

Department of 2273 **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 18, 1996

Mr. Jaime Ortiz Miramar Dry Cleaners 6336 Miramar Parkway Miramar, Florida 33023

Dear Mr. Ortiz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 1996.

Please note that in November 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 N62301 and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

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

Printed on recycled paper.



Department of **Environmental Protection**

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Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Robert Wong, Broward County

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

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8/30	Speke to Mr. Ortiz,
<u>:</u>	Spoke to Mr. Ortiz, ne is the owner
p. 13	
•	add title-owner
· :	
p. 14	
	should not be marked
1	
3.	Classify as new
	Small area source
0.15	
F	(b) (c) + (f) = bould
	(b), (c), +(f) should be marked
	of mar neg
	
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Perchloroethylene Dry Cleaning Facility Notification

AUG 7 1996

BUREAU OF AIR REGULATION

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	
	MIRAMAR Dry Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 6336 MIRAMAN FKY City: MIRAMAN County: Broward Zip Code: 3302]
ł	City: MICHMAN County: Brown Zip Code: 3312]
	City: MIRAMAN County: Brown of Zip Code: 3302]
5.	Facility Identification Number (DEP Use):
1	160005
	Responsible Official
6.	Name and Title of Responsible Official:
	JAIME OMIZ
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 6336 MIRAMA PKY Sip Code: 3360 Zip Code: 3360
8.	Responsible Official Telephone Number:
	Telephone: (954) 961 - 4350 Fax: (N/A-
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	A defined of tutilities.
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 7 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			t	1.7.					
(1) w/ ref. condenser				Π		T			
(2) w/ carbon adsorber	X	1-87	1-87	X	2- 95	2-95		†	
(3) w/ no controls		/				0 / 2			
Washer Unit		•	·					-	
(4) w/ ref. condenser			1						
(5) w/ carbon adsorber									
(6) w/ no controls									·
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Oryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	1								
(7) w/ ref. condenser					1			T	
(8) w/ carbon adsorber			i	1			,		
(9) w/ no controls								 	
Reclaimer Unit		· . · . ·	L	-74				da .	'
(10) w/ ref. condenser				Т	T	1			
(11) w/carbon adsorber					<u> </u>				
(12) w/ no controls						i			
(c) No control devices 2.(a) What was the total q	are re quanti gallo hs, ho	equired to be ty of perchlons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Select ea sou	one classific	cation only.) Ne	w sm	nitions found all area sour ge area sour	ce []	i) of∃	Part II?	
55	500		, (0		5- a.va 30an				

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

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of F	Part II of this notific	cation form?
Existing large area source Carbon adsorber	Refrigerated condenser		,
New small area source Refrigerated condenser	t Salah salah dalam persambah salah sebagai salah sa	end of Section 1	
New large area source Refrigerated condenser			
 A facility which contains non-exempt emissions to to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: 	d hot water generating unit		
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by neduring which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas c	
All steam and hot water generating units exempt No such units on-site			
	t t		
			. Î .
Equipment Monitoring a	and Recordkeeping Infor	mation	
Check all logs which are required to be kept on-site	in accordance with the req	uirements of this g	eneral permit:
(a) Purchase receipts and solvent purchases		ιχι	
(b) Leak detection inspection and repair		رً	
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration mor	uitoring	<u> </u>	
(e) Instrument calibration			į
(f) Start-up, shutdown, malfunction plan	,		1

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Page 15 of 16

Surrender of Existing Air Permit(s)

No air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addret this notification. I hereby certify, based on information and belief formed after reasonable inquiry, to statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as comply with all terms and conditions of this general permit as set forth in Part II of this notification I will promptly notify the Department of any changes to the information contained in this notification.	
Responsible Official Certification The undersigned, am the responsible official, as defined in Part II of this form, of the facility address this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the air pollutant emissions units and air pollution control equipment described above so as comply with all terms and conditions of this general permit as set forth in Part II of this notification is	
the undersigned, am the responsible official, as defined in Part II of this form, of the facility address this notification. I hereby certify, based on information and belief formed after reasonable inquiry, to tatements made in this notification are true, accurate and complete. Further, I agree to operate and naintain the air pollutant emissions units and air pollution control equipment described above so as comply with all terms and conditions of this general permit as set forth in Part II of this notification for the second s	
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naintain the air pollutant emissions units and air pollution control equipment described above so as omply with all terms and conditions of this general permit as set forth in Part II of this notification j	
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will promptly notify the Department of any changes to the information contained in this notification	that th d
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1 - 1 00 1.	that th d to form.

8/23/91 Jaim F.E.

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AUG 7 1996

BUREAU OF AIR REGULATION

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

IAIME ORTIZ.

2. Site Name (For example, plant name or number):

MIRAMAN DAY CLANERS

3. Hazardous Waste Generator Identification Number:

ELD 097 204697

4. Facility Location:

Street Address: 6336 MIRAMAN PRY
City: MIRAMAN County: BROWARD Zip Code: 33023

5. Facility Identification Number (DEP Use):

Responsible Official

6.	Name and Title of Responsible Official:
	JAIME OMIZ (OWNER)
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 6336 Million of Plan
	Street Address: 6336 MIRAMA PICT Spound Zip Code: 33603
	13Noward 33Dets
8.	Responsible Official Telephone Number:
ĺ	Telephone: (954)961-4350 Fax: (N/P-
	131 101 1330

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (Fo	r example, plant manager):	
10. Facility Contact Address:		
Street Addresss		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: ()	Fax: (·

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SEP 6 1996

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Bureau dragir Manifering & Mobile Sources AUS 7 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information 8/23/94 Junior Rolling

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.

