



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 25, 1996

Mr. Mireya Santos  
S.S.S. Professional Dry Cleaners, Inc.  
3980 West 12 Avenue  
Hialeah, Florida 33012

Dear Mr. Santos:

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 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  
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

# ~~0250762~~

0250686-200

P. 14

3. existing large  
area source  
should be marked

P. 15

(b) should be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	S.S.S. PROFESSIONAL DRY CLEANERS, INC.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	3980 W. 12 AVE		
City:	County:	Zip Code:	
HIATIAH	DADE	33012	
5. Facility Identification Number (DEP Use):	0250606-200 <del>0250606-200</del>		

## Responsible Official

6. Name and Title of Responsible Official:	MIREYA SANTOS (PRESIDENT)		
7. Responsible Official Mailing Address:	Organization/Firm: SSS PROFESSIONAL DRY CLEANERS INC.		
Street Address:	3980 W. 12 AVE		
City:	County:	Zip Code:	
HIATIAH	DADE	33012	
8. Responsible Official Telephone Number:	Telephone: (305) 825-8640 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

SEP 6 1996

### 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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	1989	1981						
(1) w/ ref. condenser		1989							
(2) w/ carbon adsorber		1989							
(3) w/ no controls									
Washer Unit	#2	1989	1981						
(4) w/ ref. condenser		1989							
(5) w/ carbon adsorber		1989							
(6) w/ no controls									
Dryer Unit	#3	1989	1981						
(7) w/ ref. condenser		1989							
(8) w/ carbon adsorber		1989							
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source       New small area source

Existing large area source       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (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 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)

\_\_\_\_\_

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.*

\* *Marya Santos*  
Signature

9-2-96  
Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: S.S.S. Professional Dry Cleaners, Inc. DATE: 3/7/97
FACILITY LOCATION: 3980 W 12 Ave
Hiawah, FL 33012

Annual Reporting Period: 7/96 19 TO 7/97 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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: Did not have paperwork - perc log + leak inspection + refrigerated condenser temperature log.
Exact period of non-compliance: from 7/96 to 3/7/97
Action(s) taken to achieve compliance: Start keeping paperwork (logs)
Method used to demonstrate compliance: logs

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: facility has
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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Mireya Santos Name (Please Print) Mireya Santos Signature 3/7/97 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 CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 0250680    DATE: 3/7/97    TIME IN: 1:00 pm    TIME OUT: 1:40 pm  
 FACILITY NAME: S.S.S. Professional Dry Cleaners, Inc.  
 FACILITY LOCATION: 3980 W. 12 Ave  
    Hialeah, FL 33012

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96      
 2. New facility notified DARM 30 days prior to startup      
 3. Facility failed to notify DARM to use general permit   

**PART II: CLASSIFICATION**

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

A.

<p>1. Existing small area source                      <input checked="" type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p>	<p>2. New small area source    <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p>
<p>3. Existing large area source    <input checked="" type="checkbox"/>                  dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr                  transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr                  both types, <math>140 &lt; x &lt; 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p>4. New large area source    <input type="checkbox"/>                  dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr                  transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr                  both types, <math>140 &lt; x &lt; 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p>

This is a correct facility classification                       Y       N

If no, please check the appropriate classification:

facility qualified for a general permit as number 2 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

MB  
3/13/97



**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  NA
- 2. Examining the containers for leakage?  Y  N  NA
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  NA
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
     Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or,  Y  N  NA
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  NA
4. Maintained calibration data? *(for direct reading instruments only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  NA
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
     Problem corrected?  Y  N  NA
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

*Mireya Santos*

Name of Responsible Official

*Debbie Griner*

Inspector's Name (Please Print)

*Deborah Griner*

Inspector's Signature

*3/7/97*

Date of Inspection

*3/98*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility has recently purchased a new dry cleaning machine which was in operation during inspection. Facility has been informed that they must notify the state of their equipment change.



