

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

September 29, 1997

Mr. Donald Alessi Alessi Cleaners 1326 North Federal Highway Delray Beach, Florida 33440

Re: Facility No. 0990514

Dear Mr. Alessi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

3/8/99 Called x # has been dissonnected. Els

#0990514

	Alessi Cleaners
D.15	4 mark out "X"
7	5. only one should be chosen
	mark out incorrect "X"
	5.(c)+5.(d) not required,
	mark out "X"s"
D.110 -	only one should be chosen— mark out incorrect "X"
	mark out incorrect 11X"
!	
	,
•	
!	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
Donald Alessi Lleasi Cleanurs				
2. Site Name (For example, plant name or number):				
Some. ALESSI CLEANERS				
3. Hazardous Waste Generator Identification Number:				
·				
4. Facility Location:				
Street Address: 1326 N. Federal Hay City: Nolkan Bond Zip Code: 33440				
City: Delray Beach County: Palm Beach Zip Code: 33440				
5. Facility Identification Number (DEP Use):				
0990514				
Responsible Official				
6. Name and Title of Responsible Official:				
Donald Alessi OWNET				
7. Responsible Official Mailing Address:				
Organization/Firm: Street Address: Same.				
Street Address: City: County: Zip Code:				
County. Zip code.				
8. Responsible Official Telephone Number:				
Telephone: (561) 276 - 5241 Fax: (561) 848 - 4255				
275-5241				
276-5241 Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
Same:				
10. Facility Contact Address:				
Street Address: Saw				
City: County: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: () Sime. Fax: ()				
DECEIVED				

RECEIVED

SEP 4 1997

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	ĺΩ	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-92
Dry-to-Dry Unit			٠.						·. ·
(1) w/ ref. condenser						011		,	
(2) w/ carbon adsorber		Existin	1280	5 -	Chase	Dit Co			
(3) w/ no controls			2		7.0	Lawotech	مح	- No	
Washer Unit		• .	•					4 2	
(4) w/ ref. condenser		<i></i>	\ .		1			1	
(5) w/ carbon adsorber		4/21	1000	nest	0/ //	100 m	ठ्टेर	1	
(6) w/ no controls		,				1.	6	11, 1	-+
Dryer Unit		- 4	1-1	<u> </u>	1,40	· (An	e >	11/estu	~ 2dga
(7) w/ ref. condenser		1	w/- to						10
(8) w/ carbon adsorber						~	2.0%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	By 67
(9) w/ no controls									
Reclaimer Unit			•			<u> </u>			
(10) w/ ref. condenser									
(II) w/carbon adsorber							1		
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce 🔀	Ne	ew sn	nall area sou	rce []		
Existing small at Existing large are	ea so	urce []	Ne	ew lai	rge area soui	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?			
Existing large area source. Carbon adsorber	Refrigerated condenser			
New small area source Refrigerated condenser []	·			
New large area source Refrigerated condenser []				
	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following ::			
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	\bowtie			
Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration mo	nitoring			
(e) Instrument calibration	(X)			
(f) Start-up, shutdown, malfunction plan	[乂]			

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

X	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.				
X					
	Responsible Official Certification				
	• .				
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pro	. I will promptly notify the Department of any changes to the information contained in this notification.				
Signature	8/20/97 Date				

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

RECEIVED

TITLE V AIR QUALITY GENERAL PERMIT (INSPECTION SUMMARY REPORT

SEP 1 8 1997

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION Bureau of Air Monitoring				
TIME IN: 10:00 TIME OUT: //:0					
TYPE OF FACILITY: Dry Cleanin	a				
FACILITY NAME: ALESSI C/	Canons DATE: 8-29-97				
	esal HWY				
Delvay Beach	FL 33440				
RESPONSIBLE OFFICIAL: Donald Ale	PHONE NUMBER: 276-3241				
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evalu	•				
discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
New Owner (Previously know as Paragon cleanus#0990486), Helped them tilled out	None				
Notification forms.					
•					
· · · · · · · · · · · · · · · · · · ·					
COMMENTS:					
	· ·				
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: $8-29-98$					
INSPECTION CONDUCTED BY: R. V. Che					
INSPECTOR'S SIGNATURE: A Chop	ease Print) PHONE NUMBER: 355-30 70				
\mathcal{L}					

ARMS PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VERY 🗅
AIRS ID#: 0990514 D FACILITY NAME: ALE FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME: DOC	55/ CLE 1326 N. Delsey B Donald Al	ANEI Fed each	esel Hwy FL 334 PHONE: 276	H40
PART I: NOTIFICATION (check appropriate box)	New Bu	-1'00 00		`
1. New facility notified DARM 3		51.PC2		۵
2. Facility failed to notify DARM				
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)	e 2. 1 dry- tran both	sfer only, $x < 1$ types, $x < 1$	x < 140 gal/yr < 200 gal/yr	
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the applications of the second constructed before 12/9/91	e 2. Mory-transboth (consection) e 2. Mory-transboth (consection) e 2. Mory-transboth (consection) gal/yr transboth (consection) ppropriate classification: qualified for a general properties.	to-dry only, x types, x < 1 structed on a to-dry only, sfer only, 20 types, 140 structed on	□ Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) □ Can not determine	siness/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AYMO MO YE beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 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? DA. DM

