

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

October 23, 1997

Mr. Hayden Dennis Prestige Dry Cleaners 3663 South Federal Highway Boynton Beach, Florida 33435

Re: Facility No. 0990517

Dear Mr. Dennis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 19, 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"

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3663 J. Lederale HighWAY BOYNTON BEACH STORYDA 33435
3. Hazardous Waste Generator Identification Number:
5. Hazardous waste Generator Identification Number.
4. Facility Location: 3663 5. FEDERAL HIGHWAY Street Address: BOYNTON BEH County: W Palm Beh Zip Code: 33435
Street Address: BOYN TON Belt
City: County: W falm Ben Zip Code: 35435
5. Facility Identification Number (DEP Use):
0990517
Responsible Official
· · · · · · · · · · · · · · · · · · ·
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: 3635, Federal Highway Organization/Firm: Street Address: City: County: W. Palm Bch Zip Code: 33425
7. Responsible Official Mailing Address: 3663 5. Federal Highway
Organization/Firm: Brywon Beach 7/37465
City: County: 41. Poller 3ch Zip Code: 33435
, which pare 1 35 (12
a. Responsible Official Telephone Number.
Telephone: (561)737 - 5833 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
HAYDEN DENNIS
10. Facility Contact Address:
Street Address: 3/A
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (561)737 - 5833 Fax: ( ) -

RECEIVED

SEP 1 9 1997

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Bureau of Air Monitoring & Mobile Sources

# # 0990517

Spoke to Handen Dennis on 19/13/97
p 13 6. Add Title of Responsible Official
9. add litte
1(a) Dates for washer unit should be marked out and initialed.
marked out and iritialed.
3. Existing small area source should not be marked. Marbout and initial.
not be marked Marbout and initial.
New Small area Source should be
marked.
P15
4. Existing large area Source C. A. and
4. Existing large Crea Source C. A. and R.C. should not be marked. Mark
should not be worked.
should not be worked.
New small area source should be
marked
5. (d) Should not be marked. Work out and initial
And
P16 R.O. signandate for changes

### 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.

Tung of Meshins	ID	Date Machine Initially	Date Control Device	ID.	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device
Type of Machine  Example	# <i>1</i>	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	#3	Purchased 02-MAR-92	Installed 02-MAR-9
Dry-to-Dry Unit								*	
(1) w/ ref. condenser	#	81-JAH.92	08-Au 97						
(2) w/ carbon adsorber		7.7.72	n n						_
(3) w/ no controls	<b></b>		,						
Washer Unit						•		•	
(4) w/ ref. condenser		08 Augr							
(5) w/ carbon adsorber			08 8EP 7 91						
(6) w/ no controls			7						
Dryer Unit		<u>.</u>	34				2 .	Page 19	garbers (
(7) w/ ref. condenser			ORNAA/St7						
(8) w/ carbon adsorber			MA AN						
(9) w/ no controls			V V V V V						
Reclaimer Unit	131 3		4-11-1				•		
(10) w/ ref. condenser			2114						
(11) w/carbon adsorber			A nul						
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small an	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	rce [	3) of	Part II?	
Existing large ar	ea so	urce	Ne	ew lai	rge area sour	ce	J		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source  Carbon adsorber  [X	Refrigerated condenser	
New small area source Refrigerated condenser  []		
New large area source Refrigerated condenser [		
		·
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by naduring which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		$\cup$

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

Please indicat	te with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
No air permits currently exist for the operation of the facility indicated in this notification form.								
	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	emptly notify the Department of any changes to the information contained in this notification.							
Signature	<u>9-16-97</u>							

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PRESTIGE BAY CLEANER,
2. Site Name (For example, plant name or number):
7 Same
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 3663 S. Fed. Highway Street Address: BOYNTON Bechung: Falm Beach Zip Code: 33455 City:
Street Address: BOUNTON BCAN Par A Zin Code: 23 (17)
i i i i i i i i i i i i i i i i i i i
5. Facility Identification Number (DLP Use):
Parameihle Official
Responsible Official
6. Name and Title of Responsible Official:
HAYDEN DENNIS
7. Responsible Official Mailing Address:
Organization/Firm: 6
Sance
8. Responsible Official Telephone Number: Telephone: (\$\mathcal{L}1) 737- \left( \mathcal{L} \mathcal{L} \right) Fax: ( ) -
Telephone: (\$1)737- 5833 Fax: ( )
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Some
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:  Telephone: ( ) Same Fax: ( )

