

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 31, 1998

Mr. Alnoor Somji Spot Knocker Cleaners 1684 Northeast 164 Street North Miami Beach, Florida 33162

Re: Facility No.: 0250952

Dear Mr. Somji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 10, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

3/30/98 Spoke to Maidy Mussiand he stated that the Bailer was in HP and uses Natural GAS 3755

[A2] Incompagnic Control Control	1977. ummwr Gwang ra a fil Security cn	hanced document. See b	ack for details. Moona	Suranon Commonly Canama Sunanconger Su	and the state of t
	ALKAZE, INC D/B/A SPOT KNO	C. CKERS			2724
- analysis - La	1684 N.E. 164TH S MIAMI, FL 33162	ΣΤ. 2	DATE	2.26.62	63~1037/660 8
PAY TO THE ORDER OF DEAT	1 OF WY11	OLMWT PR	N7E7-W	\$ ₂ ×	(-4)
SENEHT	FUE			-oyl~ DOLL	ARS Security leatures are included Details on beck.
COMMERCIA	AL BANK OF FLORIDA				
1550 Southwest 5 (LLM7 # FOR	Main Office 57th Avenue, Mlauni, Florida 33144	2000	Otton	1 Py	MP
A CONTRACTOR OF THE PARTY OF TH	rich C. Reproperty (* 1840). 1884 - N. Chipping, 1884 (1880). 1884 (1880).	16.3 — Criticiano de Campino de C	and the second of the second o	. enganna te genouse te aganna Meditionis persona	ang a sa a sa an a ann a sa a sa an a ann a sa a s

0250952	
p14	
16) Add month to date.	
16) Should be marked.	
4. Existing large ared source R.C.	
should not be marked Markout	
ond initial	
5. Choose one (a) Regimed	
(b) Respured	
(f) Required	
pl6 (+1)	
(top) Chouse one	
Responsible official sign and	
date for changes.	

Perchloroethylene Dry Cleaning Facility Notification



	Facility Name and Location	NO	V 0 6 199	97
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	, A	ir Qualit	,
	ALKAZE INC	Manag	ement D	İvisi
2.	Site Name (For example, plant name or number):			
	SPOT KNOCKER CLEANERS			
3.	Hazardous Waste Generator Identification Number:			
4.	Facility Location: Street Address: 1684 N.E. 164 STREET			
	City: N·M·B . County: FL Zip Code: $=$	3316	2	
C aratia	DADE	S. VAZA JA Kun		
).	Facility Identification Number (DEP Use):	വവം	ا م	
	# # # 025	// 7 u	. د که (
	Responsible Official			
6.	Name and Title of Responsible Official:			
	ALNOOR SOMJI PRESIDENT			
7.	Pagnarible Official Mailing Address:			
	Organization/Firm: SPOTKNOCKER CLEANERS Street Address: 1684 N.E. 164 STREET			
	City: N.M.B. County: Zip Coo	de: 33	3.16.2	
8.	Responsible Official Telephone Number:			
	Telephone: (305) 949-8576 Fax: () -			
	Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):			
	SAME AS ABOVE			
10.	Facility Contact Address:		·	
	Street Address:			w
	City: County: Zip Code:	•	R	urea
11.	Facility Contact Telephone Number:		<u> </u>	i o
	Telephone: () - Fax: () -		olie	Air
			& Mobile Sources	Mo
	*		rces	Bureau of Air Monitorin
				ring

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Facility Information

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of Months of the sources of the s

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed 📑	ID	Purchased	Installed
Example	_#_	- 03-0CT-93	1-2-N <u>O</u> V-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		, , , , , , , , , , , , , , , , , , , ,			\				-
(1) w/ ref. condenser		1488							
(2) w/ carbon adsorber				l .	1				
(3) w/ no controls					1				
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				T					
(11) w/carbon adsorber									1
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []. 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source									
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce []		