В.	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□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?	ОУ ОМ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ОУ ОМ	ĎN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	· ·.	
	or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ОУ ОИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	XY ON			
2. Maintained rolling monthly averages of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	YY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	AND YOU AND			
5. Maintained exhaust duct monitoring data on perc concentrations?	AVVA NO YO			
6. Maintained startup/shutdown/malfunction plan?	XX DN			
7. Maintained deviation reports?	DY DN MINA			
Problem corrected?	AMA NO YO			
8. Maintained compliance plan, if applicable?	OY ON KNA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ΩN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YAK Muck cookers couplings, and valves DY DN ÒXN/A Stills Door gaskets and seating ZAY □N □N/A DAY DIN DIN/A Exhaust dampers Filter gaskets and seating AYN DN DN/A Diverter valves Pumps Cartridge filter housings XY DN DN/A AYMO MO YE Solvent tanks and containers AVA ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN R. V. Chokshi Inspector's Name (Please Print) Approximate Date of Next Inspection

ADD	ITIONAL SITE INFORMATION:
	Yes NO
1.	Secondary Containment for: Dry Cleaning Machine & Storage area 1 1 Waste area []
	Spotting area Sealed [] []
	To be led so to four theorem. Weld so to four theorem.
	O. J. Degree
2.	Disposal of Water from Water Separator using approved evaporator [] []
	or contracted Wastewater service [] []
	·
	·.
	en de la companya de Companya de la companya de la compa
	•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [] CON	MPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 10:15 TIME OUT: 10:	55 AIRS ID#: 0990 514				
TYPE OF FACILITY: Doy Cleaning					
FACILITY NAME: ALESSI CLE	ANERS DATE: 6-23-98				
FACILITY LOCATION: 1326 N. Fed	122 C 1) Fodora (10001				
Delray Beach, FL 33440					
RESPONSIBLE OFFICIAL: Jonald ALES	S/PHONE NUMBER: 276 - 524/				
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration					
Based on the results of the compliance requirements evaludiscrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	-				
•					
•					
The second secon	• • • • • • • • • • • • • • • • • • • •				
	RECEIVED				
· ·					
-	JUL 1 5 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: Une 1996					
INSPECTION CONDUCTED BY: R. V. Cho K Ski					
INSPECTION CONDUCTED BY. (Please Print) INSPECTOR'S SIGNATURE QUI ON ON ON PHONE NUMBER: 355-3070					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

(check appropriate box) 1. New facility notified DARM 30 days prior to startup	,
1. New facility notified DARM 30 days prior to startup	
·	Ц
2. Facility failed to notify DARM to use general permit	۵

Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source \Box dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, 140 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification '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 _____ gallons. Since 1998 Jan.

beginning of 1998 to profesent (Means 6-27-98) Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A ON ON/A 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 DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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 Ahas 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 will a diosed-loop vapor venting system? AVAD NO YO 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 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

PART III: GENERAL CONTROL REQUIREMENTS

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:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ם אם אום אם
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	· · ·
or expansion, and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ערם אם ארם ארם A
6. Routed airflow to the carbon adsorber (if used) at all times?	באותם אם עם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם צאם
2. Maintained rolling monthly averages of perc consumption?	מם צאם
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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואבע אם צם A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY CIN BUNA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	אואם אם צא
Problem corrected?	אואם אם צלק
8. Maintained compliance plan, if applicable?	מואם אם אם

PART VI: LEAK DETECTION AND REPAIRS

١.	Does the responsible official conduct a v	veekly (for small source	es, bi-weekly) leak detection as	nd repair
	inspection?			ADY ON
2.	Has the facility maintained a leak log?			אם צ'ע
3.	Does the responsible official check the f	ollowing areas for leak	s?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON MINA
	Door gaskets and seating	DY ON ONA	Stills	DY DN DN/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	אוֹם מם עלם	Diverter valves	OY ON ON/A
	Solvent tanks and containers	AND NO YO	Cartridge filter housings	DY ON ON/A
	Water separators	AY ON ON/A		
4.	Which method of detection is used by the	e responsible official?		
	Visual examination (condensed so	lvent on exterior surface	ces)	1
	Physical detection (airflow felt thr	ough gaskets)		/
	Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			/xs
				D HA
	Halogen leak detector			ANU
	If using direct-reading instrumentation, is the equipment:			ZÎN/A
	a. Capable of detecting p	erc vapor concentratio	ns in a range of 0-500 ppm?	OX ON;
	b. Calibrated against a s (PID/FID only)?	tandard gas prìor to an	d after each use	OY ON
	c. Inspected for leaks an	d obvious signs of wear	r on a weekly basis?	DY DN
	d. Kept in a clean and s	ecure area when not in	use?	DY DN
	e. Verified for accuracy	by use of duplicate san	ples (calorimetric only)?	OY ON
Ä		•		