# #0990517

10/1	3/97 Spoke to Hayden Dernis. He stated
	this is a new store and the machines
	vere moved from an older store.
	(On Omega Cloners). Ha also stated
	that only one machine is
	operational in the bacility Mr. Dennis
	also stated he had not surchased
	also stated he had not purchased only per since store has opened.
·	
·	
	·
, <u>-</u> ;	1

#### Facility Information

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

		Date Machine	Date Control		Machine	Date Control		Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example	#1	<u> </u>	12-NOV-93	#2	08-DEC-91		#3	]	
Dry-to-Dry Unit	·					· · · · · · · · · · · · · · · · · · ·			
(1) w/ ref. condenser	r	1987	(adorix)						
(2) w/ carbon adsorber			11						
(3) w/ no controls						_			
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber		-							
(6) w/ no controls									
Dryer Unit		•						•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	-								
		-			•				
2.(a) What was the total of the control of the cont	gallo	ons			purchased in	n the latest 12	2 mor	iths?	
Check why it is less	than	12 months:	New owner:		New store	: Did	not k	eep records:	
		HA			gall	/	11		
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (	3) of	Part II?	
Existing small ar	ea so	urce 🔟	Ne	w sn	nall area sour	rce [	]		•
Existing large are	ea so	urce []	Ne	w lai	rge area sour	ce []	l		

<ol> <li>What control technology is required on machines professional (Indicate with an "X".)</li> </ol>	ursuant 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  []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by naturing which propane or fuel oil containing no more	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	a accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	toring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicat	e with an "X" the appropriate selection:  I hereby surrender all existing air permits authorizing operation of the
<u> </u>	facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
មើ	• .
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	mptly notify the Department of any changes to the information contained in this notification.
Signature	<u>Mennes</u>

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PRESTIGE BAY CLEANED.
2. Site Name (For example, plant name or number):
7 Same
3. Hazardous Waste Generator Identification Number:
•
4. Facility Location: 3663 S. Fed. Highway Street Address: Brynton Beach Zip Code: 3745
5. Facility Identification Number (DLP, Use):
Caracteristics of the company of the
Responsible Official
6. Name and Title of Responsible Official:
HAYDEN DEN'N'S
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: County: Zip Code:
City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: $(51)737 - 5533$ Fax: ( )
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Some
10. Facility Contact Address:
Street Address: Sirventy: Zip Code:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Second Fax: ( ) -

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#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed		Purchased	Installed
				L		<u>-</u>	L		
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			, .						
(1) w/ ref. condenser	T	1487	(WARYIK)						
(2) w/ carbon adsorber									,
(3) w/ no controls							_		
Washer Unit					_				
(4) w/ ref. condenser							_		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			_						
(7) w/ ref. condenser			_						
(8) w/ carbon adsorber			T						
(9) w/ no controls									
Reclaimer Unit		<u> </u>			,				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	are re	equired to be	installed [_/	NI					
2.(a) What was the total of	gallo		proethylene (	perc)	purchased in	the latest 12	! mor	iths?	
(b) If less than 12 mont Check why it is less	hs, ho than	12 months:	New owner:				,	eep records:	
		AP	prof s	50	gall	onsp	1/1	2	
3. What is the facility's so (Indicate with an "X".					nitions found	l in section (3	6) of	Part II?	
Existing small ar	ea so	urce	Ne	w sn	nall area sour	ce []			•
Existing large are	ea soi	ırce [ ]	Ne	w lai	ge area sour	ce [ ]			

4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".)	art 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  []	
5.4 A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 10 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	,
Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	لغا
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

ase indicat	e with an "X" the appropriate selection:
لن	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
/	·
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
·	· · · · · · · · · · · · · · · · · · ·
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed lication. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 1/9/98