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:00 TIME OUT: 1:40 AIRS ID#: 0250086  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: SSS Professional Dry Cleaners, Inc. DATE: 3/7/97  
 FACILITY LOCATION: 3980 W. 12 Ave  
Hialeah, FL 33012  
 RESPONSIBLE OFFICIAL: Mireya Santos PHONE NUMBER: 825-8640

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- No perc purchase log	- Need to start maintaining log.
- No leak inspection log	- Need to start maintaining log.
- Facility has not monitored + recorded temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis	- Facility must begin monitoring + recording temp. on a weekly basis
- Facility has recently replaced drycleaning machine.	- Facility must submit a letter to the state including info. on new machine + must be signed by responsible official.

COMMENTS:

*Facility and equipment is satisfactory*

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES  NO

DATE OF NEXT INSPECTION: 3/98  
(Approximate)

INSPECTION CONDUCTED BY: Debbie Griner  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 372-6936

*Mireya Santos*

P 062 922 381



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

Sent to MS MIREYA SANTOS	
Street and No. 3980 W 12 AVENUE	
P. O., State and ZIP Code HIALEAH FL 33012	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date August 28, 1996	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
- MS MIREYA SANTOS  
S S S PROFESSIONAL DRY CLEANERS  
3980 W 12 AVENUE  
HIALEAH FL 33012

4a. Article Number

P 062 922 381

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8/30

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

*[Handwritten Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

Official Business

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
SEP 5 1996

37550804000 MS/5510

Print your name, address and ZIP Code here

MRS MARY HARVEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF AIR MONITORING AND MOBILE SOURCES

MOBILE SOURCE CONTROL SECTION

2600 BLAIR STONE ROAD

TWIN TOWERS OFFICE BUILDING

TALLAHASSEE FL 32399-2400



# Department of Environmental Protection



Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

#### CERTIFIED MAIL

In the matter of notification  
of use of General Permit by:

Mireya Santos  
S.S.S. Professional Dry Cleaners, Inc.  
3980 West 12 Avenue  
Hialeah, Florida 33012

\_\_\_\_\_ /

This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for S.S.S. Professional Dry Cleaners, Inc. pursuant to your submittal received August 6, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

- insufficient facility information
- insufficient equipment information
- insufficient equipment control information
- ineligibility based upon emissions
- inapplicable source category
- incomplete/unsigned certification statement
- other (Signature is not the responsible official on page 13, line 6.)

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.



A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;

(b) A statement of how and when each petitioner's received notice of the Department's action;

(c) A statement of how each petitioner's substantial interests are affected by the Department's action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;

(f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, F.A.C.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLICANT: Mireya Santos  
FDEP TRACKING NO.: 0250686

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

*Howard L. Rhodes*

Howard L. Rhodes  
Director  
Division of Air Resources  
Management

**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on August 28, 1996 to the listed persons.

**Clerk Stamp**

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

*Jane Wise* 8/28/96  
Clerk Date

AUG 5 1996

### Perchloroethylene Dry Cleaning Facility Notification

Hazardous Waste  
Cleanup Section

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>S.S.S. Professional Dry Cleaners, Inc.</i>			
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: <i>3980 W. 17 AVE</i>			
Street Address:			
City: <i>Hiawatha</i>	County: <i>DADE</i>	Zip Code: <i>33012</i>	
5. Facility Identification Number (DEP Use): <i>0250686</i>			

#### Responsible Official

6. Name and Title of Responsible Official: <i>MIRYA SANTOS</i>			
7. Responsible Official Mailing Address:			
Organization/Firm: <i>SSS Professional Dry Cleaners Inc.</i>			
Street Address: <i>3980 W. 17 AVE</i>			
City: <i>Hiawatha</i>	County: <i>DADE</i>	Zip Code: <i>33012</i>	
8. Responsible Official Telephone Number:			
Telephone: <i>(305) 875-8640</i>	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

AUG 6 1996

# RECEIVED

AUG 6 1996

**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
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	1989	1981						
(1) w/ ref. condenser		1989							
(2) w/ carbon adsorber		1989							
(3) w/ no controls									
Washer Unit	#2	1989	1981						
(4) w/ ref. condenser		1989							
(5) w/ carbon adsorber		1989							
(6) w/ no controls									
Dryer Unit	#3								
(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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source  New small area source

Existing large area source  New large area source

**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)

\_\_\_\_\_



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.*

R.O.

