

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

July 28, 1997

Mr. Gibert Sang President Supreme Quality Dry Cleaners 7400 North Federal Highway Boca Raton, Florida 33487

Facility No.: 0990508 Re:

Dear Mr. Sang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 1997.

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

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 15-Mar-2000 02:52pm

> From: Jeff Dizek

> > Jeff Dizek@doh.state.fl.us

Dept: Tel No:

To: Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)

Subject: AIRS #0990508

Sandy.

During inspections today in Boca Raton, I came across a dry cleaner that has failed to notify DEP of ownership change. I will get a notification form to the new owner (who wasn't there during inspection) ASAP and have her send it to DARM. Here's the info:

Old Airs # 0990508 Facility Name- Suprema Quality Dry Clean Location- 7400 North Federal Highway Boca raton, Fl POC- Tammy Rinaldi (manager) (561) 997-6332

Please call or write me with any questions.

Take care

Jeff

----Original Message----From: Sandy Bowman TAL 850/921-9583 [mailto:Sandy.Bowman@dep.state.fl.us] Sent: Friday, March 10, 2000 9:37 AM To: Dizek, Jeff

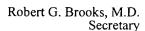
Subject: Re: AIRS #0990370 Sensitivity: Confidential

Jeff,

I appreciate your attention to this. The facility paid the fee for the 1131 Royal Palm Beach Blvd. location since this was the facility location of record for 1999. Once we receive the notification, the new location will become the location of record and will be mailed an invoice at the end of year for the year 2000 fee.

Thanks again and have a good weekend.

Sandy





March 15, 2000

Suprema Quality Cleaners 7400 N. Federal Highway Boca Raton, FI 33487

Dear Ms. Pearl,

According to our records, your perchloroethylene dry cleaning facility at the location listed above has not notified the Department of Environmental Protection of its change of ownership. All perchloroethylene dry cleaning facilities are required to notify the DARM (Department of Air Resource Management) 30 days prior to startup.

This discovery was made by Mr. Jeffrey Dizek, a representative of the Palm Beach County Health Department, during a routine inspection of the above listed facility on March 15, 2000. During this inspection Mr. Dizek spoke with Ms. Tammy Rinaldi, the manager of this facility. Ms. Rinaldi stated that this facility had recently changed ownership.

Please fill out the enclosed Title V Air General Permit Notification Form and mail this to the Department of Environmental Protection at the address found on page 18.

Please call me at (561) 355-3070 XT1139 if there are any questions regarding this matter.

Sincerely,

Jeffrey Dizek Environmental Specialist 2 Palm Beach County Department of Health

JD/jd

CC: AL Grasso, Environmental Manager, Palm Beach County Department of Health Sandy Bowman, Florida Department of Environmental Protection

AIRS ID#: 1050308



REGENTED

DRY CLEANER AIR QUALITY GENERAL PERMIT JUL 1 4 1997 ANNUAL COMPLIANCE CERTIFICATION FORM

	Bureau of Air Monitoring
FACILITY NAME: Plaza Or	Uleaners BATE: 7/8/97
FACILITY LOCATION: 1 20	6th St NW
Winter Ha	ven FL 33881
Annual Reporting Period: Sept	1 1996 to July 8 1997
	general air permit, my facility has remained in compliance with DEP Rule C.), during the period covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permit that	at has not been in continuous compliance during the reporting period stated above:
Record of perc purchase	s and be-weekly leak check
Exact period of non-compliance: from	s and bi-weekly leak check 9/1/96 10 7/8/97
Action(s) taken to achieve compliance:	Record log created
Method used to demonstrate compliance:	Logs
#2. Term or condition of the general permit tha	at has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
nade in this notification are true, accurate and a	ed on information and belief formed after reasonable inquiry, that the statements complete. Further, my annual consumption of perchloroethylene solvent, based is not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

*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.