	ŀ	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Tour of Markins	,,,	Initially	Device	,,,	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	A		Dry 7. my		JENS.J		27		
(1) w/ ref. condenser	(1)	01-02-91	01-02-98	(2)	201/957	21-11957			
(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	• -				<u> </u>				
2.(a) What was the total of			proethylene (perc)	purchased in	n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew sn	nall area soui	rce 🔀	}		
Existing large are	ea soi	ırce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Consers /13/n/	simp P. Orts
4. What control technology is required on machines pursuant to section (5) of Par (Indicate with an "X".)	rt II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser []	•
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to a to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is fall steam and hot water generating units exempt No such units on-site	on-site meet the following million BTU/hr or less (298 s of natural gas curtailment
Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site in accordance with the requi	rements of this general permit:
(a) Purchase receipts and solvent purchases	\preceq
(b) Leak detection inspection and repair	ιΧı
(c) Refrigerated condenser temperature monitoring	凶
(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 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)

4

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY . RE-INSPECTION
TIME IN: 9:00 TIME OUT: 11:00	AIRS ID#: 01/2201 A+B
1	Perc
FACILITY NAME: Mixour on Dry C	leaners DATE: 09/28/97
FACILITY LOCATION: 6336 Miraman	Poukuone Miramar
Florida 33023	5 /
RESPONSIBLE OFFICIAL: Jaime Oiliz	PHONE NUMBER: (954) 961-4350
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in compliance	·
	-
COMMENTS: 2 Dry Cleaning M	achines.
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: April 199	proximate)
INSPECTION CONDUCTED BY: OCTAVI	AN OPRIS case Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (954) 519-1420
Page	of 2 Revised 10/96

TYPE OF INSPECTION: ANI L COM	IPLAINT/DISCOVE, RE-INSPECTION
TIME IN: 1445 TIME OUT: 153	71110 15
TYPE OF FACILITY: Perchloro ethylene I	Dry cleaners
FACILITY NAME: MIRAMAN DAY clea	aners DATE: Oct. 21, 96
FACILITY LOCATION: 6336 miraman	Parkway
miraman, FL. 33	3023
RESPONSIBLE OFFICIAL: Jaime R. Ontiz	PHONE NUMBER: (954) - 961 - 4350
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	MAY 8 1997
	Bureau of Air Monitoring
	a Mobile Sources
COMMENTS: N.A.	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Oct. 21,97	
INSPECTION CONDUCTED BY: Paul R. She,	
INSPECTOR'S SIGNATURE: Paul R. SHellow	ease Print) PHONE NUMBER: (954) - 579-1444
0	Pavigad 10/9/

AUTHAN I REPURI

RCHLOROETHYLENE DRY LEANERS DEP RULE 62-213.300 GENERAL PERMIT

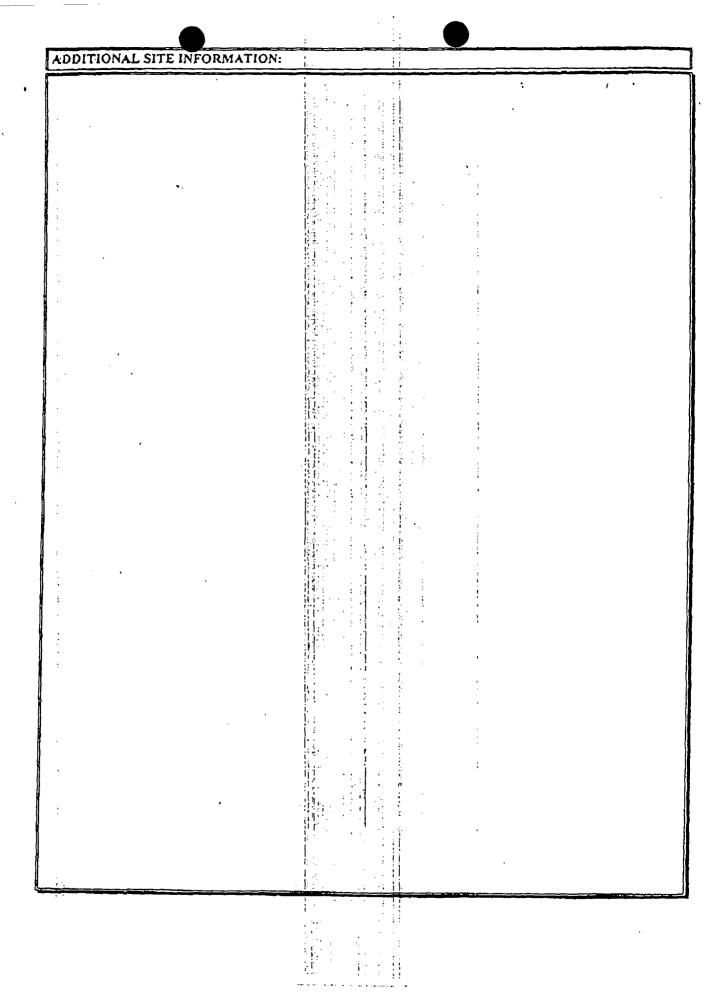
			21	
TYPE OF INSPECTION:	NNUAL		SEMI-ANNUAL	
: :	COMPLAINT/DISCOV	ERY 🗆	RE-INSPECTION	· 🗖
AIRS 10#: 01/220/	TIME IN:	1445	TIME OUT:	5 \$ 0
FACILITY NAME: Mira	mar Dry	Cleunens		
FACILITY LOCATION: 63	36 Prituitau	R. Purkula	4	
ות	Rumar, JL	33033	<u>_h</u>	
PART I: NOTIFICATION	17; 5,14	100 mg/s	ide. Parties,	
(check appropriate box)		a Carr	The state of the s	
1. Existing facility notified DARM b	y 9/1/96		RECEIV	EN
2: New facility notified DARM 30 da	sys prior to startup		MAY 3 1997	L Lå
3. Facility failed to notify DARM to	use general permit			a
	ACTIONS WE		2 Maria	<i></i>
PART II: CLASSIFICATION	William Mills	£ .	2. Th. 200	
Facility indicated on notification (check appropriate box)	form that list	carbon,	banku.	
A. L. Existing small area source		r small area source	,	
dry-to-dry only, x<140 gal/ŷr transfer only, x<200 gal/yr		dry only, x<140 gal		
	17 transfer	ていいし そくりしし タオルシェ		
		r only, x<200 gal/yr pes; x<140 gal/yr,	•	
both types, x<140 gal/yr	both ty			:
both types, x<140 gal/yr (constructed before 12/9/91) 31 Existing large area source	both ty (constru	pes, x<140 gal/yr, ucted on or after 12 v large area source	/9/91)	0
both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" ransfer="" td="" yr="" yr<=""><td>both ty (constru 4.1 New dry-to-</td><td>pes; x<140 gal/yr, ucted on or after 12</td><td>/9/91) 100 gal/yr</td><td>0</td></x<2,>	both ty (constru 4.1 New dry-to-	pes; x<140 gal/yr, ucted on or after 12	/9/91) 100 gal/yr	0
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both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" odth="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>both ty (constru 4.1 New dry-to- transfer both ty</td><td>pes, x<140 gal/yr, ucted on or after 12 v large area source dry only, 140<x<2, 200<x<1,800<="" ronly,="" td=""><td>/9/91) 100 gal/yr) gal/yr ;al/yr</td><td></td></x<2,></td></x<2,>	both ty (constru 4.1 New dry-to- transfer both ty	pes, x<140 gal/yr, ucted on or after 12 v large area source dry only, 140 <x<2, 200<x<1,800<="" ronly,="" td=""><td>/9/91) 100 gal/yr) gal/yr ;al/yr</td><td></td></x<2,>	/9/91) 100 gal/yr) gal/yr ;al/yr	
both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" classification<="" correct="" facility="" gal="" is="" odth="" only,="" td="" this="" transfer="" types,="" yr=""><td>both ty (constru 4.: New dry-to- transfer both ty (constru</td><td>pes, x<140 gal/yr, ucted on or after 12 v large area source dry only, 140<x<2, 140<x<1,800="" 200<x<1,800="" g<="" pes,="" ronly,="" td=""><td>/9/91) 100 gal/yr) gal/yr ;al/yr</td><td>0</td></x<2,></td></x<2,>	both ty (constru 4.: New dry-to- transfer both ty (constru	pes, x<140 gal/yr, ucted on or after 12 v large area source dry only, 140 <x<2, 140<x<1,800="" 200<x<1,800="" g<="" pes,="" ronly,="" td=""><td>/9/91) 100 gal/yr) gal/yr ;al/yr</td><td>0</td></x<2,>	/9/91) 100 gal/yr) gal/yr ;al/yr	0
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both types, x<140 gal/yr (constructed before 12/9/91)	both ty (constru- 4. New dry-to- transfer both ty (constru- ssification:	pes, x<140 gal/yr, ucted on or after 12 y large area source dry only, 140 <x<2, 12<="" 140<x<1,800="" 200<x<1,800="" after="" g="" on="" or="" pes,="" ronly,="" td="" ucted=""><td>/9/91) 100 gal/yr) gal/yr ;al/yr</td><td></td></x<2,>	/9/91) 100 gal/yr) gal/yr ;al/yr	





