

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Luis Castelblavco Marni Cleaners 8314 West Oakland Park Boulevard Sunrise, Florida 33351

Re: Facility I.D. No. 0112310

Dear Mr. Castelblavco:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

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Department of Environmental Protection

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

David B. Struhs Secretary

September 5, 2001

Mr. Luis Castelblanco Marni Cleaners 8314 West Oakland Park Boulevard Sunrise, Florida 33351

Dear Mr. Castelblanco:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on September 4.

In reviewing your submittal, it was noted that Marni Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112310). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. Jarrett Mack, Broward County "More Protection, Less Process"

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send, completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location		
1. Facility Owner/Company Name (Name of corporation,	agency, or indivi	dual owner):
1	. ·	
Luxe CleanING INC		
2. Site Name (For example, plant name or number):		
MARNI CLEAMERS		
3. Hazardous Waste Generator Identification Number:		
		· ·
FLD03700 9644		
4. Facility Location: 8314 MI. Oakla	ing Br	C. Blrd.
		7' 6.1
City: SUNRISE County:	D d	Zip Code: 3335/
5. Facility Identification Number (DEP Use ONLY do no	ini in Salasani	HEAD TO SEE THE SECTION OF THE SECTI
	1111	1310-002
	$C/I/\alpha$	コ10~00歳。
Responsible Official		
6. Name and Title of Responsible Official:	are a	
Name: Luis Castelblanco		esident.
7. Responsible Official Mailing Address:		
	0. 0.	ن . ر.
Organization/Firm: Street Address: B314 W D & KLZNZ	KK- 025	·VE
City: County:		Zip Code: ろろろよ
City: County: BYOWAYd		33311
8. Responsible Official Telephone Number:	T	`
Telephone: (954)741-2522	Fax: () -
Facility Contact (If different from Responsible Official)		
9. Name and Title of Facility Contact (For example, plant	nanager):	
	3 ,	T.
sane es above		
10. Facility Contact Address:		÷.,
0		
Street Address:		7:n Codo
City: County:	· •	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: () -	Fax: (.) -
, , ,	`	,

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility I	Iformation
------------	------------

1 (a) DRY-TO-DRY M		h	
How many dry-to-dry ma	•		
		e provide the following information	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Zune/1990	Existing N	ew RC/CA/None required	<u>same</u>
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon-adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		•
How many dryers/reclain	ners do you have	on-site?	•
unit. If the transfer machi	ine was purchased	d from the manufacturer between D	December 9, 1991 and September 22
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased to units purchased		December 9, 1991 and September 22 wed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased no units purchased er machine on-sit Status	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required*	December 9, 1991 and September 2: wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased no units purchased er machine on-sit Status (circle one)	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22 wed to operate under this general primation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased to units purchased er machine on-sit Status (circle one) Existing/New	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September 22 wed to operate under this general primation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n	ine was purchased to units purch	d from the manufacturer between Ed after September 22, 1993 are allower, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor	ine was purchased to units purch	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor	ine was purchased to units purch	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cefrigerated condenser CA = have you used within the last 12 m I this in)	December 9, 1991 and September 22 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE King 2.(a) How much perchlor [85] gallor (b) If less than 12 more	ine was purchased to units purch	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cefrigerated condenser CA = have you used within the last 12 m I this in)	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE King 2.(a) How much perchlor [85] gallor (b) If less than 12 more	ine was purchased to units purch	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cefrigerated condenser CA = have you used within the last 12 m this in) [12] months	peccember 9, 1991 and September 2 wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?