Signature



Date

7-31-96

BEST AVAILABLE COPY

*SEP*  
*John Dade*

P. 14  
~~# 0250762~~  
0250686-200

RECEIVED  
OCT 24 1996

3. existing large  
area source  
should be marked  
P. 15  
(b) should be marked

1. Facility Owner	S.S.S
2. Site Name (F)	
3. Hazardous	
4. Facility Location Street Address: City:	H
5. Facility	

Air Quality  
Management Division

33012  
0686-200  
~~0162~~

6. Name	MIREYA - owner	RESIDENT
7. Responsible Official Mailing Address:	Organization/Firm: SSS PROFESSIONAL DRY -	VERS INC.
	Street Address: 3980 W. 12 AVE	City: HIATLEAH
	County: DADE	Zip Code: 33012
8. Responsible Official Telephone Number:	Telephone: (305) 825-8640	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: ( ) -

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SEP 6 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
**S.S.S. PROFESSIONAL DRY CLEANERS, INC.**

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

3. Hazardous Waste Generator Identification Number:

4. Facility Location: **3980 W. 12 AVE**  
 Street Address:  
 City: **HIATKAH** County: **DADE** Zip Code: **33012**

5. Facility Identification Number (DEP Use): **025068**  
~~025068~~

Responsible Official

6. Name and Title of Responsible Official:  
**MIREYA SANTOS (PRESID.)**

7. Responsible Official Mailing Address:  
 Organization/Firm: **SSS PROFESSIONAL DRY CLEANERS**  
 Street Address: **3980 W. 12 AVE**  
 City: **HIATKAH** County: **DADE** Zip Code: **33012**

8. Responsible Official Telephone Number:  
 Telephone: **(305) 825-8640** 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

SEP 6 1996



**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
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		<i>12/3/96</i>	<i>12/3/96</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:   
*New machine*

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(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 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) \_\_\_\_\_

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.*

\* Marya Lamb  
Signature

9-2-96  
Date

x Marya Lamb  
Signature

3/13/97  
Date



# Department of Environmental Protection

MB

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

#### CERTIFIED MAIL

In the matter of notification  
of use of General Permit by:

Mireya Santos  
S.S.S. Professional Dry Cleaners, Inc.  
3980 West 12 Avenue  
Hialeah, Florida 33012

RECEIVED  
SEP 03 1996

Air Quality  
Management Division

\_\_\_\_\_ /  
This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for S.S.S. Professional Dry Cleaners, Inc. pursuant to your submittal received August 6, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

- insufficient facility information
- insufficient equipment information
- insufficient equipment control information
- ineligibility based upon emissions
- inapplicable source category
- incomplete/unsigned certification statement
- other (Signature is not the responsible official on page 13, line 6.)

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.

A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;

(b) A statement of how and when each petitioner's received notice of the Department's action;

(c) A statement of how each petitioner's substantial interests are affected by the Department's action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;

(f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, F.A.C.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLICANT: Mireya Santos  
FDEP TRACKING NO.: 0250686

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

Howard L. Rhodes  
Howard L. Rhodes  
Director  
Division of Air Resources  
Management

**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on August 28, 1996 to the listed persons.

**Clerk Stamp**

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Jane Wise 8/28/96  
Clerk Date

AUG 5 1996

## Perchloroethylene Dry Cleaning Facility Notification

Hazardous Waste  
Cleanup Section

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	S.S.S. Professional Dry Cleaners, Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	3980 W. 17 AVE		
Street Address:			
City:	County:	Zip Code:	
	Hialeah	DADE	33012
5. Facility Identification Number (DEP Use):	0250686		