Responsible Official's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Off dial's Signature

6-23-98

Date of Inspection

June 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Cleaning Machine & Storage area	
Spotting Area needs to be seal As soon as possible	
2. Disposal of Water from Water Separator using approved evaporator [] [/] or contracted Wastewater service [] [/]	
- Machine is very old with No Controls - Do not have Reprograted Condenses	
- Do not have Repospered toom dry Cleaning - Have exhaust pipe from dry Cleaning machine to abonosphere. muchine goes into abonosphere only during muchine goes into abonosphere only during	
muchine goes into atomosphele only allering Cooldown Cycle.	7
_ owner Installed a doy cleaning Mechine a few mo Model # DD-30-0	nlbs∘
Serial # 4149 Marvel Mfg Co. San Antonio, Texas	
Machine is at last 15 to 20 year old. — owner says he had this machine in New Or Louise	leans
- Lou Val Carenghi 9 DEP & R.V. Chokshi were dus inspection processes the site	ring

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990514

DENALD ALESSI Clears & Tala DVC.

DONALD ALESSI
1326 N FEDERAL HWY

DELRAY BEACH FL 33440

Do NOT Remove Label

	D0 110	A Remove Label		
Annual Reporting Period:		от <u><i>ВС</i></u> ді_	12/31	1998
Based on each term or condition of the Title	V general air permit,	my facility has re	mained in compliance wi	th DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the peri	od covered by this	s statement. YES	□NO
If NO, complete the following:			. / `	
#1. Term or condition of the general permit	that has not been in co	ontinuous complia	ance during the reporting	period stated above:
Event period of non-compliance: from			to	
Exact period of non-compliance: from			_ 10	
Action(s) taken to achieve compliance:	•			
Method used to demonstrate compliance:				· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit	hat has not been in co	ontinuous complia	ance during the reporting	period stated above:
				B M
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		· 		Mobile Mobile
Method used to demonstrate compliance:				So So
				1998 r Monitor r Sources
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: <u>)のいA</u> Nan	e (Please Print)	Dal	Signature	2/6/98/ Date
1.00				

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35 TIME OUT: 11:00 TYPE OF FACILITY: DOT Clean in the facility NAME: A LESSI CLEAN E FACILITY LOCATION: 1326 N. Feath Delyay Beach Delyay Beach	DATE: 5-21-98 level Hwy , FL 33440
RESPONSIBLE OFFICIAL: Donald 41/038	PHONE NUMBER: 276-524/
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Containments. Also spotting area needs to be sealed.	recenary actions.
Asked to keep per Purchase receipts on site, Asked to	will be reinspetted in 4 Moni
Keep log of leak check	to Comply FDEP
Leak log. AL Gasso elso Called	PR UN CE
does not Seem to Care to keep records	Thomas of the second of the se
	Ces Conting
COMMENTS:	
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May	x 1999
INSPECTION CONDUCTED BY:	Pase Print)
INSPECTOR'S SIGNATURE & Chofen	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

 \Box

RE-INSPECTION (

·a

AIRS ID#: 0990514 DATE: 5-21	-98 TIME IN: 10:35 TIME OUT: 11:05
FACILITY NAME: ALESS!	CLeaners
FACILITY LOCATION: 1326	V. Federal HWY
Delsey	Benk, FC 33440
RESPONSIBLE OFFICIAL: Do rold	Alessi PHONE: 276-324/
CONTACT NAME:	PHONE:
·	
PART I: NOTIFICATION	& & A
(check appropriate box)	* S. W. //
1. New facility notified DARM 30 days prior to star	rtup 30° Z
2. Facility failed to notify DARM to use general per	rmit Sola 4 O
	C _G O _I
PART II: CLASSIFICATION	- fo
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	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
	· · · · · · · · · · · · · · · · ·
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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) 5. This is a correct facility classification If no, please check the appropriate classific	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y$ $\square N$ $\square Can$ not determine
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square $