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

Page 14 of 16

4. What control technology is required on machines pursuant to section (Indicate with an "X".)	n (5) of Part II of this notification form?						
Existing large area source Carbon adsorber [] Refrigerated con	denser X						
New small area source Refrigerated condenser							
New large area source Refrigerated condenser []	Š.						
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water general 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							
All steam and hot water generating units exempt No such units on-site	10 HR Natural Gas Boiles						
Equipment Monitoring and Recordkeepi	ng Information						
Check all logs which are required to be kept on-site in accordance wit	h the requirements of this general permit:						
(a) Purchase receipts and solvent purchases							
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature monitoring							
(d) Carbon adsorber exhaust perc concentration monitoring							
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan							

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

Surrender of Existing Air Permit(s)

Please indica	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 notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	omptly notify the Department of any changes to the information contained in this notification. $ \frac{10 29 37}{\text{Date}} $

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	χ	COMPLAINT/DIS	COVERY	EIVE
	RE-INSPECTION			Bures	9-11900
AIRS ID#: <u>0</u> 250952	DATE: Feb _5th 199	79 TIME I	N: 10: 28 4 TIN	& 100 ME OU90//	All Midian
FACILITY NAME:	Spot Kno	cker			
facility location: 10	084 NE 16	45t.	North	Mile	1: Beach
<u> </u>	Plorida 3311				
RESPONSIBLE OFFICIAL:	Mr. Alnoor	Smil	PHONE: C3	<u>05)</u>	949-85-76
CONTACT NAME:			PHONE: (305)		-8576
					
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit			į.	
<u> </u>					
PART II: CLASSIFICATION	N				
Facility indicated on notificati	on form that it is:		☐ No notification t	form	
(check appropriate box)	,		☐ Drop store/out o	f business/	petroleum
1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	/yr dry trai bot	nsfer only, x th types, $x < $, x < 140 gal/yr < 200 gal/yr		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr dry 00 gal/yr trai gal/yr bot	nsfer only, 2 th types, 140	rea source , $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	□ ′yr	
5. This is a correct facility cl	lassification V	Y DN	Can not determine	ne	
☐ facil	appropriate classification ity qualified for a general ity exceeds above limits a	l permit as ni			
B. The total quantity of perchlo facility was 40 gallons.		ised within tl	ne preceding 12 montl	hs by this d	ry cleaning

2/19/99 ARMS

Revised 9/15/97

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 ON ON/A						
2. Examining the containers for leakage?							
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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 							
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואבן אם צם						
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 refri (complete $A_{\hat{s}}$ 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?	מם צם						
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?	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?	חס מא						
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	DV UN						

В.	Has the responsible official of an existing large or new large area source also:			I
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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОΥ	ПΝ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□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	DИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	Ωи	□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,	ΩV		
	or expansion; and downstream from no other inlet?	ЦY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?							
2. Maintained rolling monthly total of perc consumption?							
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/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?	DY ON WIA						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONA						
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אם צם						
6. Maintained startup/shutdown/malfunction plan?	אם עס						
7. Maintained deviation reports?	DY DN DNIA						
Problem corrected?	DY ON ONIA						
8. Maintained compliance plan, if applicable?	אואס אם עם						

PΛ	RT VI: LEAK DETECTION AND R	EPAIRS				
1. 1	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				DY.	DΝ
2.	Has the facility maintained a leak log?				ΩY	ON
3.	Does the responsible official check the f	following arc	as for leaks?			
	Hose connections, fittings, couplings, and valves	OV ON	□N/A	Muck cookers		IN ENVA
	Door gaskets and seating	DY ON	□N/A	Stills	DY C	IN ON/A
	Filter gaskets and seating	DY ON	□n/a	Exhaust dampers		א/אבט או
	Pumps	DY ON	□N/A	Diverter valves		IN CLAYA
	Solvent tanks and containers	אם אם	□N/A	Cartridge filter housings		IN DN/A
	Water separators	DY DN	□n/a			
4.	Which method of detection is used by the	he responsibl	e official?			
	Visual examination (condensed so	olvent on exte	erior surfaces)		1	
	Physical detection (airflow felt thr	rough gasket	s)			/
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentar	tion (FID/PII	D/calorimetric t	ubes)		
	Halogen leak detector					/
	If using direct-reading instru	umentation,	is the equipme	nt:	©N/A	
•	a. Capable of detecting p	perc vapor co	oncentrations in	a range of 0-500 ppm?	ם צם	אנ
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and se	ecure area wh	nen not in use?		OY C	אכ
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	OY C	אכ
						ļ