## Responsible Official

6. Name and Title of Responsible Official:	MIRYA SANTOS		
7. Responsible Official Mailing Address:	Organization/Firm: SSS Professional Dry Cleaners Inc.		
Street Address:	3980 W. 17 AVE		
City:	County:	Zip Code:	
	Hialeah	DADE	33012
8. Responsible Official Telephone Number:	Telephone: (305) 871-8840 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: ( ) -		

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AUG 6 1996

Bureau of Air Monitoring  
& Mobile SourcesDEP Form No. 62-213.900(2)  
Effective: 6-25-96

RECEIVED

AUG 6 1996

BUREAU OF  
AIR REGULATION



**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
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(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									
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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(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 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)

\_\_\_\_\_



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

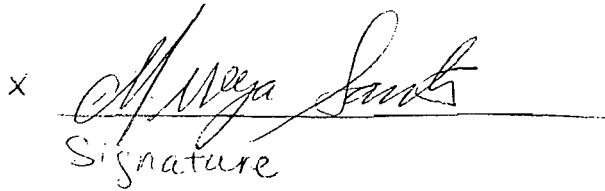
Responsible Official Certification

*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.*

<sup>732</sup>  
  
Signature

7-31-96  
Date

x   
Signature

3/13/94  
Date



# Department of Environmental Protection

RECEIVED  
NOV 01 1996

Lawton Chiles  
Governor

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

Air Quality Wetherell  
Management Division

October 25, 1996

Mr. Mireya Santos  
S.S.S. Professional Dry Cleaners, Inc.  
3980 West 12 Avenue  
Hialeah, Florida 33012

Dear Mr. Santos:

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 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  
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

✓  
**RECEIVED**  
 JUN 25 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISG   
 RE-INSPECTION

AIRS ID#: 0250686 DATE: 6/15/99 TIME IN: 8<sup>56</sup> AM TIME OUT: 9<sup>23</sup> AM  
 FACILITY NAME: SSS Professional  
 FACILITY LOCATION: 2980 W 12<sup>th</sup> ave  
 RESPONSIBLE OFFICIAL: Mireya Santos PHONE: 825-8640  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
  - 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

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

*Renard*  
6/17/99  
 DP

*AMS*  
6/15/99

**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?   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A            |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- |  |   |
|--|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input type="checkbox"/> YES <input type="checkbox"/> NO                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> YES <input type="checkbox"/> NO                              |

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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- 1.) Maintained receipts for perc purchased?  Y  N
- 2.) Maintained rolling monthly total of perc consumption?  Y  N
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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

LEO SMART  
Inspector's Name (Please Print)

6/15/99  
Date of Inspection

Leo Smart  
Inspector's Signature

6/2000  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 8<sup>56</sup> AM TIME OUT: 9<sup>23</sup> AM AIRS ID#: 50831999  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: SSS Professional DATE: 6/15/99  
 FACILITY LOCATION: 3980 W 12<sup>th</sup> Ave  
 RESPONSIBLE OFFICIAL: Mireya Santos PHONE NUMBER: 825-8640

**RECEIVED**  
 JUN 23 1999  
 Bureau of Air Monitoring  
 @ Mobile Sources

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO leak log	need leak log
NO Perc Consumption log	need Perc Consumption log

COMMENTS: Facility non compliant

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 6/2000  
 (Approximate)

INSPECTION CONDUCTED BY: LEO SMART  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6922

BEST AVAILABLE COPY

Acc \*

RECEIVED  
JUN 25 1999  
Bureau of Air Monitoring  
& Mobile Sources  
Revised 10/10/96

DEPARTMENT OF ENVIRONMENTAL QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FOR PERMIT

NAME: Professional

ADDRESS: 3980 NW 12th Ave

PERIOD: January 1998 TO January 1999

I hereby certify that my facility has remained in compliance with DEQ rules and regulations during the period covered by this statement  YES  NO

If you are not in compliance, please indicate the nature of the non-compliance and the date when it occurred.