PHONE 961-4350

Alterations On Premises OPEN 7 to 7 - SAT. 7 to 6:00



PART VI: LEAK DETECTION AND	REPA	AIRS				
1. Does the responsible official conduct	a weel	ly leak de	ection and	frepair inspection?	ØΥ	· אם
2. Which method of detection is used by	the re	sponsible	official?	•		
Visual examination (condensed	solven	t on exteri	or surfaces)		9
Physical detection (airflow felt the	urougi	ı gaskets)		en e		
Odor (noticeable perc odor)						
Use of direct-reading insurment	ation (FID/PID/	colomietric	tubes)		. 🗖 🖔
If using direct-reading	instri	umentatio	n, is the co	quipment:		
a. Capable of detecting	perc. v	apor conc	entrations	in a range of 0-500 ppm?	□Y	וא⊡
b. Calibrated against a s	standa	rd gas pric	or to and af	ter each	(1) (1) (2) (3) (4) (4) (4)	
use (PID/FID only)?		3			",' Q Y"	N□ S
c Inspected for leaks an			53.536 3.		□Y ₂	. אם
d. Kept in a clean and s	134	本的。	Carrie of the same	The state of the s	□Y.	ן אם י
e Verified for accuracy	rdo	e of duplic	até, sample	s (calormetric only)?	. □Y.	ON
3 Has the facility maintained a leak log?	;			The state of the s	UY	E ON
4. The following areas should be checked	for lea	ks by the	inspector:	•		
Hose connections, fittings,	Leal	k Detected	!?	:	Leak I	Detected?
couplings, and valves	Ο¥	₽ Ń		Muck cookers	ΠY	אם
Door gaskets and seating	ΠĀ	D N		Stills	ПY	PM
Filter gaskets and seating	ΟÝ	יאפ		Exhaust dampers	ΟY	©₩
Pumps	ΠÄ	DA D	; ;	Diverter valves	ΩY	DH(
Solvent tanks and containers	ΠĄ	D N		Cartridge filter housings	ΩY	ME
Water separators	ĽΥ	Ω κ Ω				
JAIME R. ORTI	7					
Name of Responsible Official			•			
Paul R. Shelton	i .		; ;;	oct. 21, 194	6	
Inspector's Name (Please Print	:)			Date of Inspe	ction	
Inspector's Signature	<u> </u>		: - !	Approximate Date of N	· · · · · · · · · · · · · · · · · · ·	ection

Approximate Date of Next Inspection

7. Conducted all temperature monitoring after an appropriate cooldown		
period and after verifying that the coolant had been completely charged?	ΩY	ПN
	• 1	•
B. Has the responsible official of an existing large or new large area sou	rce also:	•
11: 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?	:: QY	ΠN
 横端斜斜: 		
2. Measured and recorded the washer exhaust temperature at the condenser	inse ji seja se pojet	
inlet and outlet weekly?	□Y,_	TON
Is the temperature differential equal to or greater than 20° F?	ΠY	וועם".
	44 4	
3. Measured and recorded the perc concentration in the exhaust stream weekly		34.140
at the end of the final drying cycle while the machine is venting to the adsorber,		
if machines are equipped with a carbon adsorber?	υY.	
Is the perc concentration equal to or less than 100 ppm?		UN
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,		7 P. 188
or expansion; and downstream from no other inlet?	Z□Y.	DNI Selici
5 Equipped transfer machines (dryers, reclaimers, and washers) with individual		
condenser coils?	TOY:	
6 Routed autlow to the carbon adsorber at all times?	TYDOY!	

