

Department of Environmental Protection

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

David B. Struhs Secretary

January 27, 1999

Mr. Parin Talib Dryclean World 3895 Lake Emma Drive #167 Lake Mary, Florida 32746

Re: Facility No.: 1170374

Dear Mr. Talib:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 14, 1999.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, of 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. Anatoliy Sobolevskiy, Central District

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

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Department of Environmental Protection

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

INS#5500

David B. Struh

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

RECEIVED

MAY 1 0 2001

Bureau of Air Monitoring

8 Mobile Sources



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

TAIKS TOTH (170314)

- Parin Talis - Dryclean World 1727 Cricklewood Tekracs - Heathrow, Fuse746

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Please Tunn

Over

Dear mr. Tromas. This letter is to inform you that, I no longer own drydeam world Please make necesserry

Thanks.

Surenly

Parin Talib

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number): Same Hazardous Waste Generator Identification Number: Facility Location: 3895 Lake Emma Dr. #167 County: Seminole Zip Code: 32746 Street Address: 5 Facility Identification Number (DEP Use)

Responsible Official

146
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Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For	example, plant	manager):	•
10. Facility Contact Address:		-	
Street Address: Save	County:		Zip Code:
11. Facility Contact Telephone Number: Telephone: () -		Fax: ()	-

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93			принес	#3	02-MAR-92	·
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1996	1996	2	1991	1991			
(2) w/ carbon adsorber						 			
(3) w/ no controls									
Washer Unit		,							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								,	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	are r	equired to be	installed [_						
2.(a) What was the total (oroethylene ((perc)) purchased i	n the latest 1	.2 mo	nths?	
(b) If less than 12 mon Check why it is less] New store	e: [] Dic	l not	keep records	:
3. What is the facility's so (Indicate with an "X".					initions foun	d in section	(3) of	Part II?	
Existing small an	rea so	ource[]	Ne	ew sn	nall area soui	rce [ĺ		
Existing large ar	ea so	urce []	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	m Taleb Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINTIDISC	COVERY	×
	- -				
AIRS ID#: 1703774	DATE: 112	TIME IN	: 12:05 tim	1E OUT: _ [`	.15
FACILITY NAME:	Dry Clean h	rved			
FACILITY LOCATION:			a pr. #		
	cake Mou				
RESPONSIBLE OFFICIAL	: Drun To	ilib_	PHONE: <u>40</u>	-333	8070
CONTACT NAME:			PHONE:		
					
PART 1: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARN	A 30 days prior to startu	p	•		□
2. Facility failed to notify DAI	RM to use general perm	it			a
D. D. II. CY LOSTING MIC					
PART II: CLASSIFICATIO	N				
Facility indicated on notificat			☐ No notification f	Torm	·
Facility indicated on notificat (check appropriate box)			☐ No notification f		roleum
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	New small ar	☐ Drop store/out o		roleum
Facility indicated on notificat (check appropriate box)	tion form that it is:	. New small ar	☐ Drop store/out of		roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/yr	tion form that it is: srce Q 2 Vyr c	lry-to-dry only, : ransfer only, x <	Drop store/out of ea source x < 140 gal/yr 200 gal/yr		roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga	tion form that it is:	lry-to-dry only, :	ea source x < 140 gal/yr 200 gal/yr 40 gal/yr		roleum chines
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: lirce	iry-to-dry only, a ransfer only, x < ooth types, x < 1- constructed on c I. New large ar dry-to-dry only, ransfer only, 200	ea source $x < 140 \text{ gal/yr}$ 200 gal/yr 40 gal/yr or after $12/9/91$) ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	f business/pet A Zwa 19	roleum chines Gl, Gp
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 both types. 140 \le x \le 1,800	tion form that it is: lirce	iry-to-dry only, a ransfer only, x < toth types, x < 1/2 constructed on constructed on constructed i. New large arthry-to-dry only, ransfer only, 200 toth types, 140	ea source $x < 140 \text{ gal/yr}$ 200 gal/yr 40 gal/yr or after $12/9/91$) ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	f business/pet Zwa 19 19	chines 91,
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the fore 12/9/91.	tion form that it is: lirce	iry-to-dry only, a ransfer only, x < point types, and a ransfer only, 200 point types, 140 < point	ea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) ea source 140 \le x \le 2,100 gal/yr \(\le x \le 1,800 \) gal/yr \(\le x \le 1,800 \) gal/yr or after 12/9/91) Can not determinable	f business/pet Zwa 19 /yr	chines 91,

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Spm du 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ØØ □N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AYNO NO YX 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust scream of a refrigerated was not a Memory on condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DXN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DXY DN