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE Y GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	EC1	OI	N:

ANNUAL

A

COMPLAINT/DISCOVERY

	_	_
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	ı	

**RE-INSPECTION** 

AIRS ID#: 09 905/7 DATE	: 19-98 TIME IN: 10:00 TIME OUT: 11:15	
FACILITY NAME: Pres	tige Dry Cleaning	
FACILITY LOCATION: 36	63 5'. Federal Huy	
<u>P</u> 0	yton Beach, FL 33435	
RESPONSIBLE OFFICIAL:	iden S. Dennisphone: 737-583	3
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		

(check appropriate box)

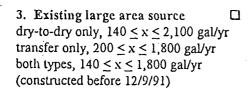
- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit



#### PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91)



5. This is a correct facility classification

dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)

2. New small area source

4. New large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)



□Can not determine

No notification form Helped

☐ Drop store/out of business/petroleum

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- 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 50 gallons. (Approx) New owner Since Summer 1997

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) AYOO OO Y 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN QA(N/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 AYNO NO YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? As ked to keep Records in a form, 2. Maintained rolling monthly averages of perc consumption?	nv tb/s
2. Maintained rolling monthly averages of perc consumption?	DY OND
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	אוחם אם צוב
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZIN/A
6. Maintained startup/shutdown/malfunction plan?	PY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN PRI/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? (Asked to log bi-weekly regulatly 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ZY ON ON/A DY DN DNA couplings, and valves Muck cookers DY ON ON/A AVA NO YE Stills Door gaskets and seating OX ON ON/A ON ØN/A Exhaust dampers Filter gaskets and seating DY ON ON/A Diverter valves Pumps ON ON/A Solvent tanks and containers DÝ ON ON/A Cartridge filter housings \( \overline{\text{DY}} \overline{\text{DN}} \overline{\text{DN}} \) DY 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 If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

DY DN

DY DN

-9-98

Date of Inspection

1-1-79

Approximate Date of Next Inspection

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

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

ADDITIONAL SITE INFORMATION.
ADDITIONAL SITE INFORMATION:
Yes NO  1. Secondary Containment for: Dry Cleaning Machine & Storage area [ ] [X]  Waste area [ ] [X]  Spotting area Sealed [ ]
Spotting area Sealed XI []  As keel to per Wastl in Secondary  Containers in Secondary
2. Disposal of Water from Water Separator using approved evaporator [ ] [ ] or contracted Wastewater service [ ] [X]
1. Gave him  # Phenix form for Record keeping  # FDEP checkmark sheets for Record Keeping  * Dry Cleaners Small business assistance Program  Summars to get & familiar with  Mandatory se quivements.  * Porc/Doycleaner General Permit Part I  Procedure for use of General Permit  * Procedure for use of General Permit  * The proc
to got familiar with don cleaning Tequire ments.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ANNUAL	RE-INSPECTION
TIME IN: 10:00 TIME OUT: 1/31	5 AIRS ID#: 0990517
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: POESTIGE DOY	Cleaning DATE: 1-9-98
FACILITY LOCATION: 3663 S. Fede	ral Hwy
Boyton Beach,	FL 33435
RESPONSIBLE OFFICIAL: Hayden 5. Der	nis PHONE NUMBER: 737-5833
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
-	
	-
·	
COMMENTS:	· ·
·	·
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1-9	-99
INSPECTION CONDUCTED BY:  R (App.	roximate) hokshi ase Print)
INSPECTOR'S SIGNATURE OF Cholic	PHONE NUMBER: 355-3070