PARTY RECORDKEEPING REQUIREMENTS	
The state of the s	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	GY □N
2. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	א, אם אפ
b. documentation of parts ordered to repair leak and leak repaired w/in	12 days
and parts installed w/in 5 days of receipt?	אם אַם
3. Maintained calibration data?	OY ON
4. Maintained exhaust duct monitoring data on perc concentrations?	DY ON
5. Maintained rolling monthly averages of perc consumption?	DY ON
6. Maintained startup/shutdown/malfunction plan?	oy on
7. Maintained deviation reports? Problem corrected?	OY ON
3. Maintained compliance plan, if applicable?	DY DN

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 200 gallons.

PART III: CENERAL CONTROL REQ	UIREMENTS		
Is the responsible official of the dry c (check appropriate boxes)	leaning facility:		
1. Storing perchloroethylene in tightly seal	ed and impervious containers?	<u>@</u> Ý	ПN
2. Examining the containers for leakage?		ex	מם
3. Closing and securing machine doors exc	ept during loading/unloading?	đý	ПN
4.: Draining cartridge filters in their housing least 24 hours prior to disposal?	g or in sealed containers for at	OY.	ПN
5 Maintaining solvent-to-earbon ratios and beds according to the manufacturer's specif	P. C. Company	œÝ.	מם

PARTIV: PROCESS VENT CONTROLS If classification I 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 holow If classification 3 has been checked, the machine should be equipped with either a refrigerated Decondenser or a carbon adsorber (complete A and B below). If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve if airflow/will be directed. away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Verified the accuracy of the temperature sensor to within plus or minus NO WATER 2 degrees of the exhaust temperature?

13.

0112201

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Minaman FACILITY LOCATION: 6336	Dry cle	paners			ATE: 00.21,96
FACILITY LOCATION: 6336	minamar	Parkw	sej		
mira u	nar , FL.	33023	· ·		
	·		······································		
Annual Reporting Period: 0c7. 21		19 <u>%</u>	TO	oct. 21	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.					rith DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit $\mathcal{N}.\mathcal{A}$	that has not been in	. continuous c	compliance d	uring the reportin	g period stated above:
Exact period of non-compliance: from	W.A.		to	RECE	IVED
Action(s) taken to achieve compliance:	N. A.	. <u> </u>		MAYO	
Method used to demonstrate compliance:	N.A			Burney	(yy/
				Rureau of All & Mobile	Monitoring Sources
#2. Term or condition of the general permit	that has not been in	continuous c	compliance di	iring the reportin	g period stated above:
Exact period of non-compliance: from	N.A.		to		
Action(s) taken to achieve compliance:	N.A.				
Method used to demonstrate compliance:	N.A				
As the responsible official, I hereby certify, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furth does not exceed 2,1	ier, my annuc 00 gallons pe	al consumption	on of perchloroeth	nylene solvent, based or 1,800 gallons per
RESPONSIBLE OFFICIAL: Jaime	R. Ortiz				oct. 21,96
Nar	ne (Please Print)		Si	gnature	Date

Page ____ of ____.

^{*}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.

*	COMPLAIN NOISCOVERY []	RE-INSPECTION
TIME IN: 11:00 q. m. TIME OUT: 1	2:00 p.w. AIRSID#: 011	220/
TYPE OF FACILITY: Duy Cleaning	- Perc.	
FACILITY NAME: Miraman Dry	(leavers 0	ATE: 03/31/82
FACILITY LOCATION: 63 76 Milos	was Parkway	
Miraman, F	-1.33023	
RESPONSIBLE OFFICIAL: JAIME ORT	1 Z PHONE NUMBER: 4	SY 961-4350
Based on the results of the compliance requirements of	evaluated during this inspection, the facility	is found to be in
Compilative with DEP Rule 02-215,300, Florida Adm	inistrative Code (F.A.C.).	
Based on the results of the compliance requirements a discrepancies were noted:	evaluated during this inspection, the following	ng compliance
COMPLIANCE REQUIREMENT/PROBLEM	d' l corroures	
	M FOLLOW-UP ACTION	REQUIRED
		P
tacility is in Compion		ζ.
	Dur P	
<i>(</i>	& No.	2
	Offic A.	O SE K
	tureau of Air Monie Sources	6 0
	<i>C</i> &	to in
		40
COMMENTS:	1	
	•	
	_	
The Annual Compliance Certification form has been properly of	estified and submitted to the inspector	YESI Y : NOI
7 4	ach 1999	· 53[X · 8.0[-]
	(Approximate)	
INSPECTION CONDUCTED BY: $OCTAV$	IAN OPRIS	
A	(Please Princ)	1
INSPECTOR'S SIGNATURE:	PHONE NUMBER 95	4/519-1420
920-	= <u>2</u> 0, 2	Revised 10/96
		75A125G (AL 20)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

,

FACILITY NAME: Miraman Dry C/- FACILITY LOCATION: 6336 Miraman Miramon, F/, 330	eauers DATE: 04/28/97
FACTITIVIOCATION: 6336 Minoral CA	Park way
Min El 770	27
- Pyramon, 77, 330	23
Annual Reporting Period: April 199	7 to April 1998
Based on each term or condition of the Title V general air permit, my facilities 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuou	is compliance during the reporting 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 not been in continuou	is compliance during the reporting period 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, based on information and belie made in this notification are true, accurate and complete. Further, my ann upon rolling averages of purchase receipts, does not exceed 2,100 gallons year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	nual consumption of perchloroethylene solvent, based

*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.