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

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?	אם צם
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?-	A/ND 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?	DY DN DN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? Willsend Copius to us 2. Maintained rolling monthly averages of perc consumption?	n 10 days
1. Maintained receipts for perc purchased? Will Send Copies to Us	DY KN
2. Maintained rolling monthly averages of perc consumption?	AY ON
3. Maintained leak detection inspection and repair reports for the following:	· .
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צע
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אף
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAZ N:1 YO
6. Maintained startup/shutdown/malfunction plan?	אם צוֹעַ
7. Maintained deviation reports? Asked to keep reports on site	אואם אל צב
Problem corrected?	MY ON ONA
8. Maintained compliance plan, if applicable?	באול אם צם

	•.			
PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?		4	ØY □N
2.	Has the facility maintained a leak log	Asked to Keepa	-leak log	DY ØN
3. Does the responsible official check the following areas for leaks?			ĺ	
	Hose connections, fittings, couplings, and valves	אואם אם צבק	Muck cookers	DY ON ØN/A
	Door gaskets and seating	DY ON ON/A	Stills	איאם אם ציבן
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אואבע אם צם
	Pumps	A/אם אם ציב <i>ן</i>	Diverter valves	מאס אם עם
	Solvent tanks and containers	אוח חם צען	Cartridge filter housings	אומם מם צָּעַ
	Water separators	אומם מם אם		
4.	Which method of detection is used by	the responsible official?		,
	Visual examination (condensed	solvent on exterior surface	s)	z
	Physical detection (airflow felt t	hrough gaskets)		9 / (
	Odor (noticeable perc odor)			ø
	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)	Ø N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Dorald Alexi	
Responsible Official's	Name
(Please Print)	

Halogen leak detector

(PID/FID only)?

If using direct-reading instrumentation, is the equipment:

d. Kept in a clean and secure area when not in use?

RV Chokshi

Inspector's Signature

Responsible Official's Signature

DY DN

DY DN

DY DN

DY DN

ОХ ОИ

5-21-98

Date of Inspection

1000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area		[]
		Waste area	[]	ľΧj
		Spotting area Sealed	[]	ľΧΊ

Owner was advised to install secondary Containment for waste over, also advised to seal spotting area as soon as possible.

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

Asked owner to keep records for temperature Perc Purchase and Keep receips on site.