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛	COMPL	AINT/DISCOVE	RY 🗌	RE-INSPECTI	ои <u></u>
TIME IN: 11:40	TIMEOUT:	12:09	AI	RS ID#:	990517	7
	estige Do		leaners l HWY		DATE: 10-/4	6-98
· ·	0	nch,	FL	3343	35	
RESPONSIBLE OFFICIAL:	Hay den S. 7	ennis	PHON	IE NUMBER:		33
	he compliance requirement tule 62-213.300, Florida Ac				ility is found to be in	. •
Based on the results of discrepancies were note	the compliance requirement d:	ts evaluate	d during this insp	ection, the fol	lowing compliance	
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOV	Y-UP ACT	ON REQUIRE	)
	·					
			<b>-</b>			
	•			`	** *** **	
					RECEIV	ED
	<del>-</del>				NGV 1 6 199	
	•				Rureau of Air Moni & Mobile Source	toring . es
COMMENTS:				•		
		·				
The Annual Compliance Certif	17/1	- 15	399	to the inspecto	r. YES	иоМ
INSPECTION CONDUCTE	D BY:	Ch	roximate) 2.6 K Shopping	<u> </u>		
INSPECTOR'S SIGNATUR	E. Q. V. Ch	OKSI	/ •	NE NUMBEI	355-	3070

#### PERCHLOROETHYLENE DRY CLEANERS

ARMS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DE INCRECTIO	COMI EMINIBEC	OVERY
RE-INSPECTIO	. и	
AIRS ID#:0990517 DATE: 10-16	-98 <sub>time in:</sub> 11:40 <sub>time</sub>	OUT: 12:05
FACILITY NAME: P- 8 estige	Dry cleaner	,
facility location: $3663$ 5.	Federal Hwy	
Boynton	Beach, FL 3	3435
RESPONSIBLE OFFICIAL: Hay den	5. Dennis PHONE: 737	-5833
CONTACT NAME:	PHONE:	
		·
PART I: NOTIFICATION	<u> </u>	
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	
2. Facility failed to notify DARM to use general per	rmit	
PART II: CLASSIFICATION		
T		
Facility indicated on notification form that it is:	☐ No notification for	m
(check appropriate box)	☐ Drop store/out of b	
(check appropriate box) A.	☐ Drop store/out of b	
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr	usiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr	usiness/petroleum
(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)	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	RECEIVED NOV 1 6 1998
(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	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source	RECEIVED  NOV 1 6 1998  Bureau of Air Monttoring
(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)	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	RECEIVED NOV 1 6 1998
(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 ≤ 2,100 gal/yr	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source	RECEIVED  NOV 1 6 1998  Bureau of Air Monttoring
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	RECEIVED  NOV 1 6 1998  Bureau of Air Monttoring
(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 \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	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	RECEIVED  NOV 1 6 1998  Bureau of Air Monttoring
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ Can not determine	RECEIVED  NOV 1 6 1998  Bureau of Air Monttoring
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	RECEIVED NOV 1 6 1998  Bureau of Air Monitoring & Mobile Sources
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	RECEIVED NOV 1 6 1998  Bureau of Air Monitoring & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,	
I. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A	
2. Examining the containers for leakage?	DY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	DY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A	
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAN/A	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		Ì
If classification 1 has been checked, no controls are required. Proceed to Part V.		
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser	
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	have been installed	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).		
A. Has the responsible official of all new sources and existing large area sources:	NOV 1 6	1990
(check appropriate boxes)	Bureau of Air	1onitoring
1. Equipped all machines with the appropriate vent controls?	& Mobile S	burces
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A	Ì
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN	

# RECEIVED

NOV 1 6 טעעו

B.	Has the responsible official of an existing large or new large area source also:	Bureau of Air Wonitoring & Mobile Sources
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser lo	cated
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ח. חא
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	OY ON ON/A
	ls 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?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small source, b inspection? DΝ NOV 1 6 1998 2. Has the facility maintained a leak log? ON 3. Does the responsible official check the following areas for leaks Bureau of Air Monitoring & Mobile Sources Hose connections, fittings, ON ON/A DY DN DN/A couplings, and valves Muck cookers DY ON ON/A Door gaskets and seating ÁY ON ON/A Stills Filter gaskets and seating Exhaust dampers DY DN QN/A ØY ON ON/A ØY ON ON/A Pumps Diverter valves Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

(Please Print)

Inspector's Name (Please Print)