RECEIVED

Page ______ of _______.

JUN 9 1997

01/220/ DRY C

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Miron	ar Dry Cleaners	DATE: 03/3//92
FACILITY LOCATION: 6336	Liraman Paraway	P
Mira	mar, Fl. 33023	K
Annual Reporting Period:		
Based on each term or condition of the Title 62-213 300. Florida Administrative Code (F	V general air permit, my facility has remained in of .A.C.), during the period covered by this statement	compliance with DEP Rule
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:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#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:		
made in this notification are true, accurate d	based on information and belief formed after reaso and complete. Further, my annual consumption of 00 gallons per year for dry-to dry facilities or 1.80	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: JAIA	1E ORTIZ Jaime K.C	My 03/3/48
Nan	ne (Please Print) Signan	ire 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.

COMPLIANCE INSPECTION CHECKLIST

ANNUAL

×

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

RE-INSPECT	
·	31/98 TIME IN: 11:00 TIME OUT: 12:00
FACILITY NAME: Miramon	Dry Cleans
FACILITY LOCATION: 6336	Gramon Parkway
Mira	uar, f/.33023
RESPONSIBLE OFFICIAL: JAIME	ORTIZ PHONE: (954) 967-4350
CONTACT NAME:	PHONE: PHONE
	8.7.0
PART I: NOTIFICATION	
(check appropriate box)	Wick all of
L. New facility noutied DARM 30 days prior to s	каптир 🧗 👼 🗆
2. Facility failed to notify DARM to use general	permit a
PART U: CLASSIFICATION	
1	
	s: 🗀 No nouticauon torm
Facility indicated on notification form that it is (check appropriate box)	s: I No nowlication form I Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐
Facility indicated on notification form that it is (check appropriate box) A.	O Drop store/out of business/petroleum 2. New small area source \Box dry-to-dry only, $x \le 140$ gal/yr
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source \Box dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr
Facility indicated on notification form that it is (check appropriate box) A. I. 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 \Box dry-to-dry only, $x \le 140$ gallyr transfer only, $x \le 200$ gallyr both types, $x \le 140$ gallyr (constructed on or after $12/9/91$)
Facility indicated on notification form that it is (check appropriate box) A. I. 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 arransfer only, x < 140 gallyr transfer only, x < 140 gallyr both types, x < 140 gallyr (constructed on or after 12/9/91)
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr	 □ Drop store/out of business/petroleum 2. New small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source $\frac{dry-to-dry}{dry-to-dry} = \frac{1}{200} \frac{dry-to-dry}{dry-to-dry} = \frac{1}{200} dry$
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x ≤ 140 gal/yr transfer only, x < 200 gal/yr both types, x ≤ 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source $\frac{dry-to-dry}{dry-to-dry} = \frac{140 \text{ gal/yr}}{400000000000000000000000000000000000$
Facility indicated on notification form that it is (check appropriate box) A. I. Existing small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification of no, please check the appropriate class	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after (2/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after (3/9/91) Pry □N □Can not determine
Facility indicated on notification form that it is (check appropriate box). A. I. Existing small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed before $12/9/91$). 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr (constructed before $12/9/91$). 5. This is a correct facility classification. If no, please check the appropriate class facility qualified for a	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 (2/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after (2/9/91) Pry □N □Can not determine offication: general permit as numberabove
Facility indicated on notification form that it is (check appropriate box). A. I. Existing small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed before $12/9/91$). 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr (constructed before $12/9/91$). 5. This is a correct facility classification. If no, please check the appropriate class facility qualified for a	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after (2/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after (3/9/91) Pry □N □Can not determine

(check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	אואלט אם אם
2. Examining the containers for leakage?	OY OH Y WA
5. Closing and securing machine doors except during loading/unloading?	ÀLY □H
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AND ND YA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואם אם א ג י
D. D. W. BROCKES INVIT COMPROSE	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part	V
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Curbon adsorber mitinstalled prior to September 32, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and 8 below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	אם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YO
Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AME NE YE
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אב צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	AMC MC YC
6 Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אָם אָם

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 condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אאם אם צם
Is the temperature differential equal to or greater than 20° F?	אאם אם אם
3. Méasured 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?	AMD ND YD
is the perc concentration equal to or less than 100 ppm?	אאם אם צם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pero 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?	אואם אם אם.
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	AND NO YO
PART V: RECORDKEEPING REQUIREMENTS	<u> </u>
Has the responsible official: (check appropriate boxes)	
L. Maintained receipts for perc purchased?	DEY □N
2. Maintained rolling monthly total of perc consumption?	Ag A ⊡R
3. Maintained leak detection inspection and repair reports for the following:	İ
a. documentation of leaks repaired with 24 hrs? or:	ALL DA DAY
o. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed w/in 5 days of receipt?	YNC NO YE
4. Maintained calibration data? (for applicable tirec: reading instruments)	ANAK NO YO
5 Maintained exhaust duct monitoring data on perc concentrations?	DA DA A NY
் Maintained startup/shutdown/malfunction plan?	ØY ⊒N
7 Maintained deviation reports?	ANA NO YO

AWA NO YO

DY DN JANY

Problem corrected?

3 Maintained compliance plan, if applicable?

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ИΩ inspection? ďΥ UΝ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ONA AIND ND YE couplings, and valves Muck cookers AND NO YOU AND ND YE Door gaskets and seating Sulls AND ND YA JY JN ANIX Filter gaskets and seating Exhaust dampers AIMA NO YO Pumos AND NO YE Diverter valves Cartridge filter housings DY DN ANA Solvent tanks and containers -AND ND YA Water separators ANC UD YOR 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/P(D/calonmetric 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 (PO/FO only)?