#0990508

i .	Suprema Quality Dry Cleaners
p.15	4. mark out "X" and initial 5.(c) not required, mark out "X" and initial 5.(f) required
	11 X and initial
	5.07) required
3 5	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	racinty Owner/Company Name (Name of corporation, agency, or individual owner):
	1, 2007
2.	Site Name (For example, plant name or number):
۷.	Site Name (1 of example, plant hame of humber).
	Superior Ouglit. Ocillos once
3.	Surgema Ouglity On Opace S Hazardous Waste Generator Identification Number:
	FLD984338073
4.	Facility Location:
	Street Address: 7400 N. Federal Hwy City: Boak Raton County: Palm Beach Zip Code: 33487
	City: Book Ration County: "Palm Beach Zip Code: 3348"
رون اح ر ادر	TOTAL TALLES SETTING TO THE CONTRACT OF THE CO
	Facility Identification Number (DEP Use):
	14 1-1-11 0990508
a cravea m	
	Responsible Official
6.	Name and Title of Responsible Official:
	Osha I Sona Doc
	Responsible Official Maillag Address:
7.	Organization/Firm: $\delta A Abou$
	Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (561) 997-6388 Fax: () -
	·
	To the Control of the
	Facility Contact (If different from Responsible Official)
٥	Name and Title of Facility Contact (For example, plant manager):
٦.	raine and Thie of Lacinty Contact (Lot example, plant manager).
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	··
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

JUN 2 0 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control	'	Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit		08-020	91	_					۳.
(1) w/ ref. condenser	#1	-915ER-91	+ 115()	<u> </u>					
(2) w/ carbon adsorber	 77 	13.5							
(3) w/ no controls	1								
Washer Unit		• .						1	_
(4) w/ ref. condenser							Γ -		
(5) w/ carbon adsorber									
(6) w/ no controls				1					
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 ar (c) No control devices 2.(a) What was the total [are r quant gallo	equired to be ity of perchl ons ow many? [e installed [_doroethylene (perc)	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small a	Selec	t one classif	ication only.))	nitions foun		3) of	Part II?	
Existing large an	rea so	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	f Part II of this notification form?
Existing large area source. Carbon adsorber Refrigerated condenses	× ×
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	4.
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating u 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perduring which propane or fuel oil containing no more than one percent sulfur	riods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be kept on-site in accordance with the r	equirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	X
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
((f)) Start-up, shutdown, malfunction plan	r 1

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

Surrender of Existing Air Permit(s)

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
4	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification.					
HU Signatur	Dert lang May 20,7997					

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
	35 AIRS ID#: 0990508
TYPE OF FACILITY: DAY CLEANER.	
FACILITY NAME: SUPREMA CONAL	
FACILITY LOCATION: 7400 N. (2).	HWY, BOCARATON, FL
RESPONSIBLE OFFICIAL: ETIL SANK	PHONE NUMBER: (561) 997-6332
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They faild to Notity in 1996	in May 1997. Air ID# was issue in June 1997
•	-
· .	
COMMENTS:	
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: 523 9	<u>8</u>
INSPECTION CONDUCTED BY: DONAL	proximate) Orkazwe ase Print)
INSPECTOR'S SIGNATURE: Down Six	Auf PHONE NUMBER: (SLI) 355_ 4537