Inspector's Name (Please Print)

LEO

MART

Teb. 5th 1999

Date of Inspection

2/2000

Approximate Date of Next Inspection

PDEP Calender Dravided
NO Pholling log of Pec Consumption
No receipts of Per consumption
No leak log Maintained
Leek detected by monitor (Perc)

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:28 4- TIME OUT: 11:50	am AIRS 10#: 0250956 F.
TYPE OF FACILITY: Dry Cleaner	VED
FACILITY NAME: The Spot K	DATE: 100 - 5th 1999
FACILITY LOCATION: 1634 NE 1645E	Bureau of
	Bureau of Air Monitorin
RESPONSIBLE OFFICIAL: A noor Somti	PHONE NUMBER: (305) 94 85 86
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No receipts kept for Perc Con Sumption + Rolling Con	cheep ereceipts of Fere purchase and rolling los.
Facility has not maintained	maintain look log.
lede log.	
Verified Leek in water separator	Repair leak according to the DER Rule 62-213.300, FAC.
	•
COMMENTS: 5 5	
COMMENTS: Entered Premises and a	Sweet ator was detected which
we assumed was here or	nd the Hologen defector nerified
our Assumptions. The Monitor inc	licated the leak was coming from
The Annual Compliance Certification form has been properly certification	icated the leak was coming from the was instructed to have leak regard with 24th 5 days of Parts ore necessary ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	2/2000
	proximate)
	ease Print) Debbie Trive
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6925
Page 1	of 1. Revised 10/96
*Note: R.O. was instructed to s	tore percontainers in a secondary by they are being stored within the at and do not lie flat within that area.
dry cleaning machine containme	it area and do not lie flat within that area.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM R_{F}
FACILITY NAME: The Spot Knocker DATE: 7665th 1999
FACILITY LOCATION: 1684 NE 169 St.
FACILITY LOCATION: 16 84 11 164 SC. Bureau of Air Monitoring Mobile Sources
Annual Reporting Period: FEBruary 1998 TO February 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. TYES
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:
No receipts kept for Perc Durchese and rolling lop consumptioned herk
Exact period of non-compliance: from 7ebruary 1998 to 7ebruary 1999
Action(s) taken to achieve compliance: Begin heering recients for the purchase, Adlindget hull
Method used to demonstrate compliance: FDEE Clarification
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above:
Look detected in water Separator ones by hologe detector
Exact period of non-compliance: from 7eb 1998 to 7eb 1999
Action(s) taken to achieve compliance: Repair look
Method used to demonstrate compliance: Receipt of Cabor and/or Pits.
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 rolling averages of 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: AGOV SUM Signature Date

* see reverse side for RO comments.

^{*}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.

- 1. WILL TRY TO CONTALY ORIGINAL MECHANIC.
 TO FIX THE REAL. DIE TO THE MACHINE
 15 BICO & DON'T LET ANYBOY TOUCH THE
 MACHINE GLESS THE ORIGINAL MEMBLE.
- 2. WILL THE TO CONTACT OTHER MECHANIC.
- 3. THE SMELL WHEN OFFICERS GNITERED COULD SE PHEATER THAT WAS BENG SIED AT PUE TIME OFFICER GNITERS.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOVERY D
II .	34/00 TIME IN: //30 TIME OUT: /200
FACILITY NAME:Spotkn	ocker Cleaners E
FACILITY LOCATION: 1684	NE 164 1125
Mian	The second secon
RESPONSIBLE OFFICIAL: N. Alm	vor Samji PHONE: 2 249 - 85006
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)	s: ☐ No notification form ☐ Drop store/out of business/petroleum
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. Inew small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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	□N □Can not determine
	fication: general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 60 gallons.	purchased 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) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA DY DN CHIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DAY DIN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? QY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ON/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? DY DN 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 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? DY DN

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locat on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed □Y □N
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?	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?	DY 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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN Q 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?	6 77. □N
2. Maintained rolling monthly total of perc consumption?	ON DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON COMMA
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 PON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DOTN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ETN/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ZAN/A
Problem corrected?	OY ON PON/A
8. Maintained compliance plan, if applicable?	OY ON MINA