NO COMPLIANCE: NO COMPLIANCE

Period of non-compliance from \_\_\_\_\_ to \_\_\_\_\_

Article(s) of the rules violated: \_\_\_\_\_

Method used to determine compliance: \_\_\_\_\_

If you are not in compliance, please indicate the nature of the non-compliance and the date when it occurred.

Period of non-compliance from \_\_\_\_\_ to \_\_\_\_\_

Article(s) of the rules violated: \_\_\_\_\_

Method used to determine compliance: \_\_\_\_\_

I hereby certify that I have been advised in information and believe, formed after reasonable inquiry, that my facility has remained in compliance with DEQ rules and regulations. Further, my annual consumption of perchloroethylene solvent does not exceed 2,100 gallons per year for dry cleaning or 1,000 gallons per year for other uses as defined in the rules.

RESPONSIBLE OFFICIAL: MIREYA SINTOS [Signature] 6/25/99  
Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SSS PROFESSIONAL DRY CLEANER DATE: 9-28-98  
FACILITY LOCATION: 3980 W. 12 AVE.  
HIWLEAH, 33012

Annual Reporting Period: SEPT. 97 19 TO SEPT. 98 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

NO ROLLING LOG OF PERC PURCHASES, CONDENSER TEMP. READINGS OR LEAK INSPECTIONS

Exact period of non-compliance: from 9/97 to 9/98

Action(s) taken to achieve compliance: WILL START LOGGING IN ABOVE REQUIRED ITEMS.

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 \_\_\_\_\_ to \_\_\_\_\_

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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: MIREYA SANTOS Mireya Santos 9-28-98  
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

OCT 28 1998

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION  Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 250684 DATE: 9-28-98 TIME IN: 1315 TIME OUT: 1345  
 FACILITY NAME: SSS PROFESSIONAL DRY CLEANER  
 FACILITY LOCATION: 3980 W. 12 AVE.  
HIALEAH, 33012  
 RESPONSIBLE OFFICIAL: MIREYA SANTOS PHONE: 305-825-8640  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

PART II: CLASSIFICATION  
 Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

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) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

MB  
ARMS  
9/30/98

MB  
9/30/98

**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?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- |  |                                       |                                       |   |
|--|---------------------------------------|---------------------------------------|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |   |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> N/A            |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> N/A            |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N |   |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y            | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N |   |

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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

#### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  Y  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

M. ENRIQUE FLORES  
Inspector's Name (Please Print)

9-28-98  
Date of Inspection

*M. Enrique Flores*  
Inspector's Signature

SEPT. '99  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

⊗ GAS DETECTOR MODEL TIF 5050 A USED BY A DRY TO DRY MACHINE MANUFACTURER FOR INSPECTIONS.

✓ STATES INSPECTION CALENDAR AND INSTRUCTIONS ON HOW TO FILL IT OUT WERE GIVEN - IN SPANISH - TO MS. SANTOS.

✓ DERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS WAS ALSO GIVEN TO MS. SANTOS.

⊗⊗ REPEAT OFFENDER STILL IN NON-COMPLIANCE STATUS.

INSPECTION DATED MARCH 1997 FOUND THIS SITE TO BE IN NON-COMPLIANCE. NO EFFORT HAS BEEN MADE TO ACHIEVE COMPLIANCE STATUS.

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1315 TIME OUT: 1345 AIRS ID#: 250686

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SSS PROFESSIONAL DRY CLEANER DATE: 9-28-98

FACILITY LOCATION: 3986 W. 12 AVE.  
HIALETH, 33012

RESPONSIBLE OFFICIAL: MILEYA SANTOS PHONE NUMBER: 305-955-8640

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO RUNNING LOGS OF PERC PURCHASES	WILL START KEEP A LOG OF PERC PURCHASES
NO CONDENSER TEMP. READINGS	WILL START A LOG OF CONDENSER TEMP. READINGS
NO LEAK INSPECTION LOGS	WILL START A LOG OF LEAK INSPECTIONS.