Page

Revised 10/96

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE I	Wareciton (TECKTIOI		
TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DISC	OVERY	Ω
11111 01 11,0220 1201	RE-INSPECTIO	/	00:-2: 2: 1: 2:00	G /	-
•	RE-HABILCITO				
.00 - 11	dos	10-	G		9-0-
AIRS ID#: 0990508	DATE: 523	TIME	in: <u>9:05</u> tim	Œ OUT:	9:35
FACILITY NAME:	UPRZMA	QUA	-TTY DRY	CLEA	NERS
		. Fzo.	11.74	CLEA BO CAR	
FACILITY LOCATION:			- HW1.	DO CA-K	A (ON)
<u> </u>	234	87			
				<u> </u>	
PART I: NOTIFICATION		·	· · · · · · · · · · · · · · · · · · ·		
(check appropriate box)	1				
1. Existing facility notified Da	ARM by 9/1/96				Q
2. New facility notified DARM	1 30 days prior to sta	rtup			
3. Facility failed to notify DAI	RM to use general pe	rmit			\mathbf{x}
PART II: CLASSIFICATIO	N				
Facility indicated on notifical					
Facility indicated on notifical (check appropriate box)		,			
Facility indicated on notifical (check appropriate box)	tion form that it is:	2. New small	area source		
Facility indicated on notifical (check appropriate box)	tion form that it is:	2. New small dry-to-dry only		·	
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Facility indicated on notifical (check appropriate box) 1. Existing small area sou dry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" box)<="" check="" classifino,="" correct="" facility="" ga="" is="" only,="" please="" td="" the="" this="" transfer="" types,=""><td>tion form that it is: arce (yr) arce 1000 gal/yr al/yr al/yr) fication</td><td>dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or 14)</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr 1 or after 12/9/91) area source x, 140<x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	tion form that it is: arce (yr) arce 1000 gal/yr al/yr al/yr) fication	dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or 14)	x, x<140 gal/yr x<200 gal/yr 140 gal/yr 1 or after 12/9/91) area source x, 140 <x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,>		
Facility indicated on notificate (check appropriate box) 1. Existing small area soundry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91 3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classified="" correct="" facility="" gal="" in="" is="" o<="" of="" only,="" please="" property="" propriate="" td="" the="" this="" transfer="" types,="" yr=""><td>tion form that it is: arce yr) arce 100 gal/yr al/yr) fication riate classification:</td><td>dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \text{\t</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr 2 or after 12/9/91) area source x, 140<x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	tion form that it is: arce yr) arce 100 gal/yr al/yr) fication riate classification:	dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \text{\t	x, x<140 gal/yr x<200 gal/yr 140 gal/yr 2 or after 12/9/91) area source x, 140 <x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,>		
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classified="" correct="" facility="" gal="" in="" is="" of="" only,="" proper="" quality="" quality.<="" td="" that="" the="" this="" transfer="" types,="" yr=""><td>tion form that it is: arce yr arce 100 gal/yr al/yr al/yr fication riate classification: fied for a general perects above limits and i</td><td>dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, a both types, 140 (constructed or \text{Y} \text{\text{\$\sigma}} N</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr 1 or after 12/9/91) area source y, 140<x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" above="" after="" gal="" general="" or="" permit<="" td="" yr=""><td></td><td>cleaning</td></x<2,></td></x<2,>	tion form that it is: arce yr arce 100 gal/yr al/yr al/yr fication riate classification: fied for a general perects above limits and i	dry-to-dry only transfer only, a both types, x< (constructed or 4. New large dry-to-dry only transfer only, a both types, 140 (constructed or \text{Y} \text{\text{\$\sigma}} N	x, x<140 gal/yr x<200 gal/yr 140 gal/yr 1 or after 12/9/91) area source y, 140 <x<2, 0<x<1,800="" 1="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" above="" after="" gal="" general="" or="" permit<="" td="" yr=""><td></td><td>cleaning</td></x<2,>		cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorcethylene 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 ieast 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part H-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 ooxes) 1. Equipped all machines with the appropriate vent controls? ND YD 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAD AD AD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45% F? ND YD 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

	•
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?	ОУ ОИ
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A OY NO YO
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ONN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVO NO YO
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes) 1. Maintained receipts for perc purchased?	XV DN
Maintained rolling monthly averages of perc consumption?	AY ON
3. Maintained leak detection inspection and repair reports for the following:	X 311
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	A CIN
4. Maintained calibration data? (for direct reading instruments only)	DY ON WIA
5. Maintained exhaust duct monitoring data on perc concentrations?	A/MZ ND YD
C AC' at a large with all and treatformation of and	OV XX
6. Maintained startup/shutdown/malfunction plan?	□X X N

PART VI: LEAK DETECTION AND REPAIRS I. Does the responsible official conduct a weekly leak detection and repair inspection? Y

Problem corrected?

8. Maintained compliance plan, if applicable?

2. Whi	ch method of detection is used by	the respon	nsible officia	al?		4	Ĭ
	Visual examination (condensed						
1	Physical detection (airflow felt			,	X.		
	Odor (noticeable perc odor)				X		
	Use of direct-reading instrumer	itation Œ	t motion	en METEA imetric tubes)	æ	N/A	
	If using direct-reading instru	mentation,	, is the equi	pment:	·		
	a. Capable of detection	g perc vapo	or concentra	ations in a range of 0-500 ppm?	QY	UN_N/A	
	b. Calibrated against (PID/FID only)?	a standard	gas prior to	and after each use	ΩY	ON_N/A	
	c. Inspected for leaks	and obviou	s signs of w	vear on a weekly basis?	ΩY	ON_N/A	·
	d. Kept in a clean and	i secure are	a when not	in use?	XY.	□N_N/A	
	e. Verified for accura	cy by use o	f duplicate s	samples (calorimetric only)?	ΩŶ	ONXN/A	
3. Has	the facility maintained a leak to	g ?			YY	ПИ	
4. Doe	s the responsible official check t	ie followin	g areas for l	leaks?	,	,	
	Hose connections, fittings, couplings, and valves	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ПΩ	Muck cookers	. ФҮ	□и∑и	Α
	Door gaskets and seating	XX	ИD	Stills	XGY	_NN	Α
	Filter gaskets and seating	XX.	ND	Exhaust dampers	QΥ	ON,XA	Α
	Pumps	XX	ПИ	Diverter valves	X	□NN	Α
	Solvent tanks and containers	XX	ПN	Cartridge filter housin	gs	_NN	А
	Water separators	XX	ИD				
	Inspector's Signature	IKAZO Print)	ature)	Name of Responsible Office S 23 Date of In Approximate Date	ial (Pri 1977 spection 198		(4335 #
econdary	y Containment for: Dry	Cleanin	o Machi-	o Char		Yes No	
	bry	CICCUIT	ig ridCH1N	,		[] [X]	(O BE
				Waste area on cr	/	[] [],	1 IN THE
ione1	- F 17-1 ' C			(N'T TET EAN"	(ED)) · · · · · · · · · · · · · · · · · · ·
rsposat	of Water from Water Se				ŕ	[][]	
	Q ₁	Waste 1	Handl e	Picksup Water	•	XI []	
						′ `	