PART III: GENERAL CONTROL REQUIREMENTS

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 condense:	r located
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם
on diy-to-diy, reciamer, and diyer macmites on a weenly outs.	21 211
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	AIMO NO YO
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
is the temperature differential equal to of ground dial 20 1.	21 211 211/21
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,	
1	D11 D11 D111
if machines are equipped with a carbon adsorber?	AVAD ND YD
Is the perc concentration equal to or less than 100 ppm?	QY QN QN/A
is the pere contains addition of less than 100 pp	
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	on,
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	AIMO MO YO
	·
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
o. Routed antion to die emboli addition (in asea) at an times.	ar ar arva

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

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	nd repair
inspection?	~		MA DN
2. Has the facility maintained a leak log?			DY PR
3. Does the responsible official check the f	following areas for leaks?		,
Hose connections, fittings,	DY ON ON/A	Muck cookers	TY ON ON/A
couplings, and valves	GI CIV CIVA		TI UN UN/A
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A
Pumps	ארם אם עם/A	Diverter valves	אואם אם איא
Solvent tanks and containers	אואם אם צם	Cartridge filter housings	OY ON ON/A
Water separators	אומם מם צם		
4. Which method of detection is used by th	ne responsible official?		
Visual examination (condensed so	lvent on exterior surfaces)		Ø
Physical detection (airflow felt thr	ough gaskets)	•	/ Ø
Odor (noticeable perc odor)			Ø
Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)	
Halogen leak detector			
If using direct-reading instru	mentation, is the equipm	ent:	□N/A
a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	UA DM
1	andard gas prior to and aft	er each use	
(PID/FID only)?	d obvious signs of	a waakhu basis?	DY DN
•	d obvious signs of wear on		
_	cure area when not in use?		
e. Venited for accuracy	by use of duplicate sample	s (calorimetric only)?	DY DN
			·
Inspector's Name (Please Prin	it)	Date of Inspection	
,		·	
	·		· ·
Inspector's Signature		Approximate Date of	Next Inspection

Bowe Passat Chew 1996)

Shop Star (old - ravely used)

Eposy? yes

Pan? yes

no perc on spotting board.

has pan for haz waste

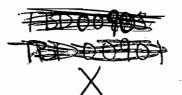
Safety kleen naz waste

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT	DISCOVERY	RE-INSPECTION
TIME IN: 12:05	TIME OUT:	5	AIRS ID#:	NIA
FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: Page 12 Pag	3695 lake Wa		32746	DATE: 1/12/99 ER: 407-333-8070
Based on the results of the compliance with DEP Rule	compliance requirements		g this inspection, the	
Based on the results of the discrepancies were noted: COMPLIANCE REQUIF	compliance requirements	evaluated during	g this inspection, the	following compliance
Keep logs	receips		gave ca	
	-			
<u> </u>			-	
COMMENTS: > fuller out permons > explained rego.	Hifizatun Form.			•
The Annual Compliance Certification	n form has been properly	certified and su	bmitted to the inspec	etor. YES NO
DATE OF NEXT INSPECTION:_ INSPECTION CONDUCTED BY	<u> </u>	$\frac{3/77}{(Approximat)}$	e) Duk esh	1
INSPECTOR'S SIGNATURE:		(Please Print	t)	ER: 407-893-333

Page___of___.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

•	COMPLIANCE	INSPECTION		1	
TYPE OF INSPECTION:	ANNUAL		COMPLAINTID	SCOVERY	\mathbb{Z}
	RE-INSPECTIO)N \square			Л
				,	
AIRS 1D#: 117 0374	/ 1/	,	IN: <u>/2:00</u> 1	IME OUT: /	2;25
FACILITY NAME:	DRYCLEAN W	PORLA			
FACILITY LOCATION: <u>3</u>	395 LAKE E	MMA DR.	#167		
	AKE MARY	FZ 327	148		
		/ 			
PART I: NOTIFICATION					
(check appropriate box)	D) (1 0/1/07				
Existing facility notified DA	-				
2. New facility notified DARM					ر ر
3. Facility failed to notify DAR	M to use general per	rmit 			<u> </u>
PART II: CLASSIFICATION	AT.				
Facility indicated on notification (check appropriate box)	on form that it is.				
A.	•			4	
1. Existing small area sour 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)	т	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/ут	×	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>u yr</td><td></td></x<2,>	00 gal/yr gal/yr l/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	u yr	
This is a correct facility classif	ication	□Y □N			
If no, please check the appropr	iate classification:	-			
	ied for a general per ds above limits and i		above r a general permit		
B. The total quantity of perchloration facility was 700 gallons		urchased within	the preceding 12 mo	nths by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? IN MACHINE AS NEEDED 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) EXPLAINED NEED TO RECORD 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