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.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser Carbon adsorber Refrigerated condenser Carbon adsorber Refrigerated condenser Refrigerated condenser
5. A facility which contains non-exempt emission units shall not be eligible to use the general permit pursuant Rule 62-213.300, F.A.C. Verify that all steam and ot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memor for the criteric).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [10] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are No DEP 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
AIRS ID#: <u>O11231O</u> DATE: 12-14- FACILITY NAME: <u>MARNI</u> CLEAN	98 TIME IN: 9:45 TIME OUT: 10:20
FACILITY LOCATION: 8314 W. OF	SUNRISE FL. 33351
RESPONSIBLE OFFICIAL: LOUIS CAST	ELBLANCO PHONE: 741-2522 PHONE:
PART I: NOTIFICATION	P
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	
· · · · · · · · · · · · · · · · · · ·	
PART II. CLASSIFICATION	88 3
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	☐ No notification of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types; 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types; 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) ■Y □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

BEST AVAILABLE COPY

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?	ON ON ONA	
2. Examining the containers for leakage?	WY ON ONA	
3. Closing and securing machine doors except during loading/unloading?	r on	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SKVA	
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 refri (complete A below).	gerated condenser	
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 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 עם	
2. Equipped dry-to-dry m tines with a closed-loop vapor venting system?	AMD NO YD	
3. Equipped the condens. with a diverter valve so airflow will be directed away from the condenser upon open. the door?	אורם אם צם	
4. Measured and record—the temperature of the outlet exhaust stream of a refrigerated condenser on a week—theweekly basis?	מא מא	
5. Repaired or adjusted as equipment within 24 hours if the exhaust temperature of the condenser exceeded. F?	OY ON ONA	
6. Conducted all temp ture monitoring after an appropriate cooldown period and after verifying that the countries and 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ИD	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ИΠ	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□ _N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ВИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	אם אים	
2. Maintained rolling monthly total of perc consumption?	r on interpretation	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	®Y □N □N/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?	ØY ON ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ®YÑ/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BYNA	
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?		
Problem corrected?	OY ON DENA	
8. Maintained compliance plan, if applicable?	OY ON OXÍVA	

DARKA A BAYA DEGRAMANA	AND DEPARTS		
PART VI: LEAK DETECTION A			
Does the responsible official conc	luct a weekly (for small sources	s, bi-weekly) leak detection ar	_
inspection?			ayy □n
2. Has the facility maintained a leak	: log?		ØY □N
3. Does the responsible official chec	k the following areas for leaks	?	
Hose connections, fittings, couplings, and valves	WY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	DY ON ON/A	Diverter valves	מאס אס מאיא
Solvent tanks and container	s Oy on on/a	Cartridge filter housings	DY ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is use	d by the responsible official?		
Visual examination (conder	nsed solvent on exterior surface	es)	亚
Physical detection (airflow	felt through gaskets)		
Odor (noticeable perc odor)			র্ভ
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			
If using direct-reading	g instrumentation, is the equip	oment:	™N/A
a. Capable of dete	cting perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
	nst a standard gas prior to and	after each use	
(PID/FID only)	?		DY DN
c. Inspected for le	aks and obvious signs of wear of	on a weekly basis?	DY DN
d. Kept in a clean	and secure area when not in us	se?	DY DN
e. Verified for acc	curacy by use of duplicate samp	les (calorimetric only)?	OY ON
. 0			

12-14-98
Date of Inspection
PGC 99
Approximate Date of Next Inspection

Ko*

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MARNI CL	EANERS .				_DATE: <u>(</u> 2-	14-98
FACILITY LOCATION: 8314 W	- OAKLAND A	K BLYD.	SUNRISE	E , EL-	33351	
Annual Reporting Period: DEC	C 18_	19 <u>97</u> 7	го	PEC]4	19 <u>98</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-	-				
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been in	continuous coi	mpliance durin	g the repo	rting period stat	ed 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	continuous cor	mpliance durin	g the repo	rting period star	ed 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, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities.	and complete. Furth	er, my annual	consumption o	j perchlor	oethylene solve	nt, base i
	me (Please Print)	LANCO	Signa	we out	elbhus	12/14/98 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.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1 was Classica total
2. Site Name (For example, plant name or number):
Magazi
MARNI CLEANORS 3. Hazardous Waste Generator Identification Number:
FLD 037 009 644
4. Facility Location:
4. Facility Location: Street Address: 8314 W- OZKLANDPK- BLVd.
City: SUNRISE County: BYOWAY Zip Code: 33 355, 5. Facility Identification Number (DEP Use):
5. Facility Identification Number (DEP Use):
Responsible Official
Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
Organization/Firm: MARNI CLEANETS
Street Address: 8314 W - 03 KL2N3 F F Zin Code:
7. Responsible Official Mailing Address: Organization/Firm: MARNI CLEANEYS Street Address: 8314 W- Dakland Pk Blud City: SUNRISE Responsible Official Telephone Number: 8. Responsible Official Telephone Number:
6. Responsible Official Telephone Number.
Telephone: (39) 7412522 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