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	ınd repair
inspection?		•	ØÝ ON
2. Has the facility maintained a leak log?			ØY □N
3. Does the responsible official check the	following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	ŒY □N □N/A	Muck cookers	OY ON ØN/A
Door gaskets and seating	ØY □N □N/A	Stills	אוחם אם אל
Filter gaskets and seating	QA ON ON/V	Exhaust dampers	ØY ON ON/A
Pumps	ZY ON ON/A	Diverter valves	ØY ON ON/A
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	AN ON ON/A
Water separators	AND NO YA		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	olvent on exterior surface	es)	7
Physical detection (airflow felt th	rough gaskets)		卢
Odor (noticeable perc odor)			p
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equip	oment:	ØN/A
a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	מם עם
d. Kept in a clean and s	ecure area when not in us	se?	OYON
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
			-
		•	
Ivan Fannis		3/24	(/
Inspector's Name (Please Prin	nt)	Date of Inspection	100
•			
Juan Jama		360	(
Inspector's Cityotura		Approximate Date of 1	Maxt Inspection

R.O. to mail cont. for No secolary containment	
R.O. to mail cont. for	
No Secondary continument	n
·	
	-

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🚾	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: // 36	TIME OUT:	1200	AIRS ID#:	6250268
TYPE OF FACILITY:	Parc Dry Cla	enin	<u> </u>	
FACILITY NAME:	Spotknocker		<u> </u>	DATE:
FACILITY LOCATION:	1684 NE	164 5	\ .	· · · · · · · · · · · · · · · · · · ·
	_ Miane, FL	· · · ·		
RESPONSIBLE OFFICIAL:	Almoer San	<u>-; : </u>	PHONE NUMBER:	305-949-8576
	of the compliance requirement P Rule 62-213.300, Florida Ac			ility is found to be in
Based on the results discrepancies were n	of the compliance requirement oted:	ts evaluated du	ring this inspection, the foll	lowing compliance
COMPLIANCE RE	QUIREMENT/PROBLI	EM	FOLLOW-UP ACTI	ON REQUIRED
			· .•	
		: .		
			٠.	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·			
	Secondary contin	innent	needed for the	mial storage
The Annual Compliance Cert	ification form has been proper	ly certified and	d submitted to the inspector	YES NO
DATE OF NEXT INSPECT	'ION:	3/01		·
INSPECTION CONDUCTI	ED BY: In	(Approximan fam	min	
INSPECTOR'S SIGNATUR	RE:	2	PHONE NUMBER:	305-372-6522
		Pageof		Revised 10/96

AIRS ID#: 0250952

DECEIVED 10/10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT 6 2000 ANNUAL COMPLIANCE CERTIFICATION FORM

			Air Quality	F
FACILITY NAME:	Sportkocker	Cleanen	Managament	vision /24/co
FACILITY LOCATION:	1684 N	E 164 54.	· 	
	Minn	FL	· .	
	<u> </u>			
Annual Reporting Period:	Worch	19 <u>\$\$</u> to	March	79 <u> </u>
Based on each term or condition	of the Title V general air per	mit, my facility has remai	ined in compliance with D	EP Rule
62-213.300, Florida Administrati	ve Code (F.A.C.), during the	period covered by this st	atement. WYES	□NO
If NO, complete the following:				
#1. Term or condition of the gen	eral permit that has not been	in continuous complianc	e during the reporting per	iod stated above:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve compli	iance:			
Method used to demonstrate com	pliance:			·
#2. Term or condition of the gen	eral permit that has not been	in continuous complianc	e during the reporting per	iod stated above:
	· · · · · · · · · · · · · · · · · · ·			
Exact period of non-compliance:	from	/to		<u> </u>
Action(s) taken to achieve compl	iance:	·		·
Method used to demonstrate com	pliance:		•	
A-4				A 41
As the responsible official, I here made in this notification are true				
upon rolling averages of purchas year for transfer or combination		,100 gallons per year for	dry-to dry facilities or 1,	800 gallons per
1	Win (Stinn	A Midas	Con a	(Ola P
RESPONSIBLE OFFICIAL: \(\frac{1}{2}\)	Name (Please Print)	TU HUCK	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.