PART III: GENERAL CONTROL REQUIREMENTS

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	I OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	□Y Å N
(check appropriate boxes)	OY MA
(check appropriate boxes) 1. Maintained receipts for perc purchased?	OY MAN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 	OY MA
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	OY MA OY MA OY MA OY MA
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	□Y M N
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY AM
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY AN OY ON AY ON AY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON MAN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Explained LEAK Maintained deviation reports? CHACK AND RECORD REQUIREMENTS LEFT 	OY AN OY ON AY ON AY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Maintained deviation reports? Problem corrected? 	OY ON PONA OY ON OY ON OY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Maintained deviation reports? Problem corrected? 	OY ON PONA OY ON OY ON OY ON OY ON

2.	Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	Ž	
	Physical detection (airflow felt through gaskets)	P	•
	Odor (noticeable perc odor)	A	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	Ġ	
	If using direct-reading instrumentation, is the equipment:		•
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΠY	□и
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΠY	□N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	QY	□и
	d. Kept in a clean and secure area when not in use?	ΠY	□и
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ПY	□N
3.	. Has the facility maintained a leak log?	ПY	∯N
4.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves $\square N$ $\square N$ Muck cookers	YY	□N
	Door gaskets and seating Door Stills	ĮΫ́Υ	□и
	Filter gaskets and seating	ΠY	□И
	Pumps MY Diverter valves	ΠY	□и
	Solvent tanks and containers AY DN Cartridge filter housings	Y	□N
	Water separators		

Name of Responsible Official

Cours A. Nicotols

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

Parin talib. OWNEr.

MEHRZAD MOAYER

Executive Manager Dryclean World, Inc.

(407) 623-4445 Pager

Dryclean World (#1) 1066 Montgomery Rd. Altamonte Springs, FL 32714 (407) 869-0494

Dryclean World (#2) 931 N. SR 434, #1315 Altamonte Springs, FL 32714 (407) 682-6701



(407) 682-0067 Fax Dryclean World (#3) 3895 Lake Emma Dr. #167 Lake Mary, FL 32746 (407) 333-9347

Dryclean World (#4) 3801 W. Lake Mary Blvd. #177 Lake Mary, FL 32746 (407) 322-5991

ADDITIONAL SITE INFORMATION:

BOWE PASSOT P 300 NO EPOXY ON FLOOR BOWE PASSOT P 350

BOTH HAVE CONTAINMENT PAUS

- , OLD MACHINE SECS SHIP STAN HAS BEEN DEACTIVATED
- · SAFETY KLEEN PICKS UP WASTE
- · LEFT NOTIFICATION FORMS & INSTRUCTIONS SAND ADVISORY ON WASTR WATER
- · EXPLAINED CEAK CHECK / RECORD WEEPING-LEFT FORM
- a DIFFICULTY COMMUNICATION WITH MANAGER

PERCHLOROETHYLENE DRY CLEANERS

🔻 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	8-24-49
BY	10

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 11 703 74 DATE: 4-24-49 TIME IN: 2:00 TIME OUT: 2:45	_
FACILITY NAME: Dry Clean World	
FACILITY LOCATION: 3895 Lake Emma Dr. 4/67	_
1 10 00 81	

Lake mary, FL RESPONSIBLE OFFICIAL: Purim Taclip PHONE: 333-9347

CONTACT NAME: PHONE:

PART I: NOTIFICATION	R C
(check appropriate box)	8 8 70
New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	6 8 8 C

PART II: CLASSIFICATION

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 dry-to-dry only, x < 140 gal/yr
- transfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, 140 < x < 1,800 gal/yr(constructed before 12/9/91)
- 5. This is a correct facility classification

- 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, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr(constructed on or after 12/9/91)
- □Y □N Can not determine

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 2/4.5 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?	DY DN FINIA		
2. Examining the containers for leakage?	DY DN CS		
3. Closing and securing machine doors except during loading/unloading?	AT ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON DN/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON S W/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part	v.		
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below):			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	AY DN		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	X X □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	À SY □N □N/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	∑ y on		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? **Thousand Condenser** **Thousand Condenser* **Thousand Co	ם ארא אל אם אם		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y ≱ N		

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? Measured and recorded the washer exhaust temperature at the condenser		Z N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY	MB)	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	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?	$\Box Y$	\Box N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□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?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DN DN		
2. Maintained rolling monthly averages of perc consumption? Showed calendar	□Y Ç y Ν		
3. Maintained leak detection inspection and repair reports for the following:	,		
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON EXNA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON M		
4. Maintained calibration data? (for applicable direct reading instruments)	AVN JQ NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA S NO YO		
6. Maintained startup/shutdown/malfunction plan?	YO YO		
7. Maintained deviation reports?	DXY ON ON/A		
Problem corrected?	OY ON ON/A		
8. Maintained compliance plan, if applicable?	אומם מם ציל		