COMMENTS: SHOP AND EQUIPMENT IN SATISFACTORY CONDITIONS.

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES  NO

DATE OF NEXT INSPECTION: 5/17 '99

(Approximate)

INSPECTION CONDUCTED BY: M. ENRIQUE FLORES

(Please Print)

INSPECTOR'S SIGNATURE: *M. Enrique Flores*

PHONE NUMBER: 305-372-6925

APCC

RECEIVED JUN 23 1999

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SSS Professional DATE: 6/15/99  
 Management Division:  
 FACILITY LOCATION: 3980 W 12th Ave.

Annual Reporting Period: June 19 98 TO June 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No leak log, NO receipt, NO consumption log, Perc purchase log

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 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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MIREYA SANTOS Mireya Santos 6/21/99  
 Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

**RECEIVED**

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 8:56 AM

TIME OUT: 9:23 AM

AIRS ID#: 0250686

TYPE OF FACILITY: Air Quality

Perc Dry cleaner

FACILITY NAME:

555 Professional

DATE: 6/15/99

FACILITY LOCATION:

3980 W 12th Ave

RESPONSIBLE OFFICIAL: Mireya Santos

PHONE NUMBER: 825 8640

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak log	need leak log
<del>No Receipt</del>	<del>need receipt</del>
No consumption log	need consumption log

COMMENTS: Record keeping violations non-compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector: YES  NO

DATE OF NEXT INSPECTION: 6/2000 (Approximate)

INSPECTION CONDUCTED BY: LEO SMART (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6925

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

*all*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0250686 DATE: 5/2/00 TIME IN: 11:45am TIME OUT: 12:15pm  
 FACILITY NAME: SSS Professional Dry Cleaners  
 FACILITY LOCATION: 3980 W 12 Ave  
Hialeah 33012  
 RESPONSIBLE OFFICIAL: Mireya Santos PHONE: (305) 825-8040  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

RECEIVED  
 JUN 15 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

5/24/00  
JG

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly total of perc consumption?   | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N                   |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

**If using direct-reading instrumentation, is the equipment:**  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

Debora Griner  
Inspector's Name (Please Print)

Debora Griner  
Inspector's Signature

5/2/00  
Date of Inspection

5/01  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Machine not in operation at time of inspection.  
Spoke w/ Mr. Santos on the telephone.  
He said they use the dc machine  
very little. He bought 20 gallons  
in the last 12 months. Records  
are very unorganized but are on  
site. Need to be more consistent  
w/ recordkeeping.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:45 am TIME OUT: 12:15 pm AIRS ID#: 0250686  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: SSS Professional Dry Cleaners DATE: 5/2/00  
 FACILITY LOCATION: 3980 W 12 Ave  
Hialeah, FL 33012  
 RESPONSIBLE OFFICIAL: Mireya Santos PHONE NUMBER: (305) 825-8040

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Logs incomplete	Begin keeping complete logs of leak inspection + perc purchases

COMMENTS: Mr. Santos reported little use of the machine.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 5/01  
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6936

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: SSS Professional Dry Cleaners DATE: 5/2/00  
 FACILITY LOCATION: 3980 W 12 Ave  
Hialeah 33012

Annual Reporting Period: 5 1999 TO 5 1900

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

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:

Incomplete Recordkeeping

Exact period of non-compliance: from 5/99 to 5/2000

Action(s) taken to achieve compliance: Begin keeping all records

Method used to demonstrate compliance: Calendar + log sheets

#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 \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

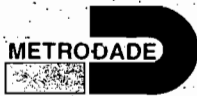
Method used to demonstrate compliance: \_\_\_\_\_

*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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Mireya Santos [Signature] 5/2/00  
 Name (Please Print) Signature Date