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) Postage 4000 Certifled Fee Return Reciept Fee (Endorsement Required) 0.500 Restricted Delivery Fee (Endorsement Required) Total Postage 「ATKS TUTF 250952 7003 SPOT KNOCKER CLEANERS ALNOOR SOMJI Street, Apt. No., or PO Box No. 1684 NE 164TH STREET NORTH MIAMI BEACH, FL 33162 City, State, ZIP

SENDER: COMPLETE THIS SEC	CTION	COMPLE	TE THIS S	ECTION O	N DELIVE	RY
 Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d Print your name and address or 	lesired.	A. Signatu	Por	M		☐ Agent ☐ Addressee
so that we can return the card t Attach this card to the back of t or on the front if space permits.	the mailpiece,	B. Receiv	red by (<i>Pri</i>	nted Name) C.	Date of Delivery
Article Addressed to:			•	s different f very addres		? ∐ Yes □ No
SPOT KNOCKER CLEANS AENOOR SOMJI 1684 NE 164TH STREET	ERS	hanne estimate de la cidad		·	the stage of the	se continues in the continues of the continues
NORTH MIAMI BEACH, F	50 33162 0256952	Reg	e Type tified Mail gistered ured Mail		•	for Merchandise
		4. Restric	ted Delive	ry? (Extra F	'00)	☐ Yes
Article Number (Transfer from service label)	7003	0500 (0004	0144	4718	
PS Form 3811, August 2001	Domestic Ret	urn Receipt	. : .		1	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 •

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

talladdallabladdaaddallaallaabladdalbad 01

6118	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Pro	vided)
Ш	For delivery information visit our website at www.usps.c	om _®
1744	OFFICIAL UP	1000 1000
	Postage \$	eit.
: 0	Certified Fee Postm	
	Return Reciept Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	5
0.5	Total Postage & Fees \$ AIRS ID # 250	952
Э	Sent To ALNOOR SOMJI	Ţ
7003	Street, Apr. No. SPOT KNOCKER CLEANERS	-
10	or PO Box No. 1684 NE 164TH STREET	
	City, State, ZIF NORTH MIAMI BEACH, FL 3316	2
	PS Form 3800	

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, 	A. Signature X
or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 250952 ALNOOR SOMJI *SPOT KNOCKER CLEANERS 1684 NE 164TH STREET NORTH MIAMI BEACH, FL 33162	3. Service Type Certified Maii
the Company of the Co	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 0500 (Transfer from service la.	004 0144 6118
PS Form 3811, August 2001 Domestic Reto	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 •

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

BEST AVAILABLE COPY

5650 930l	U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only: No Insurance Coverage Provided) For delivery Information visit our website at www.usps.com OFFICIAL SE
56	Postage \$
7003 2260 0003	Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) ID# 250952 Total Postage ALNOOR SOMJI Sent To SPOT KNOCKER CLEANERS 1684 NE 164TH STREET Street, Apt. No.; OR PO Box No.; NORTH MIAMI BEACH, FL 33162
	or PO Box No. NORTH INTAINTI BEACTI, TE 33102 City, State, ZIP+ PSiForm 3800 June 2002 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. Signature A. Signature A. Signature A. Age Add B. Received by (Printed Name) C. Date of Del. D. Is delivery address different from item 1? Yes
,1. Article Addressed to:	If YES, enter delivery address below:
ID# 250952 ALNOOR SOMJI SPOT KNOCKER CLEANERS	
1684 NE 164TH STREET NORTH MIAMI BEACH, FL 33162	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
S. J. March	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 c	2260 0003 5650 9301
PS Form 3811, August 2001 Domestic R	eturn Receipt / 102595-02-M-1540

. 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 PROGRAMD DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510

TO BLAIR STONE ROAD

FLORIDA 32399-2400

ļ	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage P	rovided)
2152		
	<u>OFFICIAL</u> US	3.= 1
6	Postage s PV	, 9
3 J. O	Certified Fee	A
m	Return-Receipt Fee (Endorsement Required)	ere
007	Restricted Delivery Fee (Endorsement Required)	
_	AIRS ID#0250952	
1670	SPOT KNOCKER CLEANERS ALNOOR SOMJI	
	Sin 1684 NE 164TH STREET NORTH MIAMI BEACH FL	
7000	TON 33162	
-	PS Form 3800, May 2000	se lor instructions