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
l	inspection?	>explained		ΠY	MN
2.	Has the facility maintained a leak log?	> CXPIAINED	₹.	ΠY	ŽÝ
3.	Does the responsible official check the	following areas for leaks?			,
	Hose connections, fittings, couplings, and valves	ava un vo	Muck cookers	ΟY	ON DN/A
	Door gaskets and seating	OY ON ON/A	Stills	ΠY	ON ON/A
	Filter gaskets and seating	OY ON dn/A	Exhaust dampers	ΠY	ON ON/A
	Pumps	OY ON ON/A	Diverter valves	ΠY	ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	ΠY	באמם מם
	Water separators	OY ON ON/A	·		,
4.	Which method of detection is used by the	he responsible official?	•		
	Visual examination (condensed so	olvent on exterior surfaces)	> Explained		
	Physical detection (airflow felt the	rough gaskets)	> Explained clander		
	Odor (noticeable perc odor)		ciallar		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equipm	ent:	□N/.	A
	a. Capable of detecting p	perc vapor concentrations is	n a range of 0-500 ppm?	\Box Y	□N
	•	tandard gas prior to and af	ter each use		
	(PID/FID only)?			ΩY	ПN
	 c. Inspected for leaks an 	d obvious signs of wear on	a weekly basis?	ΠY	□N
d. Kept in a clean and secure area when not in use?			ΠY	□И	
	e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	ΩY	□N
		······································			

Randall Cunningham

Inspector's Name (Please Print)

Addle Company Com

Owner didn't know about leak Memp. Loas explained to manager, will bring them calendar an re-explains the rules.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 1100 TIME OUT:	1.30pm AIRS ID#: 1170374		
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Dry Clean Wolld	DATE: 9-24-94		
FACILITY LOCATION: 3895 Lake Em,	ma D1. #167		
Lake mary, 1-L			
RESPONSIBLE OFFICIAL: Jerald You	09 PHONE NUMBER: 407 - 333-9347		
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).		
Based on the results of the compliance requirement discrepancies were noted:	ents evaluated during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED		
$M \sim 1 \cdot 1 \cdot 1$	Bring Calendar		
No leak log	and re-inspect		
No Temperature log			
	·		
	· .		
COMMENTS:			
Minor Non Complia.	りくて		
The Annual Compliance Certification form has been prop	erly certified and submitted to the inspector.		
DATE OF NEXT INSPECTION: 11-2000	<u> </u>		
Randall (Approximate)			
INSPECTION CONDUCTED BY: \\ \alpha\ldot \alpha\ldot \\ \alpha\ldot	(Please Print)		
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 417 893-3333		
	Page of . Revised 10/96		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Dry Clean World DATE: 8-24-99
FACILITY LOCATION: 3895 Lake Emma Dr. #167
Later Mary, FC
Annual Reporting Period: Aug bl St 1988 TO Assust 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: FELOID TEEPING, TEMP AMD LEGK 1035
Exact period of non-compliance: from Argust 1998 to August 1994
Action(s) taken to achieve compliance: Going Mail culendar
Method used to demonstrate compliance: $100 - 100 + 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 100 = 10$
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Name (Please Print)

*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.

Page _____ of ____.



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

January 27, 1999

Mr. Parin Talib Dryclean World 3895 Lake Emma Drive #167 Lake Mary, Florida 32746

Re: Facility No.: 1170374

Dear Mr. Talib:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 14, 1999.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, of 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. Anatoliy Sobolevskiy, Central District

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

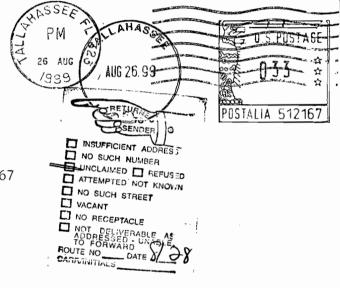
Printed on recycled paper.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB	A. Received by (Please Print Clearly) B. Date of Delivery 2-12-00 C. Signature X
727 CRICKLEWOOD TERRACE HEATHROW FL 32746	3. Service Type Certified Mail
2. Article Number (Copy from service label) Z 333 667 253	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

-							
		`Z 333 667 253 _n O					
	「フ ヨヨヨ 日日 フ 253 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
		No Insurance Coverage Provided.					
		Do not use for International Mail (See reverse) AIRS ID # 1170374					
	D	RYCLEAN WORLD					
		ARIN TALIB					
		27 CRICKLEWOOD TERRACE					
	Н	EATHROW FL 32746					
		Certified Fee					
		Special Delivery Fee					
	2	Restricted Delivery Fee					
	199	Return Receipt Showing to Whom & Date Delivered					
	PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address					
	800	TOTAL Postage & Fees \$					
	E	Postmark or Date					
	쥰						
	ည						