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-INS	AL SPECTION		COMPLAIN	I/DISCOVERY		
	DIWY	t. CI	- Amon Br			J
						-
PART I: NOTIFICATION		·				<u></u>
(check appropriate box)						
1. Existing facility notified DARM by 9/1						
2. New facility notified DARM 30 days pr	_					0.16
3. Facility failed to notify DARM to use g	eneral permit					
PART II: CLASSIFICATION						<u> </u>
Facility indicated on notification form the (check appropriate box)	hat 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)	dry trar botl	to-dry only, isfer only, x- h types, x<1		1)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry trar botl</td><td>isfer only, 20 h types, 140</td><td>rea source 140<x<2, 100<br="">00<x<1,800 gal<br=""><x<1,800 gal="" y<br="">or after 12/9/9</x<1,800></x<1,800></x<2,></td><td>l/yr r</td><td></td><td>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</td></x<2,>	dry trar botl	isfer only, 20 h types, 140	rea source 140 <x<2, 100<br="">00<x<1,800 gal<br=""><x<1,800 gal="" y<br="">or after 12/9/9</x<1,800></x<1,800></x<2,>	l/y r r		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This is a correct facility classification	 X	ИО				
If no, please check the appropriate classif	ication:	`				
facility qualified for a ge facility exceeds above line	-			it		Ì
B. The total quantity of perchloroethylene facility was gallons.	e (perc) purcha	sed within t	he preceding 12	2 months by this	dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?







PART IV: PROCESS VENT CONTROLS

In Part II-A:

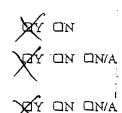
If classification 1 has been checked, no controls are required. Proceed to Part V.

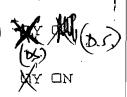
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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







B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QΥ	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ロア	
	Is the temperature differential equal to or greater than 20° 5?	ΩY	ПИ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□n/a !
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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,	074		NI / 7
	or expansion; and downstream from no other inlet?	ЦΥ	⊔N_	_N/A
ĵ.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	Фи	□N/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A (
_				!
P	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	YY	ПΝ	i
2.	Maintained rolling monthly averages of perc consumption?	X	ПП	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	×	ПN	
	to the control of control and an approximate and both and to the control of the c	,		

PART V: RECORDREEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	Y ON ;					
2. Maintained rolling monthly averages of perc consumption?	MO NE					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	X □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?	MA CIN					
4. Maintained calibration data? (for direct reading instruments only)	OY ON WIA					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XN/A					
6. Maintained startup/shutdown/malfunction plan?	MA DN					
7. Maintained deviation reports?	DN ÝXĆ					
Problem corrected?	OX ON					
8. Maintained compliance plan, if applicable?	DY ON ON/A					

PART VI: LEAK DETECTION AND REPAIRS	·
1. Does the responsible official conduct a weekly leak detection and repair inspection?	AX ON