STATE OF GATHANIES OF TAXABLE		
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. Signifure X D. Is delivery address different from item 1? Yes	
1. Article Addressed to: AIRS ID#0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL	If YES, enter delivery address below:	
33162	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789	

UNITED STATES POSTAL SERVICE



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

5

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

Tallanda di dalah and dalah di milanda dalah dalah

BUR. OF AIR MONITORING & MOBILE SOURCES Obile Sources

MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

I :	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
515 517	The same of the sa	80 10 14 15 1 2 18 18 18 18 18 18 18 18 18 18 18 18 18	
. LS	OFFICIA	(SE	
5	Postage \$	7	
7	Certified Fee		
1.	Return Receipt Fee (Endorsement Required)	Here	
000	Restricted Delivery Fee (Endorsement Required)		
50	AIRS ID#0250952		
035	SPOT KNOCKER CLEANERS ALNOOR SOMJI		
7	1684 NE 164TH STREET NORTH MIAMI BEACH FL		
7007	33162		
!	PS Form 3800, January 2001	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. Signature X Agent Addressee B. Received by (Printed Name) Agent Addressee
Article Addressed to: :	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI	
, 1684 NE 164TH STREET NORTH MIAMI BEACH FL	3. Service, Type
33162	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 000 (Transfer from service lab,	11 7975 4512
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

OL

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 DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION **5610** 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Sureau of Air Monitorin & Mobile Sources

U.S. Postal Service CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) 5 510 7976 Postage Certified Fee Return Receipt Fee (Endorsement Required) 1000 Restricted Delivery Fee (Endorsement Required) 0350 AIRS ID#0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 7007 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 STOTE INSTRUMENT TO S

· · · · · · · · · · · · · · · · · · ·	
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#0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee C. Signature Property Agent Very address different from item 1? Very ES, enter delivery address below:
1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 2. Article Number (Copy from service labe 7 1 1 1 1	3. Service Type Certified Mail Registered Resturn Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	350,0001,797,5105;
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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 SOURCESO DIED TO BENVILOUMENTAL PROTECTION MAIL STATION 5010
2500 BLAIR STONE ROAD TALLARASSEE, FLORIDA 32399-2400

M

F17

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. Article Addressed to: 10 AIRS ID # 0250952001AG ALNOOR SOMJI SPOT KNOCKER CLEANERS 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 	A. Received by (Please Print Clearly) C. Signature Agent Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 0600	0026 4128 8918
PS Form 3811, March 2001 Domestic Retu	

В	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
	La turn Little Bless and	and the second second	
89			B
다	Postage	\$	8
475	Certified Fee		Postmark
9200	Return Receipt Fee (Endorsement Required)		Here 况
	Restricted Delivery Fee (Endorsement Required)		3
	Tote'	<u>a</u>	6
40	Recii 10 AIRS II	D#0250952001AG	
	ALNOOR SOMJI		
00	SPOT KNOCKER CLEANERS 1684 NE 164TH STREET		
	1684 NE 164TH STREET		
1~	NORTH MIAMI BEACH FL 33162		
	PS F	·	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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Bate of Deliver C. Signature Agent Addresse D. Is selivery address different from Item 1? Yes In FS, enter delivery address below: No
AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET	3. Service Type
NORTH MIAMI BEACH FL 33162	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	0320 0001 7975 9685
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789

The second of the second of the second

	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL REC	EIPT Coverage Provided)
9685	0 6 6	· ICIAL	. USE
7975	Postage Certified Fee	\$	Postmark
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7001 0350	ALNOOR SC Stree 1684 NE 1647		
lı	PSF		Alfristructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 2210 7976 Postage Certified Fee Postmark Here Return Receipt Fee 0007 (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0250952 0350 Total Postaç SPOT KNOCKER CLEANERS ALNOOR SOMJI Sent To 1684 NE 164TH STREET Street, Apt. No. NORTH MIAMI BEACH FL 7007 City, State, Zii 33162 PS Form 3800; January 2001

SENDER: CON-22-12 MICH SECTION	TTREBERGE OF THE 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) C. Signature Agents, Addressee
AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type 2. Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7001 0320 0001 7976 2210	
PS Form 3811, July 1999	102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USP\$ Permit No. G-10

