-98

Date of Inspection

June 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Asked to keep Waste in Secondary Containment. Asked to Seal Spotting area as soon as possible.

- | | | |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| or contracted Wastewater service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

* Gave FDEP Calendar for Record Keeping

* Explained to keep record for Perc Purchase leak check & Temperature measurement.

* Asked to keep Floor Clean around dry cleaning machine, Also asked to keep Secondary Containment for dry cleaning machine clean. (If was little we

✓ ARMS

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:45 TIME OUT: 12:00 AIRS ID#: 0990498
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Special Delivery Dry Cleaners DATE: 5-5-99
 FACILITY LOCATION: 51 N.W. 1st Ave
Boca Raton, FL 33432
 RESPONSIBLE OFFICIAL: Joe Marinacci PHONE NUMBER: 391-1662

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They do not do dry cleaning. They removed dry cleaning machine. They do only shirts and use water in washing machines.	Owner says they are not going to use Perc - they use only water.

RECEIVED
JUN 14 1999
Bureau of Air Monitoring & Mobile Sources

COMMENTS: Please leave ID # in the system, in case they start doing dry cleaning. I will inspect in year 2000. Thanks.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 8 May 2000
(Approximate)

INSPECTION CONDUCTED BY: R. V. Chotshi
(Please Print)

INSPECTOR'S SIGNATURE: R. V. Chotshi PHONE NUMBER: 355-3070
Ext 11714

Joe Marinacci
Special Delivery Cleaners
51 N.W. 1st Ave
Boca Raton, FL 33480

May 5, 1999

We stopped doing dry cleaning here, and are not planning on doing dry cleaning here anymore. Only shirts with water.

Andrea Marinacci

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

W. K. R. S.

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990498

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Special Delivery Dry Cleaner DATE: 8/22/00

FACILITY LOCATION: 51 NW 1st Ave Boca Raton 33432

RESPONSIBLE OFFICIAL: Joe Manucci PHONE NUMBER: 391-4662

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED
 SEP 17 2000
 Bureau of Air Monitoring
 Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM

FOLLOW-UP ACTION REQUIRED

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Drop OFF only

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: _____

(Approximate)

INSPECTION CONDUCTED BY: W. Kiebler

(Please Print)

INSPECTOR'S SIGNATURE: W. Kiebler

PHONE NUMBER: 355 3070

Bowman, Sandy

From: Martin_Liebler@doh.state.fl.us
Sent: Wednesday, June 26, 2002 1:37
To: Bowman, Sandy
Subject: RE: Fee Payments

Sandy, the following numbers are active:365,426,451, 478,558,593. The following numbers are closed or drop stores:405,498,503,507,533,536,538,552,556,584. These are all preceded by 0990.

-----Original Message-----

From: Bowman, Sandy [<mailto:Sandy.Bowman@dep.state.fl.us>]
Sent: Wednesday, June 26, 2002 9:35 AM
To: john.parker@ocfl.net; tutt@coj.net; shelton@epcjanus.epchc.org; mmccann@co.pinellas.fl.us; scameron@co.sarasota.fl.us; Norman, Charles; barron@co.miami-dade.fl.us; Banks, Richard; Turner, John B.; Tittle, Thomas; Culliver, Sherrill; Proses, Bill; martin_liebler@doh.state.fl.us; Dbanu@broward.org
Cc: Davis, William; Butler, Rick; Grant, Patricia; Walker, Elizabeth (AIR)
Subject: RE: Fee Payments

Hello Everyone,

There are 100 facilities that have not yet paid their Title V air general permit annual emission fee for Year 2001. We have mailed at least 3 certified invoices to each facility, the last of which was mailed in April.

To view a list of facilities not paying by program office, go to the ARMS Inventory Report. From here, select the Title V Emission Fee Report - for "Year" use 2001 and for "Paid" select "N". Although the majority of facilities on the list were mailed invoices, some were not. This is because they were "active" after the mailing list was pulled. If you have any questions about a particular facility, please call either me or Rick.

Also, if you need a copy of the letters mailed to the facility or the returned mail receipts, please contact Pat Grant..

Thanks.

Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us

Z 210 662 444

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS

JOE MARINACCI
 51 NW 1ST AVENUE
 BOCA RATON FL 33432

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID # 0990498
 SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 51 NW 1ST AVENUE
 BOCA RATON FL 33432

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) A. MARINACCI	B. Date of Delivery 2/26/00
C. Signature x <i>Joe Marinacci</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2 Article Number (Copy from service label)

2 210 662 444

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 28 2011

RECEIVED

P 174 052 317

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS

JOE MARINACCI

51 NW 1ST AVENUE

BOCA RATON FL 33432

PS Form 3800 April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990498
 SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 51 NW 1ST AVENUE
 BOCA RATON FL 33432

4a. Article Number

174 052 317

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

4/15/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *R. Marinacci*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air
& Mobile
Monitoring
Systems

APR - 7 1999

RECEIVED



P 174 052 144

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse) -
AIRS ID # 0990498

1999

SPECIAL DELIVERY CLEANERS
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990498
SPECIAL DELIVERY CLEANERS
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

4a. Article Number

P174 052 144

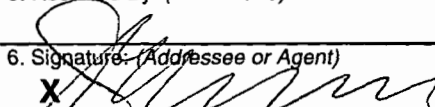
4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2/27/95

5. Received By: (Print Name)

X 

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

304579

Do NOT Remove Label

AIRS ID#0990498
SPECIAL DELIVERY CLEANERS INC
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
MAR - 4 9 59

Z 333 667 357

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

Sent to

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
JOE MARINACCI
51.NW 1ST AVENUE
BOCA RATON FL 33432

PS Form 3800, April 1995

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

SE **Fold at line over top of envelope to the right of the return address** COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

A. Received by (Please Print Clearly) B. Date of Delivery 2-14-00

C. Signature Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7333 667 357

Fold at line over top of envelope to

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 51 NW 1ST AVENUE
 BOCA RATON FL 33432

4a. Article Number

2 333 660 609

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *J. Marinacci*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 333 613 075

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

AIRS ID 0990498

SPECIAL DELIVERY CLEANERS INC
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

PS Form 3800, April 1995

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

FL is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990498

SPECIAL DELIVERY CLEANERS INC
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33432

4a. Article Number
Z 333 613 075

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2 25 98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
EX 7 FEB 1998

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1995

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 9104

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
 Here
Receipt

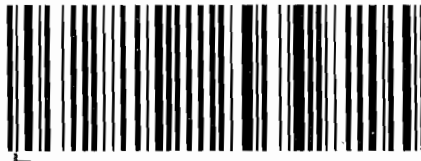
Total Post 10 AIRS ID # 0990498

Sent To JOE MARINACCI
 Street, Apt. or PO Box # SPECIAL DELIVERY CLEANERS
 581 NW 13TH DRIVE
 City, State, BOCA RATON FL 33486

PS Form 3800 January 2001 See Reverse for Instructions

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery	
1. Article Addressed to: 10 AIRS ID # 0990498 JOE MARINACCI SPECIAL DELIVERY CLEANERS 581 NW 13TH DRIVE BOCA RATON FL 33486	C. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
2. Article <input type="checkbox"/> <i>(from service label)</i> 7001 0320 0001 7975 9104		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

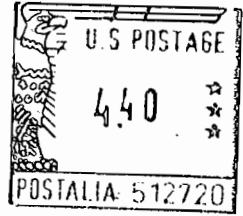
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7001 0320 0001 7975 9104



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS
ADDRESSED - UNABLE
TO FORWARD
- ROUTE NO. 105 DATE 4-12-02
- CARR/INITIALS JL



NAME _____
1st Notice _____
2nd Notice _____
Return _____

10 AIRS ID # 0990498
JOE MARINACCI
SPECIAL DELIVERY CLEANERS
581 NW 13TH DRIVE
BOCA RATON FL 33486

Bureau of Air Monitoring
& Mobile Sources

APR 19 2002
RECEIVED

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

CERTIFIED MAIL



U.S. POST OFFICE
374
TALLAHASSEE, FLORIDA 32304-5104

7000 0600 0026 4126 1621

NAME
1st Notice 37
2nd Notice 313
3rd Notice 312

Do NOT Remove Label

AIR MAIL # 0990498

SPECIAL DELIVERY CLEANERS
JOE MARENAT
518 NW 13th Drive
BOCA RATON FL 33486

Insufficient address
 No such company
 Unclaimed
 Attempted not known
 Not in street
 No contact
Returnable as addressed
forward

581

RECEIVED
MAR 26 2001
Bureau of Air Monitoring
& Mobile Sources

32399

GENERAL INFORMATION
POSTAL INFORMATION

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. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

1. Article Addressed to:

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 518 NW 13th Drive
 BOCA RATON FL 33486