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SEP. 6 1996

#0112310

•	Marni Cleaners
;	
	spoke with Luis Castelblanco-
	10/4/96
7.13	10. add title - Owner
5.15	6. add title - Owner 5. Hrequired
	· · · · · · · · · · · · · · · · · · ·
	
	
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Facility Information

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

Type of Machine	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-M4R-92	02-MAR-
Dry-to-Dry Unit	/	DAY T. D.	ng						
(1) w/ ref. cor	ndenser	6/23/9-	6/23/9.						
(2) w/ carbon	adsorber								
(3) w/ no cont	trols								
Washer Unit									_
(4) w/ ref. cor	denser								
(5) w/ carbon	adsorber								
(6) w/ no cont	rols								1
Dryer Unit		•	•		•			•	
(7) w/ ref. con	denser								
(8) w/ carbon	adsorber								
(9) w/ no cont	rols	_					<u> </u>		
Reclaimer Unit		·	.1						
(10) w/ ref. co	ndenser					T			
(11) w/carbon						***************************************		 	+
(12) w/ no cor					_	<u> </u>			
(b) Control do (c) No contro 2.(a) What was to	l devices are r	equired to be	installed [_	<u>×</u>		n the latest	12 moi	nths?	
(b) If less than Check why	12 months, h y it is less than	ow many? [12 months:] months New owner:	[New store	:: [] Did	d not k	keep records:	: []
3. What is the fac (Indicate with					initions foun	d in section	(3) of	Part II?	
	g small area so				nall area sou	•	١		
Existing	g large area so	urce []	Ne	ew la	rge area soui	rce [ال		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

11-01-11-1

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the 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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	bastellemues Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

acc

AIRS ID#0112310

LUXE CLEANING INC LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD SUNRISE FL 33351

Do NOT Remove Label

Annual Reporting Period:	Janoary	19 <u>9)</u> to	JANUARY	19_9 8
	tion of the Title V general air perm strative Code (F.A.C.), during the p			h DEP Rule
If NO, complete the following	g:			
#1. Term or condition of the	general permit that has not been i	in continuous complia	nce during the reporting p	period stated above:
Exact period of non-complian	nce: from		to	
Action(s) taken to achieve co	mpliance:		·	Si Più
_Method used to demonstrate	compliance:		•	L R D
#2. Term or condition of the	general permit that has not been i	n continuous complia	nce during the reporting p	eriod stated above:
Exact period of non-complian	nce: from		to	ı
Action(s) taken to achieve co	mpliance:			
Method used to demonstrate	compliance:			
notification are true, accurate d	reby certify, based on information ar and complete. Further, my annual co per year for dry-to dry facilities or 1,8	onsumption of perchlor	roethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL	L: Name (Please Print)	W Luiscas	Signature	/(0/9) 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.

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:30	AIRS ID#: 01/23/0
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Marni Cleaners	DATE: 12-18-97
FACILITY LOCATION: 8314 W Oakland Park	
Sunrise, Florida 3335	
RESPONSIBLE OFFICIAL: Luis Castelblanco	PHONE NUMBER: 741-2522
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
	, , , , , , , , , , , , , , , , , , ,
·	
,	
COMMENTS:	
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: December 199	78
	proximate)
INSPECTION CONDUCTED BY: B Thomas	·
. (Ple	ase Print)
INSPECTOR'S SIGNATURE: 35hm	PHONE NUMBER: 519 -1459
. Page	of . Revised 10/96

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/Ravised 10/10/96

0112310

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MARNI CLEANERS	DATE: 12 12 97
FACILITY LOCATION: 8314 W OAKLAND PKBLVd.	
SUNRISE FL. 33351	
Annual Reporting Period: <u>Pecembel</u> 1996 TO <u>Decembel</u>	1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 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 desire the	rung pended stated above:
Exact period of non-compliance: from to	•
Action(s) taken to achieve compliance: Bureau of & Mol	Air Moilteorine bile Sources
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilityear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	oethylene solvent, based ties or 1,800 gallons per

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.