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

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

NO PLACE STICKER AT TOP OF TOP TOP OF RETURN	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. Spritture Agent Addressee Addressee Addressee
Article Addressed to:	If YES, enter delivery address below:
AÎRŜ ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET	
NORTH MIAMI BEACH FL 33162	3. Service Type Certified Mail
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 73/08/	
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M-1789
. 1	

į	U.S. Postal Servi CERTIFIED M (Domëstic Maif (AIL RECEIPT	e Coverage Provided)
1081			
m	Postage	\$	1
937	Certified Fee	_	Postmark
	Return Receipt Fee (Endorsement Required)		Here
0050	Restricted Delivery Fee (Endorsement Required)	AIRS ID # 025	0052
_	Tota SPOT KNOC	KER CLEANERS	0732
0520	Reci ALNOOR SO 1684 NE 1647		aller)
	Stree NORTH MIA		,
7000	33162 City,	·	
ì	DS Form 3800 Fabru	an. 2000	See Reverse for Instructions

.

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to

AIRS ID # 0250952

SPOT KNOCKER CLEANERS ALNOOR SOMJ 1684 NE 164TH STREET , NORTH MIAMI BEACH FL 33162

١	Ceruied Fee	
	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	
3800,	TOTAL Postage & Fees	\$
38	Postmark or Date	
PS Form		
ď		

(TOP &	Fold at line over top of envelope to the return address
	ate items 1 and/or 2 for additional services.

1 alaaiab Aa aaaab.a #aa
I also wish to receive the
following services (for an
extra fee):

on the reverse side?	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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1.	dress ery	
N ADDRESS completed	3. Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162	4b. Service Registere Express I	Type ad the Co Mail Incept for Merchandise Co	ertified sured OD
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresses	Standdress (Only if reque	sted

PS Form **3811**, December 1994

Domestic Return Receipt 102595-97-8-0179

Thank you for using Return Receipt Service

First-Class Mail Postage & Fees Paid USPS UNITED STATES POSTAL SERVICE Permit No. G-10 Print your name, address, and ZIP Code in this box • Bureau of Air Monitoring & Mobile Sources DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 Haldhamilland

card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		7 052 167
AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NÖRTH MIAMI BEACH FL 33162	4b. Service Registere Express I Return Rec	ed (Certified Mail (Company) Insured Coperatific Coperation (Coperation Coperation Coper
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	e's Address (Only if requested
	Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and celeivered. AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 5. Received By: (Print Name)	■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date cdelivered. 3: Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI ■ Registere ■ Express ■ Received By: (Print Name) 5. Received By: (Print Name) 8. Addressee and fee is 6. Signature: (Addressee or Agent) ■ Addressee and fee is

Constitution of the second

	Р	174	052	<u>1</u> ,67	NON
1	US Postal	Service			(-0
			artifi	ed Mail	~
	No Insurar				warea)
	Sent to	tor inten	iauonai i	<u> (See re</u>	
•	Senim				•
		•	`A	AIRS ID#	0250952
CDO	OT KNO	CKER C	FANE	RS	
			:		
	NOOR S		FFT		
	84 NE 16				•
NO	RTH MI	AMI BE	ACHFL	33162	4
	Certified Fe	_	i i i	• • • • •	i
	Certified Fe	θ			
	Special Del	ivery Fee			
	Restricted I	Delivery Fee			
ĕ,	Return Rec	eipt Showin	g to		
Ë	Whom & Da	ate Delivere	ď		
Pri	Return Receip				
₹.	Date, & Addre	essee's Addre	ss		
PS Form 3800 , April 199 <u>5</u>	TOTAL Pos	stage & Fee	s \$		
6	Postmark o	r Date			
Ē					
ᇟ					
လွ					
_					

X 570 PPJ 375 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ **TOTAL** Postage & Fees Postmark or Date

• Complete • Print you return this c • Attach th does not pe • Write "Re	is form to the front of the mailpiece, or on the back i	nt we can f space cle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
3. Articles 3. Art	AIRS ID # 0250952 NOCKER CLEANERS R SOMJI 164TH STREET MIAMI BEACH FL 33162 ure (Agent) 3811, December 1991	4b. Ser Regis Certi Expro	vice Type stered	Than