	2. Which method of detection is used by	the respon	nsible offici	al?	<u> </u>	•	Ì
	Visual examination (condensed				X		
	Physical detection (airflow felt t				4		
	Odor (noticeable perc odor)						
Ì	Use of direct-reading instrumen	tation (FII	D/PID/calor	imetric tubes)	a `	XN/A	
	If using direct-reading instrumentation, is the equipment:						
1	a. Capable of detecting	g perc vap	or concentr	ations in a range of 0-500 ppm?		A\N_N⊏	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	OY (N/A	
	c. Inspected for leaks a	ınd obviou	s signs of v	wear on a weekly basis?	QY (N/A_NC	
ļ	d. Kept in a clean and	secure are	a when not	t in use?	QY (N_N/A	1
	e. Verified for accurac	y by use o	f duplicate	samples (calorimetric only)?	QY (A/N_NE	
	3. Has the facility maintained a leak log	?	(6	(NEW A COPY ON)	QY S	⊉ N]
	4. Does the responsible official check th	e followin	g areas for	5/20(97) leaks?	ŕ		
	Hose connections, fittings, couplings, and valves	₹	ΩИ	Muck cookers	, OY	ON N	A
	Door gaskets and seating	YY	ПΝ	Stills	X	□ии	A
	Filter gaskets and seating	ZYY	UN	Exhaust dampers	ΩY	□n∑n	Α
	Pumps	YY	ПD	Diverter valves	ΩY	□n≯n	A ·
	Solvent tanks and containers		ND	Cartridge filter housing	y TY	□N_N	A
	Water separators	YY	ПN		· .		
. 5							(561)-
	Lallohan	leve	œ!	LAKSHIUI	_KU	HAR.	487-99
	Name of Responsible Office	zial (Sign	ature)	Name of Responsible Office	al (Prin	t) & Phone	#
	DONACO S	KAZO	υE	7 (59	97		
	Inspector's Name (Please P	rint)		Date of Ins	pection	•	
	116 como	42 WZ		2/30	198		
	Inspector's Signature			Approximate Date	of Next In	spection	
ecc	ondary Containment for: Dry	Cleanir	ng Machi	ne & Storage area	~	Yes No	
	•			Waste area	4		
				Spotting area Seal	ed !	1 1 1 1 1	
Dis	posal of Water from Water Se	parator	using a		r	, X	
					Į	} []	
	000	Waste	Handl ex	Pick s up Water	`*	Arı	

ADDITIONAL SITE INFORMATION:

HACILITY HAS BEEN UNDER PRESENT MANNETERENT FOR I YEAR NOW.

SPOTTINZ AREA HAS NOT DEEN EPOXIGED
YET.

OFEN WATER BULLETS. ADVISED OWNER TO KEED 40 ON IT.

P

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35 TIME OUT: 11:0:	AIRS ID#: 0990508
TYPE OF FACILITY: Doy cleaning	<u> </u>
FACILITY NAME: Suprema Quality	4 Doy Cleaners DATE: 5-15-98
FACILITY LOCATION: 7400 N. Federa	l Hwy
Boca Rator	1, FL 33487
RESPONSIBLE OFFICIAL: Gil Sang	PHONE NUMBER: 997-6332
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
givnes will borail feec Pushace	will be reinspected in 4 month
receipts in 2 weeks. Owner	
seems not Co-operating, we	
gave him more time to respond u	
·	we received Perc Purchase vecc
	on 6-10-98 from Suprema Quality
	P
	& VIII
•	
	100 A 6 180 F
	Co No.
•	Ste Horning
COMMENTS:	•
and the second s	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May	1/77
INSPECTION CONDUCTED BY:	oroximate)
(Ple	355-3070
INSPECTOR'S SIGNATURE (Y V COOK) V	PHONE NUMBER:

Revised 10/95

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

M	ŗÌ	C
1	11	W

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION (

<u> </u>
AIRS ID#: 0990508 DATE: 5-15-98 TIME IN: 10:35 TIME OUT: 11:05
FACILITY NAME: Supsema Quality Doy Cleaners
FACILITY LOCATION: 7400 N. Federal HWY
BOCa Raton, FL 33487
RESPONSIBLE OFFICIAL: Gil SANG PHONE: 997-6332
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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)
3. Existing large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification ON OCan 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 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AVA NO YÉ 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN 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 DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAC NO YO 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY. DN

B.	Has the responsible official of an existing large or new large area source also:	- Construction of the cons	F
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מיאם אם עם	Ą
-	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A	4
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,	QÝ QN QN/A	
	Is the perc concentration equal to or less than 100 ppm?	מאַמ מס אַמ	-
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?	מאט אם אט	Ą
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A	4
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A	4

O A D T TI.	RECORDKEEPING REQUIREMENTS
T WY/T A.	WECOUNTERI HIG WEGOVERITEILIE

Has the responsible official: (check appropriate boxes) In 10 days, fil will meil 1. Maintained receipts for perc purchased?	Perc Purchase
1. Maintained receipts for perc purchased? To out office	DY ZN
2. Maintained rolling monthly averages of perc consumption?	אם צשׁ
3. Maintained leak detection inspection and repair reports for the following:	· .
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צום
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומם מם צבא
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZINIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MINA
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	אואם אם צאם אואם
8. Maintained compliance plan, if applicable?	OY ON DAVA