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TITLE Y GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

			,	
TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISCOVERY	Q
	RE-INSPECTION	۵		
				

AIRS ID#: 01/23/0 DATE: 12-18	-97 TIME IN: 10:30 TIME OUT: 11:30
FACILITY NAME: Marni Cleaners	
FACILITY LOCATION: 8314 W Oa	Kland Park Boulevard
Sunrise 1	Morida 33351
RESPONSIBLE OFFICIAL: Luis Cast	e blanco PHONE: 741-2522
CONTACT NAME: Lois Castelblar	100 PHONE: 741-2522
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	тир 🗆
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(Check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
(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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of 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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of 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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square Y \square N \square Can not determine
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square Y \square N \square Can not determine

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מם עם
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?	AVAD ND YD
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?	אומם מם עם
Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
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?	בארם אם אם אם אם אם אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON DN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DÝ ON
2. Maintained rolling monthly averages of perc consumption?	BA OX
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	QY ON ONA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ONA
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A
6. Maintained startup/shutdowπ/malfunction plan?	
7. Maintained deviation reports?	אואם אם אוא
Problem corrected?	DY ON ONA
A rootein corrected.	OY ON OWA

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a v	weekly (for small sources	s, bi-weekly) leak detection a	nd repair
inspection?		•	NO PE
2. Has the facility maintained a leak log?			NO YO
3. Does the responsible official check the f	following areas for leaks?	?	
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	AVO NO ÝŒ
Door gaskets and seating	ØÝ ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	ØÝ □N □N/A
Pumps	ZÝ ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surface	es)	2
Physical detection (airflow felt thr	rough gaskets)		æ
Odor (noticeable perc odor)			A
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	ø j
Halogen leak detector			a
If using direct-reading instri	umentation, is the equip	oment:	□N/A
a. Capable of detecting p	perc vapor concentration:	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each usc	OY ON
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and se	ecure area when not in u	se?	ND YD
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OZ ON
Bob Thomas		Decem	ber 18 1997
Inspector's Name (Please Prin	nt)	Date of Insp	ection

Inspector's Name (Please Print)

December 1998

Inspector's Signature

December 1998

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	দ্র	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
AIRS ID#: <u>0112310</u>	DATE: 1/17/2000	TIME	IN: <u> j: OO</u> TIME OUT:	1135
FACILITY NAME: MAG	RNI CLEANE	ERS.		
FACILITY LOCATION:	8314 W On	HKLAND	PARK BLVD M SWERIFF IC	<u>,33351</u>
RESPONSIBLE OFFICIAL :	Louis Casti	ELBUNC	CPHONE: (454) 74/	2522
CONTACT NAME:	•		(
			Jul.	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			9
2. Facility failed to notify DAR	M to use general permit			
				
PART II: CLASSIFICATION	T			
		_		
Facility indicated on notification			☐ No notification form	
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	etrolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y	on form that it is: ce		☐ Drop store/out of business/parca source ☐ x < 140 gal/yr	etrolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour	on form that it is: ce	r-to-dry only, nsfer only, x h types, x <	☐ Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr	etrolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	r-to-dry only, nsfer only, x h types, x < nstructed on New large and reto-dry only, nsfer only, 20 h types, 140	☐ Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	on form that it is: ce	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140 nstructed on	☐ Drop store/out of business/p lrea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	etrolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility classified in the please check the angle of facility of the constructed before 12/9/91)	on form that it is: ce	n-to-dry only, nsfer only, x h types, x < nstructed on New large and to-dry only, nsfer only, 20 h types, 140 nstructed on New large and types, 140 nstructed on New large and New large	□ Drop store/out of business/p lirea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$) □ Can not determine	etrolcum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ØY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? ery on 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber BY 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) DY DN 1. Equipped all machines with the appropriate vent controls? OY ON ON/A 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B. Has the res	ponsible official of an existing large or new large area source also:		- -	
	nd recorded the exhaust temperature on the outlet side of the condenser located by, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
Measured are inlet and out	d recorded the washer exhaust temperature at the condenser elet weekly?	ΟY	ПΝ	□N/A
Is the t	emperature differential equal to or greater than 20° F?	ĹΩΥ	ПN	□N/A
at the end of if machines	In the drecorded the perc concentration in the exhaust stream weekly the final drying cycle while the machine is venting to the adsorber, are equipped with a carbon adsorber?			□N/A
is the j	perc concentration equal to or less than 100 ppm?	ЦY	UN	□N/A
perc concent or expansion	the sampling port on the carbon adsorber exhaust for measuring rations is at least 8 duct diameters downstream of any bend, contraction, is at least 2 duct diameters upstream from any bend, contraction, and downstream from no other inlet?	ΟY	ПΝ	□N/A
5. Equipped tra condenser co	insfer machines (dryers, reclaimers, and washers) with individual ils?	ΩY	ПΝ	□N/A
6. Routed airflo	ow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