Inspector's Name (Please Print)

OCTAVIAN OPRIS

Inspector's Name (Please Print)

Date of Inspection

March 1999

Approximate Date of Next Inspection

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

e. Ventied for accuracy by use of duplicate samples (caloninetric only)?

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

ND YE

MD YD

MD YD

ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring AIRS ID#0112201 MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023 Do NOT Remove Label Annual Reporting Period: 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. 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: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 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: UAI me 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.

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	MIRAMAR I JAIME ORT 6336 MIRAM MIRAMAR F	ORY CLEANERS CIZ IAR PKWY	RS ID#0112201	& Mobile Sources	FEB 2 1998	RECEIVE
		Do NOT Remove	Label	toring	Co	
Annual Reporting Period:		19 <u>7</u> _	то	1-24	, -	1991
Based on each term or condition 52-213.300, Florida Administra				7	DEP Rule	
f NO, complete the following:						
1. Term or condition of the gen	neral permit that has not be	en in continuous o	compliance duri	ing the reporting p	eriod s	d above:
Exact period of non-compliance	: from		to	aureau &	曼(
Action(s) taken to achieve comp	liance:			Mobile Nobile	-45	
Method used to demonstrate con	ipliance:			Sou	1998	M
2. Term or condition of the ger	ieral permit that has not be	en in continuous c	ompliance duri	ng the reporting pe	itorin	i above:
Action(s) taken to achieve comp	oliance:	·			· · ·	
Method used to demonstrate con	npliance:					
As the responsible official, I hereb notification are true, accurate and does not exceed 2,100 gallons per	l compiete. Further, my anni	ual consumption of	perchloroethyles	ne solvent, based up	on purchas	made in this se receipts,
RESPONSIBLE OFFICIAL:	VAINE ONTI		Jame Sign	nature	<u> /-21</u>	4-98 Date

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AIRS ID#: 0112201

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Min	omai l	Dry Ele	eauers		DATE: 03/24/99
FACILITY LOCATION: 6.	336 Mi	iamon	Parkw	ay	NEV
<i></i>	Ciraman	\sim \prime	3023	E	(44)
				OF	8 mine
Annual Reporting Period:	Hard		19 <u>98</u> то	Man &	PAR AIT MONTES 19 95
Based on each term or condition o 62-213.300, Florida Administrativ				mained in complia	unce with DEP Rule YES
If NO, complete the following:					
#1. Term or condition of the gene	ral permit that has	not been in co	ntinuous complia	unce during the re	porting period stated above:
Exact period of non-compliance:	from			to	
Action(s) taken to achieve complia	ance:				
Method used to demonstrate comp	liance:				
≠2. Term or condition of the gene	ral permit that has	not been in co	ntinuous complia	nce during the re	porting period stated above:
Exact period of non-compliance:	from			to	
Action(s) taken to achieve complia	ınce:			<u>'</u>	·
Method used to demonstrate comp	liance:			·-	
				···	······································
As the responsible official, I hereb made in this notification are true, upon purchase receipts, does not e combination facilities.	accurate and com	olete. Further,	my annual consu	imption of perchlo	proethylene solvent, based
RESPONSIBLE OFFICIAL:	Name (Pleas	se Print)	- par	Signature	Date (1)

*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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTIO	N	-	COMPLAINIDIS	SCOVERI	u
AIRS ID#: Oli22 O/ DA FACILITY NAME: Mico FACILITY LOCATION: 63 RESPONSIBLE OFFICIAL: CONTACT NAME:	mai D 36 Mini Miramo Joime	and Out	lear fl. 3	vers 2 Kwory 33023 PHONE: (954)		
PART I: NOTIFICATION						
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM to		•				0
PART II: CLASSIFICATION					·	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	form that it is:	dry-to-c transfer both typ	iry only, only, x oes, x < 1	□ No notification □ Drop storc/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	_	trolcum
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ transfer only, $200 \le x \le 1.800$ g both types, $140 \le x \le 1.800$ gal/ (constructed before $12/9/91$)	al/yr 'yr	dry-to-o transfer both typ (constru	iry only, only, 20 pes, 140 acted on	rea source $140 \le x \le 2,100 \text{ gal}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	r	
	propriate classifica qualified for a gen	neral peri		mber abo	ove	·
B. The total quantity of perchloroe facility was 100 gallons.	thylene (perc) pu	ırchased	within th	e preceding 12 mon	ths by this dr	y 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?	DAY ON ON/A
2. Examining the containers for leakage?	אואם אם צ ש
3. Closing and securing machine doors except during loading/unloading?	À Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאוקא אם אם א
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated 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?	□Y □N
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?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY (אב	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (ו מב	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y (ו מב	□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?	□Y (ו מב	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (ו מב	DN/A
4,	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY (ו מ⊏	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		אב	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (ו אם	□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?	AN ON				
3. Maintained leak detection inspection and repair reports for the following:	1				
a. documentation of leaks repaired w/in 24 hrs? or;	ØY 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?	TO NO NA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MIN/A				
6. Maintained startup/shutdown/malfunction plan?	KOY DN				
7. Maintained deviation reports?					
Problem corrected?	DAY ON ON/A				
8. Maintained compliance plan, if applicable?	באת א חם צם				