Receip

PART VI: LEAK DETECTION AND REPAIRS

_	The second secon					THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PARTY OF THE PART		
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?						ZY	ΠИ
2.	Has the facility maintained a leak log?						ZÍΥ	ΠИ
3.	Does the responsible official check the	followi	ng ar	eas for lea	ks?			
	Hose connections, fittings, couplings, and valves	DY.	ΩИ	□N/A		Muck cookers		אואק אב
	Door gaskets and seating	DY	ПИ	□N/A		Stills	ΔίΥ C	אלאם אכ
	Filter gaskets and seating	ΠŶ	ИП	□N/A		Exhaust dampers	ַ באַ בּ	AIN D NC
	Pumps	DY	ВИ	□Ñ/A		Diverter valves	DY C	אותם מכ
	Solvent tanks and containers	ÞΥ	ΠИ	□N/A		Cartridge filter housings		אומם מכ
	Water separators	ДΥ	DИ	□N/A				·
4.	Which method of detection is used by t	he respo	onsib	le official?	?			
	Visual examination (condensed s	olvent o	n ex	terior surfa	aces)		E	
	Physical detection (airflow felt th	rough g	aske	ts)		•		
	Odor (noticeable perc odor)					. •	`p⁄	
	Use of direct-reading instrumenta	ation (F	ID/P	ID/calorim	etric t	ubes)	DH/	A-
	Halogen leak detector	`.					D/N	1A
	If using direct-reading instr	rumenta	ation	, is the equ	uipme	ent:	ØN/A	
	a. Capable of detecting	perc va	por c	oncentration	ons in	a range of 0-500 ppm?	ΟÀΩ	אכ
	b. Calibrated against a (PID/FID only)?	standaro	d gas	prior to ar	nd afte	er each use	DY (אכ
	c. Inspected for leaks ar	nd obvio	ous si	igns of wea	ar on a	weekly basis?	CIY (אכ
	d. Kept in a clean and s	secure a	rea v	yhen not in	use?		OY (אכ
	e. Verified for accuracy	by use	of du	iplicate sar	niples	(calorimetric only)?	DY (אכ
				·				

Responsible Official's Name
(Please Print)

Inspector's Name (Plance Print)

Inspector's Signature

Responsible Official's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

			Yes/	NO	,
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	[]	[]
		Waste area	1/1	[]
		Spotting area Sealed	J/	[]

2. Disposal of Water from Water Separator using approved evaporator [] [/ or contracted Wastewater service /] []

Sefety Kleen picks as the world Waste Once a world waste Once a world asked to keep wole Clean around dry clean machine.

Grave Gil FDEP Calender and Phenix form for Record Resping HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390 BEST AVAILABLE COPY

SUPREMA CLEANERS/JISITE, INC. 8 0 L D 7400 N.FED.HWY

3/25/97 DATE

INVOICE NO.0147587

BOCA RATON, FL.

33431

Ŏ INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

SUN7400	5		SHIPPED VIA SOUTH OF	F.O.B. POINT : 1 1594 13	00147587	Some symmetry :	TERMS
QUANTITY		DESCRIPTION		UNIT OF MEASURE	ITEM CODE	UNIT PRICE	EXTENDED AMOUN
50.00	DIAMOND PERC FLORIDA PERC POLLUTION TA	C CLEANUP	FUND	GAL GAL GAL	ZPERC FUND POLL	5.30 5.00 .10	265.00 250.00 5.00
		÷	÷				
							·
				FREIG	HT SALES TAX		NWOICE TOTAL

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees.

15.90

535.90

Thank You

Mt. CLASIK CHOKSHI

GARLAND SUPPLY CO.

7800 W. 25th AVENUE HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

SUPREMA CLEANERS/JISITE, INC. 7400 N.FED.HWY

DATE 6/20/97

INVOICE NO.0 152774

BOCA RATON, FL.

33431

NVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY.

BALES DATE ORDERED SHIPPED WARRED OUR ORDER NO.

SUN7400 57 6/18/97 DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

TERMS

OUR ORDER NO.

1 TERMS

0 0 152774

SUN7400	57 6/18/97		00152774	
QUANTITY	DESCRIPTION	UNIT OF MEASURE	ITEM CODE UNIT PRICE	EXTENDED AMOUNT
20.00	DIAMOND PERC PUMP IN FLORIDA PERC CLEANUP FUNI POLLUTION TAX	D GAL Fi	PERC 7.05 JND 5.00 DLL .10	141.00 100.00 2.00
·				
Title to merchandis	se remains with Garland Supply Co. until invoice pai	id in full. Purchaser agrees	SALES TAX	INVOICE TOTAL

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees.