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

TAKI VI. LE	EAR DETECTION AND R	ELAMO			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?				⊡ Y	□N
2. Has the faci	lity maintained a leak log?	<		ΘÝ	□N
3. Does the res	sponsible official check the f	following areas for leaks?			
	connections, fittings, lings, and valves	dy on on/a	Muck cookers	ďY	□N □N/A
Door g	gaskets and seating	OY ON ON/A	Stills	Ø Y	□N □N/A
Filter	gaskets and seating	CY ON ON/A	Exhaust dampers	ŒΥ	□N □N/A
Pumps	s ·	CY ON ON/A	Diverter valves	T Y	□N □N/A
Solver	nt tanks and containers	OY ON ON/A	Cartridge filter housings	O Ý	□N □N/A
Water	separators	CY ON ON/A			
4. Which meth	nod of detection is used by th	e responsible official?			
Visual	examination (condensed so	lvent on exterior surfaces)			
Physic	cal detection (airflow felt thre	ough gaskets)		o ,	
Odor ((noticeable perc odor)			Ø	
Use of	direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)		
Halogo	en leak detector				
If	using direct-reading instru	mentation, is the equipme	ent:	CEN/	A
	a. Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a state (PID/FID only)?	andard gas prior to and afte	er each usc	ΩY	□N
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	ΠY	ח⊓
	d. Kept in a clean and sec	cure area when not in use?		ΠY	□N
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	ПY	□N
	1		-		
	ter tenuera		1/19/200		
Ins	spector's Name (Please Print)	Date of Inspec	ction	
	11.0+		<u> </u>		
	Inspector's Signature		DEC ZOO Approximate Date of 1		rspection
	ALUDOCIOL D CIGIRALUIC		pp Dut UI I		

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



PACILITY NAME: MARNI CLEAVERS:	DATE: 1/19/00
FACILITY LOCATION: 8314 W. CAKIALIO PK BLVO	
Annual Reporting Period: 12/14/98 1998 TO	12/31/99 1999
Based on each term or condition of the Title V general air permit, my facility has remaine 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	
If NO, complete the following:	
≠1. Term or condition of the general permit that has not been in continuous compliance d	turing the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	
₹2. Term or condition of the general permit that has not been in continuous compliance de Exact period of non-compliance: from	uring the reporting period stated above:
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	
vieuloù useu lo demonsulate compliance.	
Is the responsible official, I hereby certify, based on information and belief formed after rade in this notification are true, accurate and complete. Further, my annual consumption purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or combination facilities. VESPONSIBLE OFFICIAL: Name (Please Print)	on of perchloroethylene solvent, based
This form is made available to you as an aid in order to meet your annual compliance cert iscretion of the responsible official to use this form.	tification requirements. It is at the