Gave owner Donald Alessi Phonix form and FDER Calender for Record Keeping

BEST AVAILABLE COPY

1 ARMS

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF FACILITY: DOY Cleaning FACILITY NAME: ALESSI CLEANERS DATE: 6-18-9 FACILITY LOCATION: 1326 N. Federal Huy FACILITY LOCATION: 1326 N. Federal Huy	YPE OF INSPECTION:	AMUAL D	COMPLAIN	TOISCOVERY	RE-INSPECTION [
FACILITY NAME: ALESSI CLEANELS FACILITY LOCATION: 1326 N. Federal May Debras Beach, FL 33440 Phore RESPONSIBLE OFFICIAL: Domald Hos. PHONE NUMBER: 276-5241 Jiscon Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 63213300, Florida Administrative Code (FAC.). Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 63213300, Florida Administrative Code (FAC.). COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Closed Business. Called None Disconnected. No igor -metion available. I visited and 6-18-99, Business was Closed., COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Apgraximate) INSPECTION CONDUCTED BY: R. V. Cho PESM.	TIME IN: 11:30	TIME OUT: 11:3	35	AIRS 10#: C	990514
FACILITY LOCATION: 132 6 N. Federal May Delray Beach, FL 33440 Phor RESPONSIBLE OFFICIAL: Donald Alexi PHONE NUMBER: 276-5241 Discon Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.00, 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 Closed Business. Called None Disconnected, No ifor- -mation available. I visited on 6-18-99, Business was Closed. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Please Print) 355-3070	~	Dry Cleaning	<u> </u>	<u>.</u>	-
Debray Beach, FL 33440 Phore RESPONSIBLE OFFICIAL: Donal Alexi PHONE NUMBER: 276-5241 Jiscom 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 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 Closed Business, Called None Disconnected, No ifort— —mation available, Ivisited on 6-18-99, Business was Closed. Closed, Closed, The Annual Compliance Certification form has been properly certified and subminted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) 325-3070	FACILITY NAME: AL	ESSI CLEAN	JERS		DATE: 6-18-9
RESPONSIBLE OFFICIAL: Denal Aless 1 PHONE NUMBER: 276-5247 Jiscom 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 Closed Business, Called Wone Disconnected, No ifort— -mation available, Ivisted on 6-18-99, Business was Closed. Closed. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Please Print) 325-3076	FACILITY LOCATION:	326 N. Fe.	deral		
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 Closed Business. Called Wone Disconnected, No ifor— -michon available. I visited on 6-18-99, Business was Closed. Closed. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Please Print) R. V. Cho P.S.M.		Delray B	each,		inter
compliance with DEP Rule 62-213.300, Florida Administrative Code (FA.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 Closed Business, Called None Disconnected, Noifor— — whon available, Ivisited on 6-18-99, Business was Closed. Closed. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Repressimate) (Please Print) R. V. Cho Keshi	RESPONSIBLE OFFICIAL:	Donald Alessi		РНОИЕ ИИМВЕ	R: 276-5241 Discon
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 Closed Business. Called Wone Disconnected, No ifor— — which available, I visited on 6-18-99, Business was Closed. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Refease Print) (Please Print) 255-3070				_	acility is found to be in
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Closed Business. Called None Disconnected. No ifor— ———————————————————————————————————	•			•	
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Closed Business. Called Wone Disconnected, No igor- -mation available. I visited on 6-18-99, Business was Closed. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate) (Approximate) (Approximate) (Approximate) (Approximate) (Approximate) (Approximate) (Approximate)			valuated dui	mg and appection, are to	ntowing compliance
Closed Business. Called Several times, Phane Disconnected. No igor- -mation available. I visited on 6-18-99, Business was Closed. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Apgreximate) (Apgreximate) (Apgreximate) (Apgreximate) (Apgreximate) (Apgreximate) (Apgreximate) (Apgreximate)	•		1	FOLLOW-UP ACT	TION REQUIRED
Several times, Phone Disconnected, No ifor- -mation available. I visited on 6-18-99, Businen was Closed. The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) 305-3070			7		
Disconnected, No igor- -methon available. I visited on 6-18-99, Businen was Closed. Closed. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate)	•	1		None -	• • •
Comments: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: R. V. Cho E. Sh. (Please Print) 255-3070					
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print) (Please Print) (Approximate) (Please Print) (Please Print)					
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print) (Please Print) (Approximate) (Please Print) (Please Print)	-motion a	vailable. Ivis	ited	• • • • • • • • • • • • • • • • • • • •	
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) (Please Print) (Please Print) (Please Print)					•
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (INSPECTION CONDUCTED BY: (Please Print) (Please Print) (Company of the inspector of th		1			::
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)	Closed.	•			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)		•	-	•	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)				•	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)		•			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)	•	* •			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) (Please Print)		•			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) (NOTED BY: (Please Print) (Please Print)	COMMENTS:			•	
INSPECTION CONDUCTED BY: R. V. Cho RSh. (Please Print) 325-3070	.	·			
INSPECTION CONDUCTED BY: R. V. Cho RSh. (Please Print) 325-3070					
INSPECTION CONDUCTED BY: R. V. Cho RSh. (Please Print) 325-3070		· · · · · · · · · · · · · · · · · · ·	•		
INSPECTION CONDUCTED BY: R. V. Cho P.Sh. (Please Print) 325-3070	The Annual Compliance Cert	ification form has been properly	certified and	d submitted to the inspect	or. YES NO
INSPECTION CONDUCTED BY: R.V. Cho RSM. (Please Print) 325-3070	DATE OF NEXT INSPECT	ION:	J. / /		
(Please Print) 365-3070	·	01/	(Approxim	mate)	
(2)	INSPECTION CONDUCTE	ED BY:	(Plane P	rint)	
	INSPECTOR'S SIGNATION	seld. V. Alu	1	PHONENINDS	355-3070

INTEROFFICE MEMORANDUM

Date: 30-May-2000 10:08am

From: Martin_Liebler

Martin_Liebler@doh.state.fl.us

Dept: Tel No:

To: Sandy.Bowman

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

Subject: Title V permit delinquent payments

Airs id 0990511 and 0990545 are drop off only. Airs id0990539, 0990576 0990514 are closed. Airs id0990538,0990507, 0990419, 0990552 I advised to pay asap. Airs id0990450 Ro stated he had sent check #1407 dated 17 April 2000 to us. I could find no record of .

CERTIFIED MA (Domestic Mail Only, No	Insurance Coverage Provided)
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) DONALD ALESSI ALESSI CLEANERS 1326 N FEDERAL HWY DELRAY BEACH FL 33440 SEPTIME FOR 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. AIRS ID # 0990514001AG DONALD ALESSI ALESSI CLEANERS	# 0990514001AG White the contractions of the
1326 N FEDERAL HWY DELRAY BEACH FL 33440	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7000 [6700] PS Form 3811, March 2001 Domestic Re	0/33/087/4/ eturn Receipt 102595-01-M-1424

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

0013 3108 7141

1670

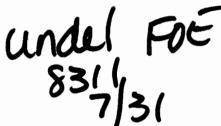
CASALSILS CHILIAL TONE











10 AIRS 1D # 0990514001AG DONALD ALESSI ALESSI CLEANERS 1326 N FEDER DELRAY BEA

Z 333 613 080

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0990514

DONALD ALESSI DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 33440

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

Fold at line over top of envelope to

D	SENDER	ζ:
5	■Complete i	te
=		

- ems 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
- Attach this form to the front of the mailpiece, or on the back if space does not
- permit.