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

METROPOLITAN DADE COUNTY, FLORIDA



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2nd AVENUE  
MIAMI, FLORIDA 33130-1540  
(305) 372-6789

TO: SSS Professional Dry Cleaners

ADDRESS: 3980 W 12 Ave

SOURCE/LOCATION: same as above

YOU ARE HEREBY NOTIFIED that on 5/2/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: Permit Terms + Conditions  
logs [Part 4-1]

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 30 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. Mail a copy of recordkeeping for 5100.
- Within \_\_\_\_\_ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within \_\_\_\_\_ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,

John W. Renfrow, P.E.  
Director

Received by: [Signature]  
Title: RO  
Date: 5/2/00

By: Debra Griner  
Signature: [Signature]  
Section: Air Facilities



RECEIVED

MAY 24 2000



PERMIT NO: IW5-0003028-2000/2001 (REG)-DCSO  
SSS PROFESSIONAL DRY CLEANERS, INC.  
3980 W 12 AVE  
HIALEAH, FL 33012-

Air Quality  
Management Division

ENVIRONMENTAL RESOURCES MANAGEMENT  
INDUSTRIAL FACILITIES SECTION  
33 S.W. 2nd AVENUE  
SUITE 600  
MIAMI, FLORIDA 33130-1540  
(305) 372-6600

PERMITTEE:  
Ms. Mireya Santos  
SSS PROFESSIONAL DRY CLEANERS, INC.  
3980 W 12 AVE  
HIALEAH, FL 33012-

**INDUSTRIAL WASTE 5  
ANNUAL OPERATING PERMIT**

**DESCRIPTION OF FACILITY/EQUIPMENT**

This document, issued under the provisions of Chapter 24, Miami-Dade County (Dade County Environmental Protection Ordinance), shall be valid from May 01, 2000 through April 30, 2001. The above named permittee, is hereby authorized to operate the pollution control facility at the above location which consists of the following:

Dry cleaning facility using Perchloroethylene, Valclene or other cleaning solvents; served by sanitary sewer.

This facility is subject to conditions listed below and in the following pages (if any) of this permit.

**SPECIFIC CONDITIONS**

1. All wastes from facility operation shall be stored or disposed of in compliance with county, state and federal regulations.
2. Facility shall have the ability to contain and collect any spill and properly dispose of contaminated materials. Accidental spills must be reported to this department within 24 hours at (305)372-6789.
3. Receipts from all industrial waste and/or wastewater disposal must be maintained at the business and be available for inspection by DERM personnel. Receipts shall contain clear information as to the name of the hauler, type of material transported, and quantity of material picked up. Records shall be kept for a period of three years.
4. Hazardous wastes (if allowed) shall not be stored longer than ninety (90) days, for GENERATORS, or one hundred eighty (180) days for SMALL QUANTITY GENERATORS, containers must be clearly labeled, and must have the date of the first day of storage marked on the outside of the container.
5. Receipts from all hazardous waste disposal (manifests), with data on volume, name of hauler and final destination, shall be maintained on file in order at the facility and be made available to this Department's representatives upon request. Records shall be kept for a period of three years.
6. All above ground tanks and storage areas for hazardous materials and hazardous waste (if allowed) must have secondary containment. Design and construction must have departmental approval.
7. Solvent recovery "still bottoms" are hazardous wastes and must be treated as such.

Miami-Dade County  
Department of Environmental Resources Management

File Number: 002796

*John W. Renfrow*  
John W. Renfrow, P.E., Director

MAY 2000

CONDENSER TEMP LOG

PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
5-1-00	F. 41	<input checked="" type="radio"/> Y <input type="radio"/> N
5-8-00	F. 40	<input checked="" type="radio"/> Y <input type="radio"/> N
5-15-00	F. 39	<input checked="" type="radio"/> Y <input type="radio"/> N
5-22-00	F. 40	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED MAY 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
5-19-99	+ 19.5	19.5
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
DOOR	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
PUMP	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
SOLVENT TANK	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
WATER SEPARATOR	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
MUCK COOKER	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
STILL	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
EXHAUST DAMPER	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
DIVERter VALVE	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
FILTER GASKET	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
CARTRIDGE FILTER	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y		
WASTE CONTAINERS	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	LABELED Y N	DATED Y N