Page _____ of _____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTI	ON 🗆
AIRS ID#: 01/23/0 DATE: 1/2/	O TIME IN: //: 00 TIME OUT: //
FACILITY NAME: MARCH CLEANS	
FACILITY LOCATION: 8314 W. O	AKUSUD PK BLYD SIDRISE, FL 33
DESPONSIBLE OFFICIAL . LOUIS CASES	FLIBUNCO PHONE: (954) 741-2522
	HORE. (131) 141-2322
CONTACT NAME: <u>Same</u>	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	•
, = to notice to make to and goneral pa	ermit
	ermit
	ermit
PART II: CLASSIFICATION	ermit
PART II: CLASSIFICATION Facility indicated on notification form that it is:	☐ No notification form
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petrole 2. New small area source
PART II: CLASSIFICATION 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	☐ No notification form ☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr
PART II: CLASSIFICATION 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	☐ No notification form ☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petrole 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
PART II: CLASSIFICATION 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	☐ No notification form ☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petrole 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)
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PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	□ No notification form □ Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	□ No notification form □ Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$) □ Can not determine
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(check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON ON/A 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) 1. Equipped all machines with the appropriate vent controls? UN YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YO

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	QY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	. П А	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?	ΩY	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring 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?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□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?	MY ON
2. Maintained rolling monthly total of perc consumption?	ØÝ ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	WY 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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DIN DYN/A
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON ON A
6. Maintained startup/shutdown/malfunction plan?	CPY ON
7. Maintained deviation reports?	OY ON DANA
Problem corrected?	OY ON POŃA
8. Maintained compliance plan, if applicable?	OY ON OMA

PART VI: LEAR DETEC	TION AND REEL	uw.				
1. Does the responsible offi	cial conduct a week	ly (for small sources,	bi-weekly) leak detection a	nd rep	air	
inspection?				Z Y	ΠN	1
2. Has the facility maintain	ed a leak log?			M Y	ΩN	4
3. Does the responsible officer	cial check the follow	ving areas for leaks?				
Hose connections, if couplings, and val	-	ON ON/A	Muck cookers	œÝ	_ ח אם]N/A
Door gaskets and so	eating 🗹	ON ON/A	Stills	ĽΥ		IN/A
Filter gaskets and s	eating 🗹	ON ON/A	Exhaust dampers	ΘY	ם אם	IN/A
Pumps	er	ON ON/A	Diverter valves	ŒΎ		IN/A
Solvent tanks and c	ontainers 🗹 Y	ON ON/A	Cartridge filter housings	ωÝ	□и □	IN/A
Water separators	e Y	ON ON/A				
4. Which method of detection	n is used by the res	ponsible official?				
Visual examination	(condensed solvent	on exterior surfaces)		g ′′		
Physical detection (a	urflow felt through	gaskets)				
Odor (noticeable per	c odor)			2		
Use of direct-reading	g instrumentation (FID/PID/calorimetric	tubes)			
Halogen leak detecte	or			رٍ ۵	1	
If using direct-	eading instrumen	ation, is the equipme	ent:	DN/A	A	
a. Capable	of detecting perc va	por concentrations in	a range of 0-500 ppm?	ΟY	ПИ	•
b. Calibrato (PID/FII	-	d gas prior to and afte	er each use	ΠY	ПN	
c. Inspected	l for leaks and obvi	ous signs of wear on a	weekly basis?	ΠY	ПN	
d. Kept in a	a clean and secure a	rea when not in use?	; -	ΠY	ПN	
e. Verified	for accuracy by use	of duplicate samples	(calorimetric only)?	ΟY	ПΝ	
					-	
Apr Pew			1/21/01	4.		
Inspector's Name	(Please Print)		Date of Inspec	tion		
(st lett			Jan 2002	·		
Inspector's Si	gnature	_	Approximate Date of N	ext In	spection	1

Revised	01/1	8/00

AIRS ID#: 0(23(0)



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NARNI	cleaners		DAT	E: 1/22/01
FACILITY LOCATION: 83(4	W. Oakwas			
Annual Reporting Period:	Jan 19	20∞ то	Jan 22	2001
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code				EP Rule
If NO, complete the following: #1. Term or condition of the general perm	nit that has not been in o	continuous compliance d	luring the reporting peri	od stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	1	to_		
Method used to demonstrate compliance: #2. Term or condition of the general perm		continuous compliance d		od 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, in this notification are true, accurate and c purchase receipts, does not exceed 2,100 g combination facilities.	complete. Further, my	annual consumption of p	perchloroethylene solven	t, based upon
RESPONSIBLE OFFICIAL: しいく	S COSTELDI : ame (Please Print)	NO pur	Signature D	1/22/01 ate

^{*}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.