 Wite '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. Artic	cle A	ddre	ssed	to:

DONALD ALESSI DONALD ALESSI AIRS ID 0990514

4a. Article Number Z 333 613 4b. Service Type

- □ Registered
- ☐ Express Mail
- Certified ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD 7. Date of Deligary,

5. Received By: (Print Name)

1326 N FEDERAL HWY

DELRAY BEACH FL 33440

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

your RETURN ADDRESS completed on the reverse 6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Receipt Service. using ģ Thank you

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

ALESSI CLEANERS

DONALD ALESSI

1326 N.FEDERALHWY

MC5521

BAMMS/BCO JOEY - ROBERTS



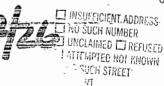




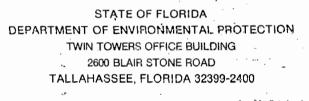


INSUFFICIENT ADDRESS





	IS SECTION	COMPLETE THIS SECTION O	Nadialivary-
 □ Complete items 1, 2, and item 4 if Restricted Delive □ Print your name and addr 	ery is desired. Tess on the reverse	A. Received by (Please Print Cl C. Signature	B. Date of Delivery
so that we can return the Attach this card to the ba or on the front if space pe	ck of the mailpiece,	х	☐ Agent ☐ Addressee
Article Addressed to:		D. Is delivery address different fr If YES, enter delivery addres	_
ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY	AIRS ID # 0990514 \		
DELRAY BEACH FL 3344	· · · · · · · · · · · · · · · · · · ·	3. Service Type Certified Mail Expre Registered Return Co.o.	rn Receipt for Merchandise
		4. Restricted Delivery? (Extra F	ee) 🗆 Yes
2. Article Number (Copy from se	ervice label)		
PS Form 3811, July 1999	. Domestic Re	turn Receipt	102595-99-M-1789
1.75.4 (3.74.2 Million Local 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	<u> </u>		
	<u> </u>		i prominingo por mango en
	~ .	662 446	i digilari da di garayan ari jarahan ya Marijiri
น้ำ	•		and A
দ রামত মাজ ব হুচানা ভা	US Postal Service	untidied Reall	rans State State State State
	Receipt for Ce No Insurance Coverage	eruneg ivian le Provided.	
		ional Mail (See reverse)	
<u>.</u>	ALESSI CLEANERS	AIRS ID # 0990514	
	DONALD ALESSI	•	
· · · · · · · · · · · · · · · · · · ·	1326 N FEDERAL H	WY	
F)	DELRAY BEACH FI	L 33440	
n n			
3 3	Certified Fee		
ते . स	Special Delivery Fee		
ធ រ	Restricted Delivery Fee		•
दाराह्य हामान	Return Receipt Showing to		51
· : :	Whom & Date Delivered Return Receipt Showing to Who	om:	: · :
	✓ Date, & Addressee's Address		
, , , , , , , , , , , , , , , , , , ,	TOTAL Postage & Fees	\$	
# # # # # # # # # # # # # # # # # # #	TOTAL Postage & Fees Postmark or Date E		
	Fол		
3	S.		
į.			,



37550301000 2529 1R MS#5S10 BAMMS JOEY ROBERTS

ALESSI CLEANERS

DONALD ALESSI

1326 N FEDERAL HWY

DELRAY BEACH FL'33440

P 174 052 319

ATRS ID # 0990514

THE TOPH STREET

INESTICH NUMBER

PICIENT ADDRESS

hillanda alla de enda la di la

DINO SUCH STREET

LINO SUCH NUMBER

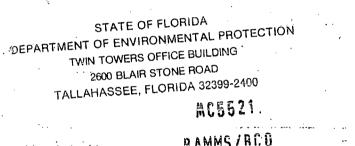
DINSUFFICIENT ADDRESS

TIMPOFFT IENT ADDIVESS

32365-2400

Certified ☐ Insured

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

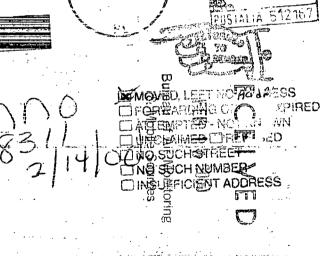


BAMMS/BCO
JOEY ROBERIS
5510

GROBER

STORY

Z 333 667 365"