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

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

Inspector's Signature

DY DN

DY DN

Approximate Date of Next Inspection

ADDITI	ONAL SITE	INFORMATION:

		•	Yes N	œ	
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	1/1/1	[	]
		Waste area	1/1	]	]
		Spotting area Sealed	J/1	]	]

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

Satety theen pichs with Waster

Explained to teep records

and log in form for Perc Purchase,

leak check, 2 Temperature

Monitoring. These Records Keeping

Over Mandatory. RECEIVED

NOV 1 6 1998

Bureau of Air Monitoring & Mobile Sources

### BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPL	ALMADISCONE	3VD_	RE-INSPECTION
TIME IN: 10:50	TIME OUT:	11:20	JUL 2 6 PM	\$ 10#: 099	30517
TYPE OF FACILITY: D. FACILITY NAME: PY (FACILITY LOCATION: 3	estige Do	y Cle ederel 1 Beau	Resour Air Mon	itoring	TE: 6-18-99
RESPONSIBLE OFFICIAL:	HAYDEN ]	ENNIS		NUMBER: 7	37-5833
compliance with DEP R		Administrative	: Code (F.A.C.). during this inspec	ction, the followin	
•		· ·			
	•				
	•		•		
•		·	•		
	<del> </del>				
·	-				
COMMENTS:				•	
		· 	·		
The Annual Compliance Certification DATE OF NEXT INSPECTION		Juse 2	000	ine inspector.	YES NO
INSPECTION CONDUCTED	$\mathcal{A} \cdot \mathcal{A}$	Chok	e Print)	3	55-3070

#### PERCHLOROETHYLENE DRY CLEANERS

Ams

# TITLE VIGENERAL PERMITS COMPLIANCE INSPECTION CHECKUIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCO	OVERY O	
AIRS ID#: 099051 D FACILITY NAME: Pre FACILITY LOCATION: 3 RESPONSIBLE OFFICIAL: CONTACT NAME:	663 St. 1 Boynton	e des Beach	el Hwy	33434	0
PART I: NOTIFICATION					
(check appropriate box)				•	
1. New facility notified DARM:	30 days prior to startup				
2. Facility failed to notify DAR!	A to use general permit			<b>.</b>	
<u></u>	<u> </u>	<u> </u>			
			P 4 47.011.		:
PART II: CLASSIFICATION			10 A 19 2 A 2 A		:
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.			☐ No notification for ☐ Drop store/out of	rm	:
Facility indicated on notification	on form that it is:	nefor only v	☐ No notification for ☐ Drop store/out of I  rea source x < 140 gal/yr	rm	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/	on form that it is:  ce 2. dry tra bor (cc ce 4. 100 gal/yr dry 0 gal/yr tra gal/yr bo	v-to-dry only, nsfer only, x th types, x < onstructed on New large a y-to-dry only nsfer only, 2 th types, 140	□ No notification for □ Drop store/out of I rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	rm business/petroleum	
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, transfer only, 200 < x < 1,800 both types, 140 < x < 1,800 sections.	on form that it is:  ce 2. dry tra boo (cc ce 1 4. 100 gal/yr 0 gal/yr gal/yr cc	v-to-dry only, nsfer only, x th types, x < onstructed on New large a y-to-dry only nsfer only, 2 th types, 140	No notification for  □ Drop store/out of 1  rea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	rm business/petroleum	

facility was 40 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND ND YE
2. Examining the containers for leakage?	AND ND YE
3. Closing and securing machine doors except during loading/unloading?	PY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PAVA
PART IV: PROCESS VENT CONTROLS	· · · · · · · · · · · · · · · · · · ·
In Part II-A:	
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	a refrigerated st have been installed
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	AVAD ND YD
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט אם

_				
₿.	Hus the responsible official of an existing large or new large area source also:			
ί.	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?	ΟV	ОΝ	
	·			
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outletweekly?	ΠY	ПΝ	ANN
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	$\Box$ Y	ПΝ	
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring			
<b>.</b> .	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?	<b>D</b> Y	ΠN	□N/A
1				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ŪΥ	ПN	□N/A
		· _ · .	•	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	И□	□N/A
<u></u>			<del>-</del>	