How many dry-to-dry ma	ichines do you hav	ve on-site?	suite state that the state of
For each dry-to-dry mach	nine on-site, please	provide the following informati	ion:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
June 1990	Existing	w RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	
· ·	Existing/Ne	w RC/CA/None required	<u> </u>
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do vou have o	on-site?	and the second of the second
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between after September 22, 1993 are al	December 9, 1991, it is an EXIST December 9, 1991 and September lowed to operate under this general
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased	from the manufacturer between	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status	from the manufacturer between after September 22, 1993 are al e, please provide the following in Control Device Required*	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status	from the manufacturer between after September 22, 1993 are al e, please provide the following in Control Device Required*	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status (circle one)	from the manufacturer between after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased er machine on-site Status (circle one) Existing/New	from the manufacturer between after September 22, 1993 are al e, please provide the following in Control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K	ine was purchased to units purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cfrigerated condenser CA	December 9, 1991 and September lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo	ine was purchased to units purch	from the manufacturer between after September 22, 1993 are all please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transform Date Initially Purchased From Manufacturer *CONTROL DEVICE K	ine was purchased to units the units purchased to u	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cfrigerated condenser CA thave you used within the last 12 this in)	December 9, 1991 and September lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo [85] gallo (b) If less than 12 more	ine was purchased to units status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cfrigerated condenser CA shave you used within the last 12 this in)	December 9, 1991 and September lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo [85] gallo (b) If less than 12 more	ine was purchased to units status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cfrigerated condenser CA: have you used within the last 12 this in) 12 months New owner: Did not ke	December 9, 1991 and September lowed_to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo [85] gallo (b) If less than 12 more	ine was purchased to units status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between after September 22, 1993 are ale, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cfrigerated condenser CA shave you used within the last 12 this in)	December 9, 1991 and September lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send, completed form to the address listed in the instructions and keep a copy of the form for your files.

completed form to the address listed in the instructions and keep a copy of the form for your files.
Facility Name and Locarion
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
in a constant to
Luxe Ciezning Inic 2. Site Name (For example, plant name or number):
MARNI CLEANEYS 3. Hazardous Waste Generator Identification Number:
FLD03700 9644
4. Facility Location: 8314 W. Oakland PK. BLVd. Street Address:
City: SUNRISE County: Zip Code: 33351
5. Facility Identification Number (DEP Use ONLY - do not fill in): (1) 23/0 - 002
Responsible Official
6. Name and Title of Responsible Official:
Name: Title: President.
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: B314 W D & KLZNZ PK. B2 V d
City: County: Zip Code: 33351
City: County: Zip Code: SUNRISE BYOWAYD 33351
8. Responsible Official Telephone Number: Telephone: (9 54) 741-7 5 3 Fax: () -
Telephone: (954)741-2522 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
save as above
10. Facility Contact Address:
Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ()

	it is the facility's source cladicate with an "X". Select				n section (3) o		
	Small Area Source	. [×1		• • • • •		•	·
	Dry-to-dry mach Transfer only or Both machine ty	nines only on-site	(used le	ess than 140 galless than 200 galless than 140 galless than 140 gall	lons of perc p	er year) er year)	r. ;
··· .	Large Area Source					•	
	Dry-to-dry macl Transfer only or Both machine ty		(used 2	40 - 2,100 gallo 00 - 1,800 gallo 40 - 1,800 gallo	ns of perc per	year)	
	t control technology is required with an "X".)	uired on machines	pursuan	to section (5) o	f Part II of th	is notificatio	n förm?
	Existing machines at small (NONE REQUIRED)	all area source		New machines Refrigerated c		i source	·
	Existing machines at large Carbon adsorber Refrigerated condenser	ge area source		New machines Refrigerated c		source]	
All stea	acility which contains non- 2-213.300, F.A.C. Verify to the criteria or that no such arm and hot water generation the units on-site	hat all steam and units exist on-site g units exempt	ot water	generating unit	s on-site meet	t the following	
For eac	h boiler, indicate its horsep	ower (HP) rating:	: (0) [
What ty	pe of fuel do you use?] propane [] No. 2 fue [] No. 6 fue		natural No. 4 f Other (
6. Equi	pment Monitoring and Rec	ordkeeping Inform	mation		•		
Check	all logs which are required	to be kept on-site	in accord	lance with the re	equirements o	of this genera	l permit:
(a) Pur	chase receipts and solvent p	ourchases/solvent	addition	log	4		
(b) Lea	k detection inspection and	repair			[*]		
(c) Ref	rigerated condenser temper	ature monitoring			[X]		
	bon adsorber exhaust perc						
(e) Sta	rtup, shutdown, malfunctio	on plan	in an ear	•••		f (1)	
	F						