FEB 10 00

		Pedriculation of the control of the	IVEBY	
Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is des	sired.	A. Received by (Please Print Clearly)	B. Date of Delivery	•
Print your name and address on t so that we can return the card to	you.	C. Signature		
Attach this card to the back of the or on the front if space permits.	e mailpiece,	X	☐ Agent ☐ Addressee	:
		D. Is delivery address different from ite		
Article Addressed		If YES, enter delivery address below	w: No	
AIRS ID	# 0990514	•		
ALESSI CLEARERS				
DONALD ASSI 1326 N FE TRAL HWY				
DELRA BEACH FL-33440	· '	3. Service Type		
	•	Certified Mail Express Ma		
		☐ Registered ☐ Return Rec☐ Insured Mail ☐ C.O.D.	eipt for Merchandise	
Ť		4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Copy from service lab			- 4	
Z330667365				
PS Form 3811, July 1999	Domestic Ref	turn Receipt	102595-99-M-1789	
		julius saum samanti Floren Luci X	3	a /
	min commercial de la commercial	•	,	
	,	:	₹.	a lands of the state of the sta
The state of the s	ৰ	Z 333 667 365	E ""	nas i s asan sanaman iin ki.
	US Post	al Service	di di	
	Rece	ipt for Certified Mail		6
·	, No Insur	ance Coverage Provided	<u>.</u>	
•	Sent to	se for International Mail (See reverse)	٦ :	
		AIRS ID #-0990514		
	ALESSI CLEA	ANERS		
	DONAED AL		7	
	1326 N. FEDEI DELRAY BEA			
			45	
	!	···	# A	
•	Special De	elivery Fee		
	Restricted	Delivery Fee		
· · · · · · · · · · · · · · · · · · ·	Return Ber	ceipt Showing to	2	
	Return Received Pate, & Address	ate Delivered	*** ** **	
-	Heturn Recei	pt Showing to Whom, essee's Address	i i	** * * * * * * * * * * * * * * * * * * *
The second secon	TOTAL Po	stage & Fees \$	2.	
v J	Postmark o		÷.	•
, a a a a a a a a a a a a a a a a a a a	E			
# (#)	S			
3			3.	