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PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO AN
2. Maintained rolling monthly total of perc consumption? Asked to keep record	DY DK
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YA
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	ANO NO YE
4. Maintained calibration data? Gor applicable direct reading instruments)	אואש, אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PAÑA
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	אומם אם צא
Problem corrected?	MANO NO YA
3. Maintained compliance plan, if applicable?	DY DN DAMA

3 08 5

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ND 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND ND YD. DY DN ØN/A Muck cookers couplings, and valves AIND ND YE DY ON ON/A Door gaskets and seating Stills Exhaust dampers DY DN DX/A Filter gaskets and seating DY ON ONIA DY ON ON/A Diverter valves Pumps Cartridge filter housings DY ON ON/A ØY ON ONA Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 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 NO YO d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

HAYDEN PENNS
esponsible Official's Name
(Please Print)

R.V. Choks hi

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

6-18-99

Date of Inspection

@ June 200

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Yes NO  1. Secondary Containment for: Dry Cleaning Machine & Storage area     [ ]  Waste area [ ]   [ ]  Spotting area Sealed   [ ]
(As ked to keep waste in secondary Contrinmen
Asked to install secondary containment for waste - as soon as possible.
2. Disposal of Water from Water Separator using approved evaporator [ ] [ ]  or contracted Wastewater service [ ] [ ]
Safety theen pichs up the waste
But owner plans to Change to MCF.
Explaned to keep seconds in FDEP Calend

## TITLE V AIR QUALITY GENERAL PERMIT-INSPECTION SUMMARY REPORT ANNUAL 7 TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: TIME OUT: AIRS ID#: cleuner TYPE OF FACILITY: Presh FACILITY NAME: DATE: FACILITY LOCATION: PHONE NUMBER: 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 COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES DATE OF NEXT INSPECTION: Approximate) INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER:

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
	7/00 TIME IN: TIME OUT:
	Federal Hwy
RESPONSIBLE OFFICIAL: Harden	Beach, F1 33434 Denmí) PHONE: 737 - 5833
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general po	ermit $\square$
	and the second s
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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?	ANO NO YES
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN XN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
III I AIT II-A.	
If classification 1 has been checked, no controls are required. Proceed to Part	V.
If classification 2 has been checked, the machine should be equipped with a refi (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below)	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ם אואם אם עם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	באמם מם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם גםי.

I	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?	Πλ	ПN	
2	. Measured and recorded the washer exhaust temperature at the condenser			
1	inlet and outlet weekly?	ΠY	ΠИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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,			
ı	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
	:			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עם
2. Maintained rolling monthly total of perc consumption?	אם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אום אם צ <b>א</b>
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)	מאא <b>ק</b> אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XIN/A
6. Maintained startup/shutdown/malfunction plan?	אם צום
7. Maintained deviation reports?	אואם אם צם,
Problem corrected?	אואם אם צוב <i>א</i>
8. Maintained compliance plan, if applicable?	איאלע אם צם