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
3755304000 - 5550

MR PARIN TALIB DRYCLEAN WORLD 3895 LAKE EMMA BLVD #167 LAKE MARY FL 32746



327463588815900

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 6-13-00

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

X

COMPLAINT/DISCOVERY

BY RC

AIRS ID#: 170374 DATE: 6-12-00 TIME IN: 1:00 TIME OUT: 1:45

FACILITY NAME: Dry Clean World

FACILITY LOCATION: 3895 Lake Emma PC #167

Late Mary, FL 32746

RESPONSIBLE OFFICIAL: Parin Tadib PHONE: 407-333-9347

CONTACT NAME: DON Griero Zmirg Shif PHONE:

Azin Etma	
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 ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source Bureau of Air Monitoring & Mobile Sources 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/vr (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gaVyrtransfer only, 200 < x < 1,800 gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, 140 < x < 1,800 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91) Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

IY DAN DAN

NY DN

OY ON ZN/A

OY ON ØN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

ΦY □N

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

MY ON ONIA

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

DA DA DANA

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

⊃Y Œ¶

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

DY DAT DN/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY **W**N

2 of 5

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?			EN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	ØN/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?	ΠY	ПΝ	M/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	ØN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (Check appropriate boxes)				
1. Maintained receipts for perc purchased?	U A Y□			
2. Maintained rolling monthly averages of perc consumption?	□X 24			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON 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? 	OY ON AN /A			
4. Maintained calibration data? (for applicable direct reading instruments)	ava no yo			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DEN/A			
6. Maintained startup/shutdown/malfunction plan?	DY XV			
7. Maintained deviation reports?	AVA NO YO			
Problem corrected?	DY DN S N/A			
8. Maintained compliance plan, if applicable?	OY ON SANA			

PA	PART VI: LEAK DETECTION AND REPAIRS				
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY 🚘	
2.	Has the facility maintained a leak log?			DY ZZ	
3.	Does the responsible official check the following	areas for leaks?		•	
	Hose connections, fittings, couplings, and valves	N 🗆 N/A	Muck cookers	DY ON DN/A	
	Door gaskets and seating	N □N/A	Stills	באמם מס צם	
	Filter gaskets and seating	N □N/A	Exhaust dampers	DY ON ON/A	
	Pumps DY D	N □N/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	N □N/A	Cartridge filter housings	DY ON ON/A	
	Water separators	N □N/A	·	·	
4.	Which method of detection is used by the respon	sible official?			
	Visual examination (condensed solvent on	exterior surfaces)			
	Physical detection (airflow felt through gas	kets)	•		
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	If using direct-reading instrumentati	on, is the equipm	ent:	₹ N/A	
	a. Capable of detecting perc vapor	r concentrations in	a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard g (PID/FID only)?	as prior to and aft	er each use	ОУ ОИ	
•	c. Inspected for leaks and obvious	signs of wear on	a weekly basis?	OY ON	
d. Kept in a clean and secure area when not in use?				OY ON	
	e. Verified for accuracy by use of	duplicate samples	(calorimetric only)?	OY ON	
					

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:		
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Revised 01/18/00

AIRS ID#: 117 0374

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean Wor	W		DATE:
FACILITY LOCATION: 3895 Lake	Emma Dry	#167	
FACILITY NAME: Dry Clean Word FACILITY LOCATION: 3895 Lake Lake Mary	, FL 3)7	46	
- THE VILLY			
Annual Reporting Period:	20	то	20
Based on each term or condition of the Title V general	air permit, my facili	ty has remained in complian	ce with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), dur	ing the period cover	ed by this statement. \Box	YES 🔲 NO
If NO, complete the following:			
#1. Term or condition of the general permit that has no	ot been in continuou	s compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		·	
Method used to demonstrate compliance:	·		
#2. Term or condition of the general permit that has no	ot been in continuou	s compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
retinou used to demonstrate compriance.			
As the responsible official, I hereby certify, based on in in this notification are true, accurate and complete. Fir purchase receipts, does not exceed 2,100 gallons per yecombination facilities.	urther, my annual co	nsumption of perchloroethy	lene solvent, based upon
RESPONSIBLE OFFICIAL:			
Name (Please	Print)	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1100 TIME OUT: 1144	AIRS ID#: 1170374
TYPE OF FACILITY: Dry Clean	4.02.463
FACILITY NAME: Dry Clean World	DATE: 6/12/00
FACILITY LOCATION: 3895 Lake Emma	Pr. #16/
Lake Mary, FL	32746
RESPONSIBLE OFFICIAL: PROPERTY TO THE	PHONE NUMBER: (407) 333-9347
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements en discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	
$\Lambda t \cdot \Omega = \Omega$	Needall Perc. reciepts upto to
No Perc. Reciepts on Site	5 years ago
Vo Temperature logs on Site	Will check in the
	* week for Proper Records
No Leak Logs on Site	
azardous waste Rags and machine	Containers of hazardous waste
azardous waste Rags and machine Alter stored in compressor Room - Open, not labeled no date	heed to be labeled "Hazardins Waste" CLOSED, dated W/accumula
7,10,100	Obtain manifest and Start da
wardons Waste manifest not avail	able LDR notices for past 3 years
wardons Waste manifest not available for 3 years	
<u> </u>	
COMMENTS: Will also check for e	poxy (seal) around machine (side/rear) -drum behind machine to be
Prums in back closet needs to be sone,]	-drum behind machine to be
putin secondary containment. Perc.	Smellh machine
The Annual Compliance Certification form has been properly of	·
DATE OF NEXT INSPECTION:	-26-00
INSPECTION CONDUCTED BY: Rangall Co	(Approximate)
INSPECTOR'S SIGNATURE: Dall C	PHONE NUMBER: 407 893-3333
Pag	ge of Revised 10/96