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

علم الما

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

0112310001 A 6

No DEP 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.

Print name of responsible official

Signature Listellaure

B 20 /01

Date 0 12 16/

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459899 MAR15 2006

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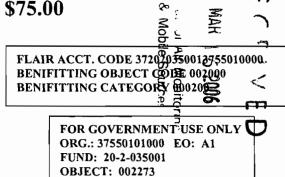
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.



Do NOT Remove Label

AIRS ID# 112310 MARNI CLEANERS 8314 W Oakland Park Blvd SUNRISE, FL 33351

Printed on recycled paper.



		AIL RECEIPT	e Coverage Provided)			
91,70			a			
372	Postage Certified Fee	\$	2			
20 9	Return Receipt Fee (Endorsement Required)		Postmark Here			
Ô	Restricted Delivery Fee (Endorsement Required)		\mathcal{L}			
0550	10 AIRS ID # 0112310001AG FI LUIS CASTELBLANCO MARNI CLEANERS					
7000	\$ 8314 W OAKLAND PARK BLVD SUNRISE FL 33351					
•	PS Form 3800, Februa	ry 2000	See Reverse for Instructions			

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	ETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, and 5. 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 # 0112310001AG LUIS CASTELBLANCO 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No						
MARNI CLEANERS 8314 W OAKLAND PARK BLVD SUNRISE FL 33351	3 Service Type Certified Mail						
2. Article Number (Copy from service label) 7000 0520 0020 9372 9170							
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

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

RECEIVED MAIL ROOM

JAN 14 97 TOTAL AMOUNT DUE: \$50.00

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LUXE INC

LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD SUNRISE FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112310

MARNI CLEANERS
LUIS CASTELBLANCO
8314 W OAKLAND PARK BLVD
SUNRISE FL 33351

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

Funa: 20-2-03: Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 112310 10 MARNI CLEANERS 8314 W Oakland Park Blvd SUNRISE, FL 33351

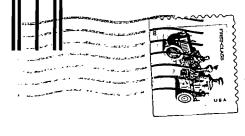
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ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 SUNVISE FL.





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

3231243030 33

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

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label AIRS ID#0112310 MARNI CLEANERS LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD SUNRISE FL 33351 AIRS ID#0112310 FOREGOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fuite: 20-2-035001 Ohi: 002273



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MARNI CLEANERS LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD SUNRISE FL 33351

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Fund: 20-2-035001 Obj.: 002273

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DEC 2 3 1998

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring

& Mobile Sources

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MARNI CLEANERS LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD SUNRISE FL 33351 RECEIVED AAIL ROOM

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Fund: 20-2-035001 Obj.: 002273



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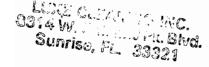
LUXE CLEANING INC LUIS CASTELBLANCO 8314 W OAKLAND PARK BLVD

SUNRISE FL 33351

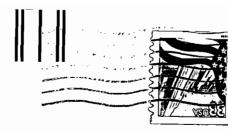
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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273







TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0389942

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MAIL ROOM

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AIRS ID # 0112310

MARNI CLEANERS LUIS CASTELBLANCO 8314 W OAKLAND PARK

8314 W OAKLAND PARK BLVD SUNRISE FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273