Lant	TTION	TIS.T	FINFOR	MATION:							
VDD	)IIIOn.	11011	Emros	INTALION.			<u>: -</u>				
1.	Second	đary (	Contain	ment for:	Dry	Cleaning	Waste			Yes J/1 J/1	00/ [] []
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following areas for leak	ces, bi-weekly) leak detection  cs?  Muck cookers	אט אם עם אם
following areas for leak		אם עם
following areas for leak		UN UN MANY
•	Muck cookers	רוא שא וא שאוא
DY ON ON/A		ar all Allin
	Stills	אומם מם צעם
N/A NO N/A	Exhaust dampers	אוא אל אם אם אם
DY ON ON/A	Diverter valves	אומם מם עלק
DY ON ON/A	Cartridge filter housings	DY ON ON/A
אואם אם עם		/
he responsible official?		
olvent on exterior surface	es)	<b>P</b>
rough gaskets)		<b>₽</b>
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tion (FID/PID/calorimet	ric tubes)	DE NA
		X NA
mentation, is the equip	oment:	N/A
erc vapor concentrations	s in a range of 0-500 ppm?	OY ON
andard gas prior to and a	after each use	OY ON
d obvious signs of wear o	on a weekly basis?	מם צם
cure area when not in us	e?	OY ON
by use of duplicate samp	oles (calorimetric only)?	□У □И
	- 11A	
V/S >	Responsible Office	cial's Sign
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	7/01	
	DY DN DN/A DY DN DN/A he responsible official? olvent on exterior surfactorough gaskets) tion (FID/PID/calorimet umentation, is the equipoerc vapor concentration andard gas prior to and a d obvious signs of wear cure area when not in us	DY ON ON/A Cartridge filter housings OY ON ON/A he responsible official? colvent on exterior surfaces) tion (FID/PID/calorimetric tubes)  umentation, is the equipment: here vapor concentrations in a range of 0-500 ppm? andard gas prior to and after each use d obvious signs of wear on a weekly basis? cure area when not in use? by use of duplicate samples (calorimetric only)?

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

Do NOT Remove Label

AIRS ID# 0990517 PRESTIGE DRY CLEANERS AT GULFSTREAM MALL HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435 FOR COVERNMENT USE ONLY
Org.: 3/750101000 EO: B1
Fund: 20-2-035001
Org.: -002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#### **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 0990517

PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435 FOR GOVERNMENT USECONLY Org.: 37550101000 EO: BI 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: \$50.00**

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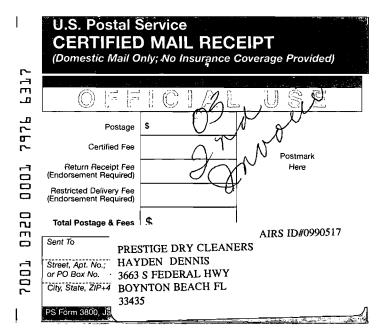
AIRS ID#0990517

PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435

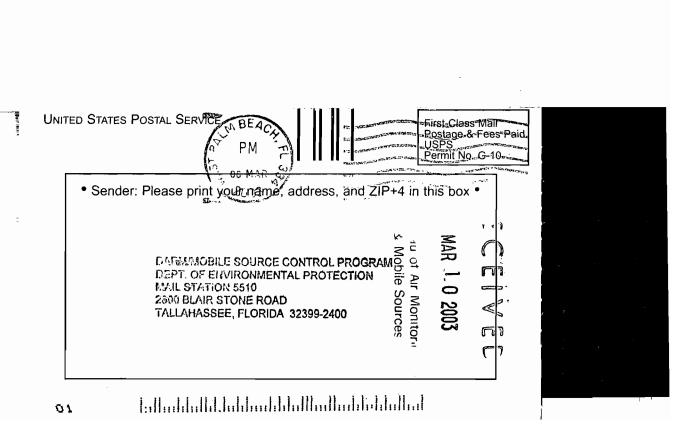
FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273



-커티NDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the revers so that we can return the card to you.</li> <li>Attach this card to the back of the mailpie or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID#09905</li> </ul> </li> <li>PRESTIGE DRY CLEANERS         <ul> <li>HAYDEN DENNIS</li> <li>3663 S FEDERAL HWY</li> </ul> </li> </ul>	ce,	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
BOYNTON BEACH FL 33435		3. Service Type    Discretified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes
2 Article Number (Copy from service label)	7001	0320 0001 7976 6317
PS Form 3811 July 1999 Dog	meetic Pot	urn Receipt 100505 00 M 0050



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	7000 1670 00	Restricted Delivery Fee (Endorsement Required)  10 AIRS ID # 099  S HAYDEN DENNIS PRESTIGE DRY CLEANERS  3663 S FEDERAL HWY BOYNTON BEACH FL 33435	<del></del>
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Domestic Return Receipt

102595-01-M-1424

PS Form 3811, March 2001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by Please Print Gearly, B. Date of Delivery  C. Signature  X		
AIRS ID # 0990517 PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435	3. Service Type Certified Mail		
2. Article Number (Copy from service label) 7000 0520 0000 9373 (470			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