MILSE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

DATE 6-26-08

BY RC

TYPE	OF	INSP	\mathbf{r}	TON:
	Or.	TILIZE		しょひょり。

ANNUAL

BY_ COMPLAINT/DISCOMERY

RE-INSPECTION

X

PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	tup 🖸			
2. Facility failed to notify DARM to use general per	mit \square			
	gree C			
PART II: CLASSIFICATION	Mo II			
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)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 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 $12/9/91$)	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 $12/9/91$)			
5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a gen facility exceeds above lim				
В. The total quantity of perchloroethylene (perc) ри facility was Zg gallons.	rchased within the preceding 12 months by this dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ONA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY ON

verifying that the coolant had been completely charged?

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?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΔY	ИП	DN/A
l	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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	ח□	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□И	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ZY ON		
2. Maintained rolling monthly averages of perc consumption?	GY ON		
3. Maintained leak detection inspection and repair reports for the following.			
a. documentation of leaks repaired w/in 24 hrs? or;	AVĄO NO Y		
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 DN CONIA		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN Ó M/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DNIA		
6. Maintained startup/shutdown/malfunction plan?	MY DN		
7. Maintained deviation reports?	DY DN CANA		
Problem corrected?	DY DN DNA		
8. Maintained compliance plan, if applicable?	DY DN ZNA		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves DY ON ON/A Muck cookers DY ON ON/A DY ON ON/A Stills Door gaskets and seating DY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A Pumps DY ON ON/A Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers DY ON ON/A 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: DY DN 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? 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

Inspector's Signature

Ine,200) Approximate Date of Next Inspection

4 of 5

ADDITIONAL SITE INFORMATION:	
, Sec	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9145 TIME OUT: 1011	AIRS ID#: 117 0374
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: Dry Clean World	DATE: 6-26-00
FACILITY LOCATION: 3845 Latte Emma	Pr. #167
Lake Mary, FL 32	2746
RESPONSIBLE OFFICIAL: Parin Talib	PHONE NUMBER: 407-333-9347
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 evaluation discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
·	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	
In Compliance (Hee	Pup Logs!)
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector.
DATE OF NEXT INSPECTION: 6-200 [·
	pproximate)
INSPECTION CONDUCTED BY: Kandall (unh lanham
Ald all	Please P(int) 417-903-222
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 40/-893-335
Page	of / Revised 10/96

AIRS ID#: 170379

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

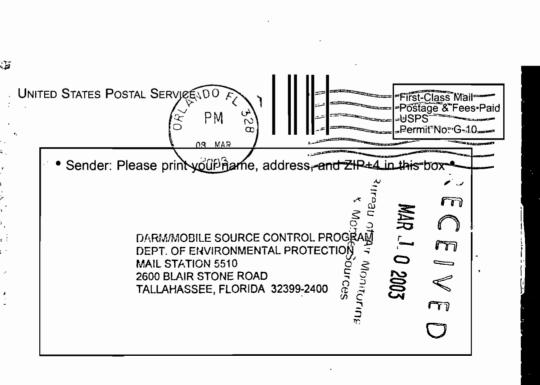
FACILITY NAME: DIY Clear	n world	DAT	TE: 626-00
FACILITY LOCATION: 3895	Lake Emma		
1 = /ce M	Ca El 2771		
Luy C	1771 - 52/7	<u></u>	
Annual Reporting Period:	14 99 TO	June	20.00
Based on each term or condition of the Title V	general air permit, my facility has r	emained in compliance with I	DEP Rule
62-213.300, Florida Administrative Code (F.A	.C.), during the period covered by the	nis statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit th	at has not been in continuous compl	iance during the reporting per	iod stated above:
Exact period of non-compliance: from		to	·
Action(s) taken to achieve compliance:			<u>.</u>
Method used to demonstrate compliance:			
#2. Term or condition of the general permit th	at has not been in continuous compl	iance during the reporting per	iod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·		
			
As the responsible official, I hereby certify, bas in this notification are true, accurate and compurchase receipts, does not exceed 2,100 gallo combination facilities.	olete. Further, my annual consumpt	ion of perchloroethylene solve	ent, based upon
RESPONSIBLE OFFICIAL: Name	(Please Print)	Signature) 6 26 20 c

*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.