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
70000600002641261621

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 1621

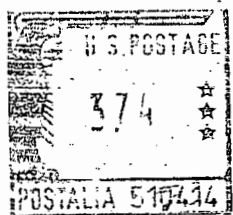
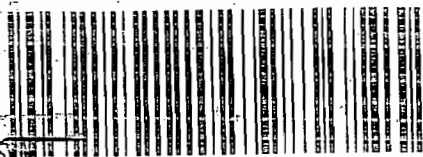
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Tot: SPECIAL DELIVERY CLEANERS AIRS ID # 0990498
 Recip: JOE MARINACCI
 Street: 518 NW 13th Drive
 City: BOCA RATON FL 33486

PS Form 3800 February 2000 Instructions

CERTIFIED MAIL

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



7000 0600 0026 4127 3570

RETURNED TO
SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 NO POSTAGE
 NO RECEIPTABLE

~~SPECIAL DELIVERY CLEANERS
JOE MARINACCI
51 NW 1ST AVENUE
BOCA RATON FL 33486~~

AIRS ID # 0990498

MARIOSI 33432222 1906 25 02/12/01
NOTIFY SENDER OF NEW ADDRESS
MARINACCI
581 NW 1ST DR
BOCA RATON FL 33486

Bureau of Air Monitoring
& Mobile Sources

FEB 19 2001

RECEIVED

Post Office: Tallahassee, Florida 32309-2400; Post Office: Tallahassee, Florida 32309-2400

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 51 NW 1ST AVENUE
 BOCA RATON FL 33432

2. Article Number (Copy from service label)

7000 0600 0026 4127 3570

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1709

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7000 0600 0026 4127 3570

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

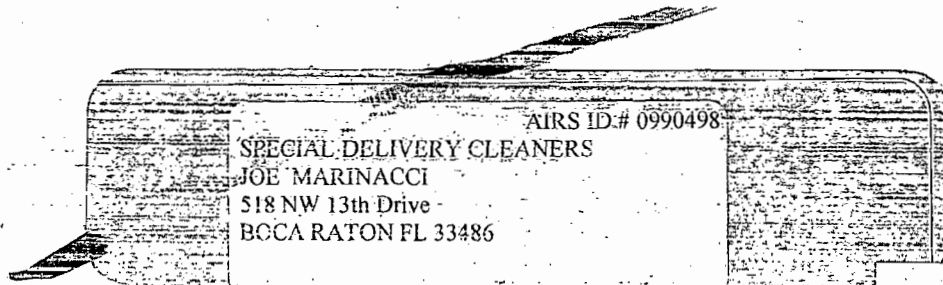
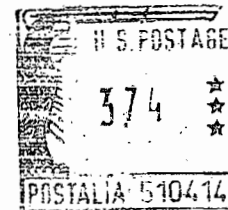
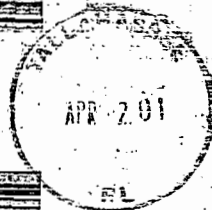
AIRS ID # 0990498

Recipi SPECIAL DELIVERY CLEANERS
 Street JOE MARINACCI
 51 NW 1ST AVENUE
 City, S. BOCA RATON FL 33432

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

550304
MS5510

CERTIFIED
Z 210 661 223
MAIL



32399-2400

RETURNED TO SENDER

- INSUFFICIENT ADDRESS
- NO SUCH PERSON
- UNDELIVERED PER PERMITTEE
- ATTEMPTED DELIVERY
- NO SUCH OFFICE
- VACANT
- NO RECEIPT
- NOT DELIVERED TO FORWARD ROUTE NO CARD

CERTIFIED
APR - 9 2001
Bureau of Air Mailing
& Mobile Services

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 518 NW 13th Drive
 BOCA RATON FL 33486

2. Article Number (Copy from service label)

7 210 661 223

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

 Agent AddresseeD. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

Z 210 661 223

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990498

SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 518 NW 13th Drive
 BOCA RATON FL 33486

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

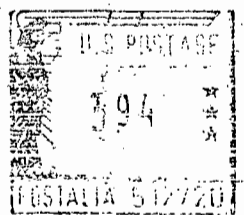
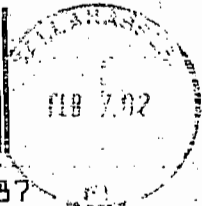
PS Form 3800, April 1995

MS# 6810 MC Acct # 5527

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

1st Notice
2nd Notice
Return

CERTIFIED MAIL



UNCLAIMED BY REFUSEE
 7000ED09200020 9373 1487
 NO RECEIPTABLE
 NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
ROUTE NO. 2-4-92
CARRIERS INITIALS JW