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### Department of **Environmental Protection**

... leb Bush Governor

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

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

**4055**68 FEB162001

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**TOTAL AMOUNT DUE: \$50.00** 

2116/01/20

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AIRS ID # 0990517

PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY **BOYNTON BEACH FL 33435** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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#### **TOTAL AMOUNT DUE: \$50.00**

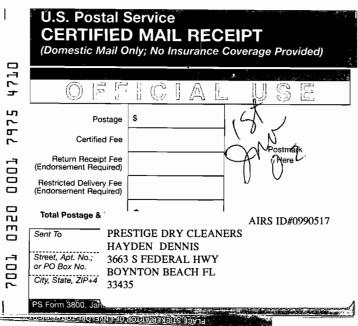
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AIRS ID # 0990517
PRESTIGE DRY CLEANERS
HAYDEN DENNIS
3663 S FEDERAL HWY
BOYNTON BEACH FL
33435

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID#0990517</li> </ul> </li> <li>PRESTIGE DRY CLEANERS         <ul> <li>HAYDEN DENNIS</li> </ul> </li> </ul>	A. Received by Rease Print Clearly)  C. Signature  X
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UNITED STATES POSTAL SERVICE First-Class Mail-Postage & Fees Paid USPS PM Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • DARM/MOBILE SOURCE CONTROL TO CON F77 Οį Influentational designation of the Influence of the Influ

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Sent to

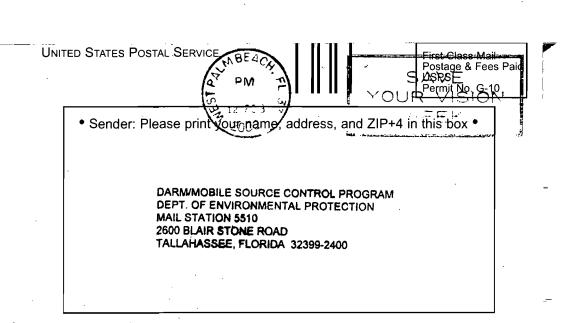
AIRS ID # 0990517

PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY **BOYNTON BEACH FL 33435** 

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	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
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SENDER: COMPLE of adolevne for dot 1990	o o o ni Ja blo o wo nerivery
■ 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	A. Received by (Please Print Clearly)  B. Date of Delivery  Lb 1 2 2  C Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
BOCA RATON FL 33487	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service Jabel)



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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired  ■ Print your name and address on the reverse so, that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0990517  PRESTIGE DRY CLEANERS  IAYDEN DENNIS  1663 S FEDERAL HWY  BOYNTON BEACH FL 33435	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
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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: \$50.00** 

Do NOT Remove Label

AIRS ID # 0990517

PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435 MAR - 1 99

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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PS Form <b>3800</b> , April 1995				

card to you.  Attach this form to the front of the mailpiece, or on the back if sparpermit.  Write *Return Receipt Requested* on the mailpiece below the artic	Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this  pard to you.  Attach this form to the front of the mailpiece, or on the back if space does not  permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date		
3. Article Addressed to:  AIRS ID# 0990517  FRESTIGE DRY CLEANERS AT GULFSTREAM MALL HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435  5. Received By: (Print Name)  6. Signature) (Addressee or Agent)	7. Date of De	Type ed	
<u>o</u>	02595-97-B-0179	Domestic Return Receipt	

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G delivered.	Consult postmaster for fee.
PRESTIGE DRY CLEANERS HAYDEN DENNIS 3663 S FEDERAL HWY BOYNTON BEACH FL 33435	4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery
S. Received By: (Print Name)	8. Addiessee's Address (Only if requested and fee is paid)

# Z 333 L12 937 US Postal Service Receipt for Certified Mail AIRS ID 0990517 PRESTIGE DRY CLEANERS AT GULFSTREAM MALL HAYDEN DENNIS 3663 S FEDERAL HWY

**BOYNTON BEACH FL 33435** 

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

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