P	ART	VI: LEAK DET	TECTION AND RI	EPAI	RS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	insp	ection?						Ϋ́PΥ		N
2.	Has	the facility main	tained a leak log?		•		•	ďΥ		N
3.	Does the responsible official check the following areas for leaks?									
		Hose connection couplings, and	• •	ØΥ	מם	□N/A	Muck cookers	Д	מ מם	⊃N/A
		Door gaskets ar	nd seating	P Y	ΠИ	□N/A	Stills	Φ Υ	□N C	⊃n/A
		Filter gaskets a	nd seating	Ø Y	ПИ	□N/A	Exhaust dampers	9 Y	□N (⊃N/A
		Pumps		ďΥ	ПN	□N/A	Diverter valves	7 Y	ם אם	⊃N/A
		Solvent tanks a	nd containers	OP Y	ΠN	□N/A	Cartridge filter housings	Ø Y	ם אם	⊃N/A
		Water separator	rs	¥Υ	ΠN	□N/A				
4.	Whi	ch method of det	ection is used by the	e resp	onsit	ole official?				
		Visual examina	tion (condensed sol	vent	on ex	terior surfaces)		\$P		
		Physical detecti	on (airflow felt thro	ugh	gasko	ts)		為		
		Odor (noticeabl	e perc odor)					à		
		Use of direct-re	ading instrumentati	on (F	FID/P	ID/calorimetric	tubes)	D) A	1/14	
		Halogen leak de	etector						IA	
		If using dir	ect-reading instru	ment	ation	, is the equipme	ent:	SPIN/	Ά	
		a. Cap	able of detecting pe	rc va	por c	oncentrations in	a range of 0-500 ppm?	ΩY	ПΝ	
			ibrated against a sta D/FID only)?	ındar	d gas	prior to and afte	er each usc	ΠY	ΩΝ	
		c. Inst	ected for leaks and	obvi	ous si	gns of wear on a	a weekly basis?	ΩY	ПN	

OCTAVIAN OPRIS	03/24/99
Inspector's Name (Please Print)	Date of Inspection
Ast.	March 2000
Inspector's Signature	Approximate Date of Next Inspection

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

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

NO YO

ND YD

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

		_		• _	
TYPE OF INSPECTION:	ANNUAL	W	COMPLAI	NIJDISCOVER	Y O
,	RE-INSPECTION	1 🗆	& [8]	S. W.	
			30	101)
AIRS ID#:	DATE: 829 C	∑ TIME	IN: <u>//: 006</u>	THE OU	Ciliy5
FACILITY NAME:	E PRICE DRY	CHEANU	(7	ces for the	
FACILITY LOCATION:	100 South 1	LILITARY	TRACI_ :	±13	
	DEERFIELD	BCH,	FL 334	142	
RESPONSIBLE OFFICIAL:	TOM REA	DER	_ PHONE: _	(561)394	-9978
CONTACT NAME:		·	_ PHONE: _		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to starti	ıp			
2. Facility failed to notify DAR	M to use general pern	nit			۵
				AND THE PARTY OF T	
PART II: CLASSIFICATION	Y				
Facility indicated on notificati			☐ No notific		s/petroleum
				cation form e/out of busines	s/petroleum
Facility indicated on notificati (check appropriate box)	on form that it is: ce	ransfer only, xooth types, x <	☐ Drop store area source y, x < 140 gal/yr x < 200 gal/yr	e/out of busines	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce	dry-to-dry only ransfer only, a poth types, x < constructed or i. New large dry-to-dry only ransfer only, 2 to th types, 140	☐ Drop storarca source y, x < 140 gal/yr y < 200 gal/yr 140 gal/yr n or after 12/9/9	e/out of busines. 1) 00 gal/yr gal/yr	s/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sourdry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 \le x \le 2, 3 transfer only, 200 \le x \le 1,800 gboth types, 140 \le x \le 1,800 g	on form that it is: ce	dry-to-dry only ransfer only, a poth types, x < constructed or i. New large dry-to-dry only ransfer only, 2 to th types, 140	Drop storage area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	e/out of busines. 1) 00 gal/yr gal/yr l/yr	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, 1 transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification of the property	on form that it is: ce	dry-to-dry only ransfer only, a poth types, x < constructed or l. New large dry-to-dry only ransfer only, 2 poth types, 140 constructed on l. I like the large of large on lar	□ Drop store area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr or after 12/9/9 area source $x < 140 \le x \le 2,100$ $x < 1,800 \text{ gal}$ or after 12/9/9 □ Can not definitely	e/out of busines. 1) 00 gal/yr gal/yr l/yr 1) termine _ above	s/petroleum

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

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?	ĽY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.		ΩY	ПON	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	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?	OY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON DANA				
 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)	DY ON WON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ONIA				
6. Maintained startup/shutdown/malfunction plan?	CAY ON .				
7. Maintained deviation reports?	OY ON ONA				
Problem corrected?	DY ON ONJA				
8. Maintained compliance plan, if applicable?	אואט אם עם				

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?						ØY	ί	ИC
2. Has the facility ma	2. Has the facility maintained a leak log?						C	NC
3. Does the responsib	ole official check the fo	llowi	ng ar	eas for leaks?				
Hose connec couplings,	tions, fittings, and valves	ФY	ΩΝ	□N/A	Muck cookers	_		□N/A
Door gaskets	and seating	⊠ Y	ПN	□N/A	Stills	ØΥ	ПN	□N/A
Filter gasket	s and seating	ΘY	ПN	□N/A	Exhaust dampers	a Y	ΠN	□N/A
Pumps		ØΥ	ПN	□N/A	Diverter valves	ØY	ΠN	□N/A
Solvent tank	s and containers	ØΥ	ПN	□N/A	Cartridge filter housings	ďΥ	ΠN	□N/A
Water separa	itors	ØΥ	ΠN	□N/A				
4. Which method of a	detection is used by the	resp	onsib	le official?		,		
Visual exami	ination (condensed solv	vent c	n ext	erior surfaces)		Œ		
Physical dete	ection (airflow felt thro	ugh g	asket	s)		a		
Odor (noticeable perc odor)					Ø			
Use of direct-	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak	detector					ر۵		
If using (lirect-reading instrun	nenta	tion,	is the equipme	ent:	QN/	Α	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ПY	ПN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΠY	ПN		
c. Ir	ispected for leaks and	obvio	us sig	ns of wear on a	weekly basis?	ΟY	ΠN	
d. K	Cept in a clean and secu	ure ar	ea wh	nen not in use?		ΠY	ΠN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΩY	ΠN		
Inspector's Name (Please Print) E 29 100 Date of Inspection					tion			
at Ret								
Inspec	Inspector's Signature Approximate Date of N			ext Ir	ispect	ion		