Page _____ of ____.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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	OFFIGIA INSUSEN
75	Postage \$
79.	Certified Fee
-	Return Receipt Fee (Endorsement Required)
1000	Restricted Delivery Fee (Endorsement Required)
20	Total Posta DRYCLEAN WORLD AIRS ID#1170374
E	Sent To PARIN TALIB
	727 CRICKLEWOOD TERRACE
7007	Siret, Apr. N HEATHROW FL OF PO Box N: 32746 City, State, Z:
~	ony, state, 2:
	PS Form 3800, January 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
Article Addressed to:	If YES, enter delivery address below:
DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE	÷,
HEATHROW FL 32746	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label	0% 1343P11P47P 1111111
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424



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7003	PARIN	
	DO D N	ICKLEWOOD TERRACE
	PS Form 3800, June 2002	See Reverse for Instructions

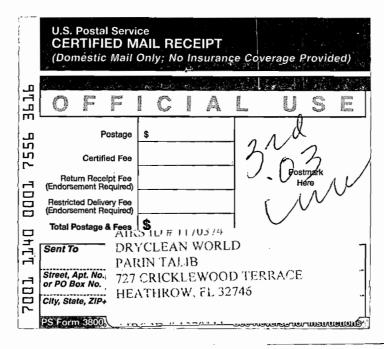
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Fills SECTION	COMPLĘTE THIS SECTION ON DELIVERY
stricted Delivery is desired. ar name and address on the reverse at we can return the card to you. ach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X
1. Article Addressed to:	If YES, enter delivery address below:
ID# 1170374 PARIN TALIB DRYCLEAN WORLD	
727 CRICKLEWOOD TERRACE HEATHROW, FL 32746	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
The state of the s	4. Restricted Delivery? (Extra Fee) ☐ Yes
7003 0500 0004 0344 4	435
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540
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Sender: Please print your name, address, and ZIP+4 in this box

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

 TALLAHASSEE, FLORIDA 32399-2400



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE HEATHROW; FL32746	3. Service Type Also 10 Service Type Certified Mail
100000 200 0, 10000 111	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 11	40 000l 755b 3blb
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540
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UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES

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Į.	T PAY	INTAL	AIRS ID # 1170374
7003			M WORLD:
7			LEWCOD TERRACE
1	ori Ficz	TERO	VA, FL-02746
	Cit		
		10 Lune 200	2 See Reverse for instructions

Programme Control

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X C Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PARIN TALIB	
DRYCLEAN WORLD 727 CRICKLEWOOD TERRACE HEATHROW, FL 32746	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 056	00 0004 0144 9867
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

DARWIMOBILE SOURCE CONTROL PROGRAM
DEPT OF ENVIRONMENTAL PROTECTION
MAIL SPATION 5510
2600 BLARR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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	Fold at line over top of the return to the r
Complete items 1, 2, and 3. Also complete item 4 if Restricted.Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Received by (Please Print Clearly) B. Date of Defivery 2 2 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB	\
727 CRICKLEWOOD TERRACE HEATHROW FL 32746	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
P174 052 551	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

P 174 052 551 US Postal Service Receipt for Certified Mail AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE HEATHROW FL 32746 \$ 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 or Date Form : 8

Z 510 PPJ 554 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE HEATHROW FL 32746 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees \$ Postmark or Date S

American residence of the first section of the firs			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB			
727 CRICKLEWOOD TERRACE HEATHROW FL 32746	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) Z 210 610 229			

UNITED STATES POSTAL SERVICE



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

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

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

CONTROL OF AIR MONITORING & MOBILE PURCES DEPT.

OF AIR MONITORING DEPT.

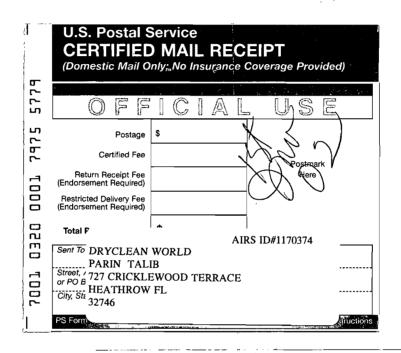
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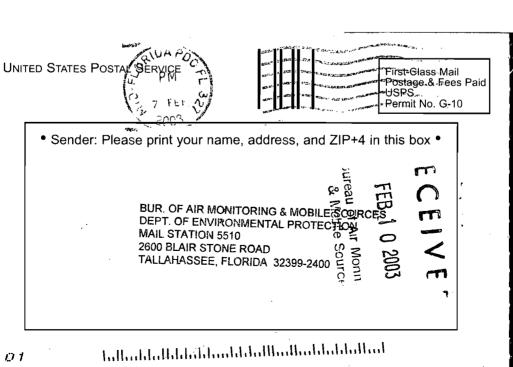
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TO THE RICHT OF RETURN ADDRESS.	TE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Beceived by (Please Print Clearly) B. Date of Delivery 3-5-0 C. Signature X			
AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE HEATHROW FL 32746	3. Service Type Certified Mail			
2. Article Number (Copy from service label) 7000 0600 00216 14/215 89450 1111 1111 1				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			