8.46 251.46

Thank You

BEST AVAILABLE COPY

GARLAND SUPPLY CO.

7800 W. 25th AVENUE HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

SUPREMA CLEANERS/ LISTE, INC.

JOCA RATON, FL.

DATE

8/25/97

INVOICE NOO 155582

'400 N. FED. HWY

33431

DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTER E DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. SALES DATE ORDERED SHIPPED VIA MER NO. CUSTOMER P.O. OUR ORDER NO.

17400	5	7 8/20/97			00155582		
ANTITY		DESCRIPTION	UNI	T OF MEASURE	ITEM CODE	UNIT PRICE	EXTENDED AMOL
20.00	DIAMOND PER FLORIDA PER POLLUTION T	C CLEANUP	FUND GAL	_ F	ZPERC Fund Poll	7.05 5.00 .10	141.00 100.00 2.00
	lise remains with Garland		voice paid in full. Purchas	er agrees FREIGHT	SALES TA	× 8.46	INVOICE TOTAL 251 . 46

Thank You

GARLAND SUPPLY CO.

7800 W. 25th AVENUE HIALEAH, FL 33016 DADE - 556-5831 BROWARD - 462-3390

SUPREMA CLEANERS/JISITE, INC. 7400 N. FED. HWY

DATE 11/25

INVOICE NO 160079

BOCA RATON, FL.

33431

UN7400	SALES OATE OADERED CODE 57 11/19/97	SHIPPED VA	FO.B. POINT	0 0 1 6 0 0 7 9)	TERMS
QUANTITY	DESCRIPTION		UNIT OF MEASURE	ITEM CODE	UNIT PRICE	EXTENDED
8.00 2.00 30.00		FUND	GAL ROLL ROLL ROLL	ZPERC POL.U40 POL.U54 FUND POLL	7.05 30.00 30.00 5.00 .10	21 24 6 15
itle to merchandi	se remains with Garland Supply Co. until in	voice paid in full.	Purchaser agrees FREE	GHT SALES	TAX TO THE TOTAL TO THE TAX	INVOICE TOTAL

Thank You

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0990508

JISTIE INC
GIBERT SANG
SUPREMA QUALITY DRY CLEANERS
BOCA RATON FL 33487

Do NOT Remove Label

Remove Label

•				
Annual Reporting Period:	19	то		19
62-213.300, Florida Administrative Code (F				□NO
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been in continuou	us compliance durin	g the reporting pe	eriod stated above:
Exact period of non-compliance: from	<u>-</u>	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 continuou	us compliance durin	g the reporting pe	eriod stated above:
Exact period of non-compliance: from	·	to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<u> </u>			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	further, my annual consumption	of perchloroethylene	solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL:	me (Please Print)	Signa	zry ture	2/8/98 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.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL TO COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:35 TIME OUT: 12:0	0 AIRS 10 =: 0990 508
TYPE OF FACILITY: Doy "Cleaning	
FACILITY NAME: Suprema Ougl.	+4 Dry Clean DATE: 4-26-9
FACILITY LOCATION: 7400 N. Fede	
· Boca Raton,	FL 33487
RESPONSIBLE OFFICIAL: Oil Sang	PHONE NUMBER: <u>561-997-633</u>
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	tted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	- MAY 1 & 1999 Bureau of Air Monitoring
	& Mobile Sources
COMMENTS:	•
INSPECTION CONDUCTED BY: R.V. CI	2000 ypproximate) 10K5h1
INSPECTOR'S SIGNATURE: QU Chors	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS ARM &

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOVERY	a
AIRS ID#: 0990508 D FACILITY NAME: Sup FACILITY LOCATION: 7 RESPONSIBLE OFFICIAL: CONTACT NAME:	400 N. 30 Ca R	Feder	el HWy, FL 3341	
PART I: NOTIFICATION			RECEIVED	· ·
(check appropriate box)				
1. New facility notified DARM	0 days prior to startup		MAY 8 1 1999	ם ا
2. Facility failed to notify DARM	I to use general permit	<u>-</u> -	Bureau of Air Monitoring	
PART II: CLASSIFICATION	···			
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	tra	nsfer only, x th types, x < onstructed or	, x < 140 gal/yr < 200 gal/yr 140 gal/yr i or after 12/9/91)	petroleum
3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	100 gal/yr dr 0 gal/yr tra gal/yr bo	nsfer only, 2 th types, 140	$x_1 = x_2 = x_3 = x_4 $	
5. This is a correct facility cl	assification 💢	Y DN	☐Can not determine	
☐ facili		l permit as n	umber above igible for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor tenting system? Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AVA NO YO condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