Revised	A1/	$0 / 0 \wedge$
Revised	111/	LX/LKI

AIRS ID#: 01/2202

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ONE PRICE DRY CLERIUMS	DATE:	8/29/00
FACILITY LOCATION: 100 S. MILITARY TRAIL #13		
DEERFIELD BOH FL 33442		
Annual Reporting Period: Aug 31 1999 TO Aug	6 29	20 <u>_</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	e with DEP	Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	ES	□NO
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period s	tated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	·	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting period s	tated 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 inqui in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities. RESPONSIBLE OFFICIAL: 10 M PEADER OM Page Name (Please Print) Signature	e solvent, ba	sed upon

^{*}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)				
1577					
4128	Postage Certified Fee	\$	Postmark		
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here		
2000 0600	JAIME ORTIZ Si MIRAMAR DR 6336 MIRAMA MIRAMAR FL	R PKWY			
	PS\		See neverse for Instruction		

P 174 052 208

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

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Sent to

PS Form **3800**, April 1995

AIRS ID # 0112201

MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023

Ì		
	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	

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 spapermit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered adelivered.		ces (for an essee's Address cted Delivery	
3. Article Addressed to: AIRS ID # 0112201 MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023	4a. Article N 4b. Service Registere Express Return Re 7. Date of D	Type ed Mail ceipt for Merchand	
5. Received By: (Print Name)	8. Addressed	e's Address (On	ly if requested

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

الالساليه في المراجع والمراجع والمراجع المراجع المراجع المراجع المراجع المراجع والمراجع والمر

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also or item 4 if Restricted Delivery is desir Print your name and address on the so that we can return the card to you Attach this card to the back of the or on the front if space permits. 	ed. e reverse bu. nailpiece, C. Stanature X Agent Addressee
Article Addressed to:	D. Tis delivery address different from item/ U Yes If YES, enter delivery address below. U No
AIRS ID # MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023	3. Service Type Certified Mail
000 0600 002641274	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY :

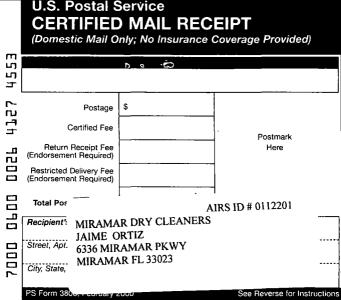
United States Postal Service



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 & MOSILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 6610 2600 ELAIR 610NE ROAD TALLAHASSES, FLORIDA 32399-2400



US Postal Service

Receipt for Certified Mail

AIRS ID # 0112201

MIRAMAR DRY CLEANERS JAIME ORTIZ

6336 MIRAMAR PKWY MIRAMAR FL 33023

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

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		of envelope to	inė over tol	Fold at I		
se side?	SENDES: Complete items 1 and/or 2 for additi Complete items 3, 4a, and 4b. Print your name and address on the card to you.		a can return this	I also wish to rec following service extra fee):		
reverse	Attach this form to the front of the more permit.	nailpiece, or on the back if spac	e does not	1. Address	ee's Address	
there	■Write "Return Receipt Requested" or ■The Return Receipt Will show to who			2. Restricted Delivery		
마	delivered.	om the article was delivered an	d the date	Consult postmas	ter for fee.	
	3. Article Addressed to:		4a. Article N			
'sted	AII	RS ID# 0112201	Z 3	33 660	549	
N	MIRAMAR DRY CLEANERS		4b. Service	Туре		
	AIME ORTIZ		☐ Registere	ed .	Certified 9	
	5336 MIRAMAR PKWY		☐ Express	Mail	☐ Insured .	
•	MIRAMAR FL 33023		☐ Return Re	ceipt for Merchandise	COD	
N. N.			7. Date of D	elivery 2-13	99	
RETUR	5. Received By: (Print Name)		8. Addresse and fee is	e's Address (Only paid)	if requested	
s your <u>F</u>	6. Signature: (Addressee or Ag	gent) Onto			•	
<u></u>	PS Form 3811, December 19	94 107	2595-97-B-0179	Domestic Ret	urn Receipt	

UNITED STATES POSTAL SERVICE



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



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

TOTAL AMOUNT DUE: \$50.00 JAN 28 98

Do NOT Remove Label

AIRS ID#0112201
MIRAMAR DRY CLEANERS

JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 902273

301209

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

TOTAL AMOUNT DUE: \$50.00

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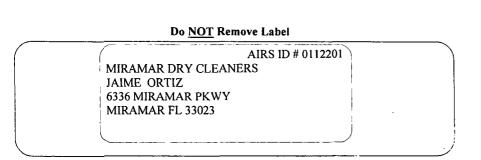
AIRS ID # 0112201

MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

0390859

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



FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

RECEIVED

0367586

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TAIL ROOF

TOTAL AMOUNT DUE: \$50.00PR / 3

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AIRS ID # 0112201

MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY MIRAMAR FL 33023 refundled

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112201 10 MIRAMAR DRY CLEANERS 6336 Miramar Pkwy MIRAMAR, FL 33023 30 Common and All Monite Sources

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

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

TOTAL AMOUNT DUE: \$50.00

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112201 JAIME ORT!Z MIRAMAR DRY CLEANERS 6336 MIRAMAR PKWY MIRAMAR FL 33023 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



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r Monitoring

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112201 MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY

MIRAMAR FL

33023

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



412989 JAN142882 P

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 # 0112201

MIRAMAR DRY CLEANERS
JAIME ORTIZ
6336 MIRAMAR PKWY
MIRAMAR FL
33023

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

0361962

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 # 0112201 MIRAMAR DRY CLEANERS JAIME ORTIZ 6336 MIRAMAR PKWY

6336 MIRAMAR PKWY MIRAMAR FL 33023 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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