The same the formation of the same

,

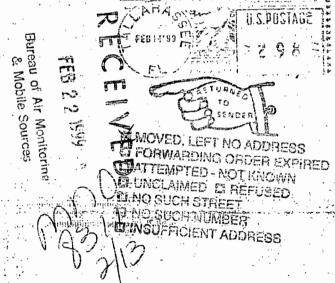
Š

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
MS# 5510
37550301000



Z 333 PPO PJS



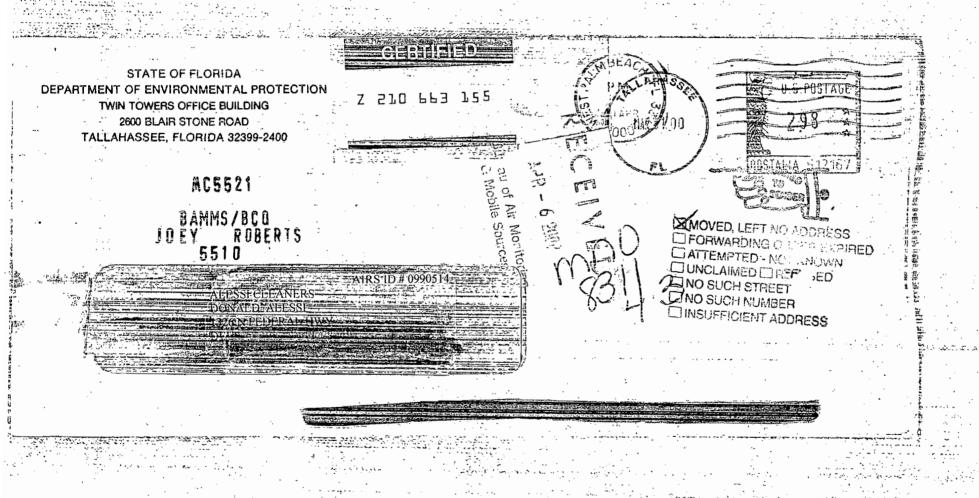


		riop-delavira-lo-gora	Stalibergas	910	A STATE OF THE STA
RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 fr Complete items 3, 4a, and 4 Print your name and addrest card to you.	or additional services.		I also wish to re following servic extra fee):	es (for an
Ş		of the mailpiece, or on the back if spa-	ce.does.nct	1. 🔲 Addres	see's Address: - 💆
ē.	₽Write'Return Receipt Reque	sied" on the mailpiece below the artic	la number.	2. 🗆 Restric	ted Delivery
急	The Return Receipt will show delivered.	w to whom the article was delivered as	nd the date	Consult postma	ister for fee.
	3. Article Addressed to:		4a. Article N	umber	see's Address led Delivery laster for fee. Contilled Cod
- 6		AIRS ID # 0990514	233	3660	e12
Ę,	ALESSI CLEANE	MK3 ID# 0990514	4b. Service	Туре	
୍ଷ	DONALD ALE	•	Registere	ed.	🖾 Certified 🚆
8	1326 N FEDERAL	HWY	☐ Express	Mall	☐ Insured ☐
H	DELRAY BECH I	L 33440	☐ Return Re	ceipt for Merchandis	# ☐ COD =
Ö			7. Date of De	elivery	<u> </u>
Z		•	1.		no A
5	5 Feceived By: (Frint N	ате)		e's Address <i>(Onl</i>)	/ if requested 블
Æ			and fee is	paid)	
your	6. Signature: (Addresses	or Agent)	Ţ.		
×	X				
	-79-Fee-224.1-DAM	44.1004z. +	2595-97-B-0179	Domestic Re	turn Receipt
	and the first property of the second of the		***************************************		
:	Andreas de la companya del companya del companya de la companya de	Carried and the carried	in .		
	क्रमानक ने क्षां मा साम्यक्रमा । वासक्रमा । अस्य ।				
	· ·	7 333		<u> </u>	ža.
	7		PPO PI	≟ ′	·
	9 1	US Postal Service		:	•
		Peceint for Cer	- :		:
		ALESSI CLEANERS	AIRS ID	# 0990514	
		DOMALII AT DOOR			• • •
		1320 N ECDES			
	3	DELRAY BEACH FL 33	440		

14. 14.

.

	r an Million (No. 1). I	•,	
	Postage	\$	ı
	Certified Fee		
	Special Delivery Fee		1
	Restricted Delivery Fee		1
199	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	-
PS Form 3800 , April 1995	Postmark or Date	NAMESSA SKALLINES, O. L. SINGER, O. SINGER, O. L. SINGER, O. L. SINGER, O. L. SINGER, O. L. SINGER,	



	man and the same of the same o		The part of the same of the sa	
*1	SENDER COMPLETE	f	ENVOES HIE CHOICE	ELIVERY
				the same of the sa
	☐ Complete items 1, 2,	and or mos sometime	A. Received by (Please Print Clear)	B. Date of Delivery
+	item 4 if Restricted De Print your name and a	addrage on the reverse	<u> </u>	,
	so that we can return:	the card to you.	C. Signature	C1
	Attach-this card to the	e-back of the mailpiece,	Χ	. D Agent
	or on the front if space	e permits.		Addressee
•	Article Addressed to:		 D. Is delivery address different from If YES, enter delivery address be 	
	The Many of the State of the St	<u> </u>	ir red, emer denvery, address be	, — · · ·
·				
•		AIRS ID # 0990514	Anh	•
	ALESSI CLE	(Dia	AW	
•	DONALD ESSI	1700	3. Service Type	* a m t
	DEFENY BEACH		Certified Mail	Mail
	DEACH :	11,33440		eceipt for Merchandise
		_	☐ Insured Mail ☐ C.O.D.	
	2210 66	3 155	4. Restricted Delivery? (Extra Fee)	☐ Yes
	2. Article Number (Copy fro			
	2. Article Nulliber (Copy Iro	THE SELVICE REDOR		
جنتے روحہ کی انکار	PS Form 3811, July 199	20 Demostic Potus	n Possint	102595-99-M-1789
	P5 F0fff 5011, July 198	99 Domestic Return	i neceipt	102393-95-10-1709
		Company of the compan		
				. •
				marries
.,	3	, Z 570 PP3) 1 C #	
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z 570 PP3		ža
		US Postal Service		• •
		Receipt for Certif	ied Mail	
		DECEMBER OF STATE	160 Man	
		Meceipt for Coverses Pre	wided	
		Na Indiana Covintona Pro	AIRS ID # 0990514	
·. ;		ALESSI CLEANERS	wided	
		ALESSI CLEANERS DONALD ALESSI	wided	
· · · · · · · · · · · · · · · · · · ·		ALESSI CLEANERS	AIRS ID #.0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY	AIRS ID #.0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Whom & Date Delivered	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Addressee's Address TOTAL Postage & Fees	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage 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 of Date	AIRS ID # 0990514	
		ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 3344 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Addressee's Address TOTAL Postage & Fees	AIRS ID # 0990514	

THE THE SECTION SE



302612

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

FEB 13 98

Do NOT Remove Label

DONALD ALESSI A/622: (16 PIX 62 2

1326 N FEDERAL HWY

DELRAY BEACH FL 33440

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY

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

MC5521

BAMMS/BCO JOEY ROBERTS 5510

AIRS ID # 0990514

ALESSI CLEANERS DONALD ALESSI 1326 N FEDERAL HWY DELRAY BEACH FL 33440 RECEIVED

Dereau of Air Wenitoring

a Mobile Sources

ALESSO BEASTECIS 1200 DB 12/07/00 RETURN TO SENDER :ALESSI CLEANERS MOVED LEFT NO ADDRESS UNABLE TO FORWARD RETURN-TO-ISENDER

33355-2400

Lullanda dhibitadh and daladh an la

11 OSE2-54455