AIRS ID # 0990498
SPECIAL DELIVERY CLEANERS
JOE MARINACCI
581 NW 13TH DRIVE
BOCA RATON FL
33486

PLACE STICKER AT TOP FOR MAILING
TO THE RIGHT OF RETURN ADDRESS
FOR ADDRESS ONLY

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990498
 SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 581 NW 13TH DRIVE
 BOCA RATON FL
 33486

2. Article Number (Copy from service label)

7000 0520 0020 9373 1487

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7000 0520 0020 9373 1487

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

AIRS ID # 0990498
 SPECIAL DELIVERY CLEANERS
 JOE MARINACCI
 581 NW 13TH DRIVE
 BOCA RATON FL
 33486

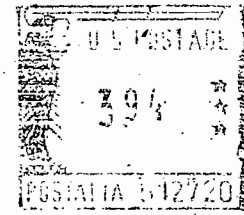
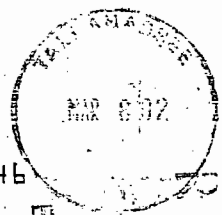
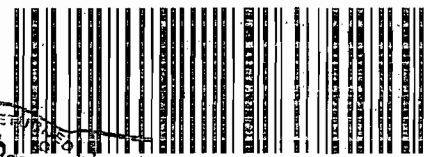
by mailer)

 or Instructions

CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



- SENDER 2001 0320 0001 7976 1046
- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - VACANT
 - NO RECEPTACLE
 - NOT DELIVERABLE AS ADDRESSEE UNABLE TO FORWARD
 - ROUTE NO.

RECEIVED
MAR 9 2002
BUREAU OF AIR MAIL
Mobile Services

RTS

AIRS ID # 0990498
SPECIAL DELIVERY CLEANERS
JOE MARINACCI
581 NW 13TH DR
BOCA RATON
33496



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <hr/> <p>C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0990498 SPECIAL DELIVERY CLEANERS JOE MARINACCI 581 NW 13TH DRIVE BOCA RATON FL 33486</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7001 0320 0001 7976 1046</p>

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

AIRS ID # 0990498

Sent	SPECIAL DELIVERY CLEANERS
Street or P.O.	JOE MARINACCI
City	581 NW 13TH DRIVE
	BOCA RATON FL
	33486

PSIP Instructions

7001 0320 0001 7976 1046

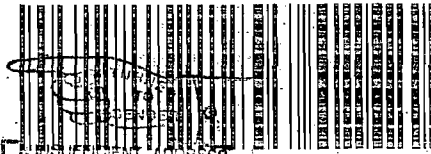
MS#

610

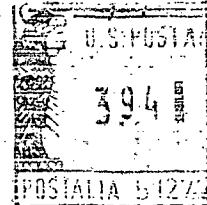
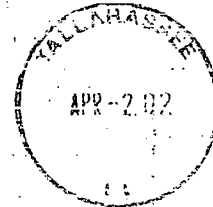
MC Acct #

610

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



- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED OR REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - VACANT
 - NO RECEPTACLE
 - NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO. 100 DATE 4-1-02
CARR/INITIALS JE



AIRS ID# 0990498
SPECIAL DELIVERY CLEANERS
JOE MARINACCI
581 NW 13TH DRIVE
BOCA RATON FL 33486

Bureau of Air Monitoring
& Mobile Sources

APR 1 1 2002

RECEIVED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. Received by (Please Print Clearly) B. Date of Delivery	
	C. Signature	
1. Article Addressed to: AIRS ID # 0990498 SPECIAL DELIVERY CLEANERS JOE MARINACCI 581 NW 13TH DRIVE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number (Conv from service label)
 7001 0320 0001 7975 8053
 PS-Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

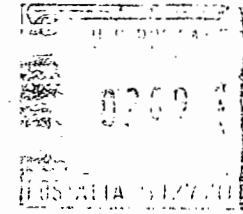
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
JOE MARINACCI	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0990498 Total P. SPECIAL DELIVERY CLEANERS	
Sent To JOE MARINACCI 581 NW 13TH DRIVE Street, Apt or PO Box BOCA RATON FL City, State 33486	
PS-Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7975 8053

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

RETURNED TO SENDER

- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- STATE NOT LISTED
- CAPITALS



RETURN SERVICE REQUESTED

address not deliverable

AIRS ID # 0990498
SPECIAL DELIVERY CLEANERS
JOE MARINACCI
581 NW 13TH DRIVE
BOCA RATON FL
33486

RECEIVED
D.E.P.
2001 DEC 27 AM 10:38
WASTE MANAGEMENT
REGULATORY