$\overline{}$				
ช.	. Has the responsible official of an existing large or new large area source also:			
١.	. Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	·		אב	
,	N (account and recorded the weeker out over a vive at the condition			
۷.	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	חע ו	אר	□N/A
	· /			
	Is the temperature differential equal to or greater than 20° F?	א נ	ו אב	□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?	JY (אב	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (ИС	□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 (א⊏	□N/A
5.	. Equipped transfer machines (dryers, reclaimers, and washers) with individual			
		QY (ΩΝ	□N/A
6.	5. Routed airflow to the carbon adsorber (if used) at all times?	□Y (□И	□N/A
=				

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ON 2. Has the facility maintained a leak log? DИ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers DY DN ZN/A AND ND YD MY ON ON/A Door gaskets and seating Stills DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON OXIA DY ON ON/A Pumps Diverter valves DY ON ONA Solvent tanks and containers DY ON ONA Cartridge filter housings DY ON ON/A Water separators DY ON ONA 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Offici Name al's Signature

(Please Print

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

			Yes	Ю	
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	1	[]	l
		Waste area	M	[]	l
		Smotting area Sealed		f ?	ı

2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service [] []

Sayoty Kleen Picks up Forth When Called Conce a Month

Z 210 665 455

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) [Sent to AIRS ID # 0996]

AIRS ID # 0990508

SUPREMA QUALITY DRY CLEANERS
GIBERT SANG
7400 N FEDERAL HWY
BOCA RATON FL 33487

1	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whorn & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
8	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address 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 # 0990508 SUPREMA QUALITY DRY CLEANERS GIBERT SANG 7400 N FEDERAL HWY BOCA RATON FL 33487	A. Received by (Please Print Clearly) B. Date of Delivery FEB 29 2000 C. Signature X
2. Article Number (Copy from service label) Z 210 662 455	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

Z 210 663 164

US Postal Service

US Postal Service
Receipt for Certified Mail

AIRS ID # 0990508

SUPREMA QUALITY DRY CLEANERS

GIBERT SANG
7400 N FEDERAL HWY
BOCA RATON FL 33487

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
Š.	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address 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 APR 6 3 208 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes		
1. Article Addressed to: AIRS ID # 0990508 SUPREMA QUALITY DRY CLEANERS GIBERT SANG 7400 N FEDERAL HWY	If YES, enter delivery address below: No		
BOCA RATON FL 33487	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.		
Z 210 663164	4. Restricted Delivery? (Extra Fee) ☐ Yes		
Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

Z 333 613 078

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID 0990508

JISTIE INC GIBERT SANG
SUPREMA QUALITY DRY CLEANERS
BOCA RATON FL 33487

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	
···	
	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

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 card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write "Return Receipt Requested" on the mailpiece below the all the Return Receipt will show to whom the article was delivered.	pace does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: AIRS ID 0990508 IISTIE INC GIBERT SANG SUPREMA QUALITY DRY CLEANERS BOCA RATON FL 33487 33 13 1	4b. Service Registere Express Return Re 7. Date of D	Article Number Service Type Registered Express Mail Return Receipt for Merchandise COD Date of Delivery Code Service Type Return Receipt for Merchandise	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Receip	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

 $0\,3\,5\,6\,1\,2\,3$ Please include your AIRS ID# on your check or money order. This number can be found below on your mailing Tabel.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990508 SUPREMA QUALITY DRY CLEANERS GIBERT SANG 7400 N FEDERAL HWY **BOCA RATON FL. 33487**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

303732

Do NOT Remove Label

AIRS ID 0990508

JISTIE INC GIBERT SANG SUPREMA QUALITY DRY CLEANERS **BOCA RATON FL 33487**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

0394355

⁶Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990508 SUPREMA QUALITY DRY CLEANERS GIBERT SANG 7400 N FEDERAL HWY **BOCA RATON FL 33487**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$75.00

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AIRS ID # 0990508

SUPREMA QUALITY DRY CLEANERS GIBERT SANG 7400 N FEDERAL HWY **BOCA RATON FL 33487**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273