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0090	 DRYCLEAN WO PARIN TALIB 	ORLD	-
) I	727 CRICKLEW	OOD TERRACE	
7000	HEATHROW FL		
{	PS Form 3800 February	2010101	See Reverse for Instructions



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1. Article Addressed to: , AIRS ID#1170374 DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE HEATHROW FL	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
32746	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	1007 444 FL 213 141 1111
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424



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TO 1170374901AG DRYCLEAN WORLD	If YES, enter delivery address below: No
PARIN TALIB	3. Service Type
727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7003 0500 0004 0144	3537
PS Form 3811, August 2001 Domestic Ref	turn Receipt 102595-02-M-1540

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PARIN TALIB
727 CRICKLEWOOD TERRACE
HEATHROW FL

32746

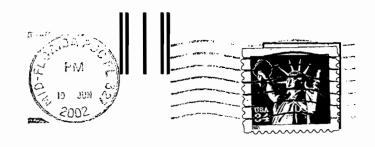
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FOR GOVERNMENT USE ONLY Org.: 37550101000, EO: A1 Fund: 20-2-0350015 Obj.: 002273

CMM; OF SEMINOHE, FING. PBAeTHE CLOTHES DOCTOR Check Number: 136 Mar 18, 2003 0136

Check Amount: \$50.00

Item to be Paid - Description Discount Taken Amount Paid

> 50.00 Licenses

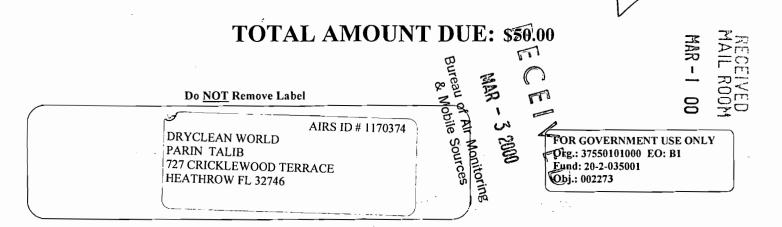
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727 CRICKLEWOOD TERRACE HEATHROW FL	3. Service Type Certified Mail Express Mail	
32746	Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MS# 5510 37550304000

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MR PARIN TALIB DRYCLEAN WORLD 3895 LAKE EMMA DRIVE #167 LAKE MARY FLORIDA 32746 RECENTED A 1999

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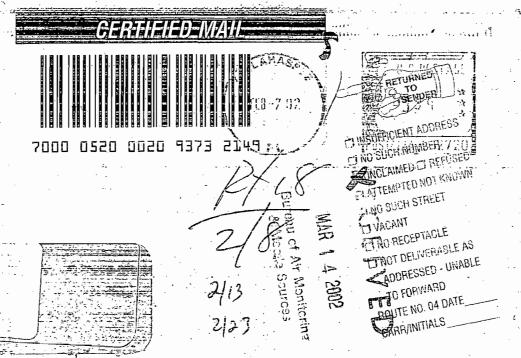
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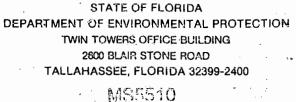
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400

DRYCLEAN WORLD
PARIN TALIB
727 CRICKLEWOOD TERRAC
HEATHROW FL
32746



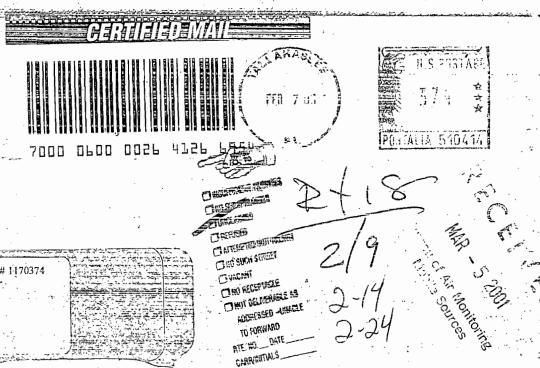
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⁵ 1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 1170374 DRYCLEAN WORLD PARIN TALIB 727 CRICKLEWOOD TERRACE	
HEATHROW FL 32746	Service Type
	Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0520 0630 9373 2/4 PS Form 3811, July 1999 Domestic Retu	9 urn Receipt 102595-00-M-0952
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727 CRICKLEWOOD HEATHROW FL 601. 32746	TERRACE



DRYCLEAN WORLD

727 CRICKLEWOOD TERRACE HEATHROW FL 32746

PARIN TALIB



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Street, A