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



Print your name, address and ZIP Code here

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF COMPROMENTAL PROTECTION
MAIL STATION 5510
2600 BI ALESS TONE POAD 2600 BLAIR TONE ROAD
TALLAHASSEE FLORIDA 32399-2400

TSTATE DAD EEE S

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

SPOT KNOCKER CLEANERS
ALNOOP GOVERNMENT ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393206

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 # 0250952

SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 FOR GOVERNMEN EUSE ONLY Org.: 37550101000 EQ: Bit Fund: 20-2-035001 & Orj.: 002273

RECEIVED MAIL ROOM

of enyelope to	Fold at line over top
SENDER: COMPLETE THIS SECTION	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 Addressee Addressee
1. Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALNOOR SOMJI	
1684 NE 164TH STREET	3. Service Type
NORTH MIAMI BEACH FL 33162	Certified Mail
•	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
Z 210 66/872	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
<u> </u>	- 11 <u>- 1</u> 1 - 11 - 14 - 11 - 1
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	'Σ SIO P	61	872	á0
 	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation	ified Provid Ial Ma A	d Mail (ed. il /See rev IRS ID#	200 0250952
AI 16	OT KNOCKER CLEA NOOR SOMJI 84 NE 164TH STREET ORTH MIAMI BEACH	Γ		
ĺ	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
PS Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
£	Postmark or Date			
S For				
۵				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392358

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 # 0250952

SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 RECEIVED MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	Te over top of envelope to			· · · ·	·.
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you; Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address ed Delivery	Return Receipt Service.
your RETURN ADDRESS completed on	3. Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162	4a. Article N 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed Mail ceipt for Melichandise	Certified Insured	Thank you for using Return Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 38 11, Desember 1994	8. Addressee and fee is	e's Address (Only-paid) Domestic Ret	&	. [

	Р	174	052	499	
Ì	Rece	itance Co	r Çert i warana P	ified Mail	
AL	NOOI	NOCKER R SOMJ 164TH S MIAMI	I STREET		
1	Postag	8	· 	\$	
	Certifie	d Fee			
	Specia	Delivery F	80		
		ted Delivery	/ Fee		
1995	Return	Receipt Sh & Date Deli	owing to		
PS Form 3800 , April 1995	Return I	Receipt Showi Addressee's /	ng to Whom,		
800	TOTA	L Postage &		\$	
33	Postm	ark or Date			
For					
82					

PLACÉ ŠTICKER AT TOP OF ENVELOPE SZANGMA NAUTAR AT THOM STITOR STATE OT	PLETE 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. Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI 	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:
1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162	3. Service Type Certified Mail
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
7000 0600 0026 4/25 7	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

7594		MAIL REC	EIPT Coverage Provided)
LT 7,2	Postage	\$,
4	Certified Fee		Postmark
2 b	Return Receipt Fee (Endorsement Required)		Here
0.0	Restricted Delivery Fee (Endorsement Required)		
8		AIRS ID	# 0250952
190	SPOT KNOCKER		
	ALNOOR SOMJ		/
7000	1684 NE 164TH S . NORTH MIAMI I		
1	Section Control of the Control of th	49(9(9)	The See Heverse 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. 1. Article Addressed to: AIRS ID # 0250952 SPOT KNOCKER CLEANERS ALNOOR SOMJI* 1684 NE 164TH STREET	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agentical Addressee D. S. delivery address different from item 1? Yes If YES, enter delivery address below:
NORTH MIAMIBEACH FL 33162	3. Service Type Certified Mail
2. Article Number (Copy from service label) 1000 060 0026 7825	6560
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
260				
<u>ن</u>				
2.5	Postage	\$		
78	Certified Fee		Postmark	
报.	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
00	Total Po	All	RS ID # 0250952	
10		OCKER CLEANERS	NO 1D 11 0230732	-
	ALNOOR SOMJI Street, Api 1684 NE 164TH STREET			
Street, Apr 1684 NE 164TH STREET NORTH MIAMI BEACH FL 33162 City, State,				
	PS Form 3800, February 2	UUU	See Reverse for Ins	tructions