BEST AVAILABLE COPY

MAY 20 1999

Industrial Equipment and Supplies  
2055 NW 7th Avenue  
Miami, Florida 33127  
(305) 324-0410  
1-800-969-4766 (Florida Only)

05/19/99 09:50 am

ORDER NUMBER: 164057

ORDER DATE: 05/19/99

SOLD TO: SSS PROFESSIONAL DRY  
SS398 CLEANERS, INC.  
3980 W. 12TH AVE.  
HIALEAH FL 33012

SHIP TO: SSS PROFESSIONAL DRY  
CLEANERS, INC.  
3980 W. 12TH AVE.  
HIALEAH FL 33012

SHIP VIA OUR TRUCK      FOB MANNY      P.O. #      TERMS Net 30 days      SM 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON  
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN#	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSIO
1)	19.50	19.50	0.00	**	Gal	PERK	Perchloroethylene Tetrachlorethylene, 6.1, UN1897, PgIII, RQ, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50		146.1

FOR YOUR CONVENIENCE, WE NOW ACCEPT VISA, MASTERCARD,  
AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES  
REPRESENTATIVE FOR OUR MONTHLY SPECIALS!!!!!!

*Mary...*  
Signature      Date:

SUBTOTAL	%	%	FREIGHT	SALES TAX	PERC TAX	ENVRN TAX	ADF TAX	REGCOM	TOTAL
146.25	0	0	0.00	9.51	1.15	97.50	0.00	0.00	254.41



Figure II-2

# MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

MAY 1, 1999

CHECK EVERY 7 DAYS

Put N - for No Leak

Week 5/7 Week 5/14 Week 5/21 Week 5/28 Week     

99

Put Y - for Perceptible Leak

Date Date Date Date Date

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	N
2) Door gaskets and seatings	N	N	N	N	N
3) Filter gaskets and seatings	N	N	N	N	N
4) Pumps	N	N	N	N	N
5) Solvent tanks and containers	N	N	N	N	N
6) Water separators	N	N	N	N	N
7) Muck cookers	-	-	-	-	-
8) Stills	N	N	N	N	N
9) Exhaust dampers	-	-	-	-	-
10) Diverter valves	-	-	-	-	-
11) Cartridge filter housings	N	N	N	N	N

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week      Week      Week      Week      Week     

(Monitoring not required for existing plants until September 22, 1996)

Date Date Date Date Date

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)	-	-	-	-	-
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	F 38	F 41	F 40	F 37	F 39
Carbon adsorber concentration (ppm)	-	-	-	-	-

Perchloroethylene purchased: 19.5 gallons (calculate on first of every month).

Running 12 month total 19.5 gallons per year.

Date and description of repairs or adjustments NONE

Were parts ordered? No If yes, when and what parts were ordered? N/A

If yes, when were parts installed? N/A

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353724

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 # 0250686

S.S.S. PROFESSIONAL  
MIREYA SANTOS  
3980 W 12TH AVE  
HIALEAH FL 33012

FOR GOVERNMENT USE ONLY  
Org: 37550101000 EO: B1  
Fund: 20-2-02001  
Obj: 002273

Bureau of Air  
& Mobile Sources  
Monitoring

RECEIVED  
DEC 1 1998

RECEIVED  
MAIL ROOM  
DEC -9 98



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259057 ✓

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 27 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 0250686  
S.S.S. PROFESSIONAL DRY CLEANRS INC  
MIREYA SANTOS  
3980 W 12TH AVE  
HIALEAH FL 33012

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

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
SOB AT BOTTOM LINE

**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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

10 AIRS ID # 0250686002AG  
MIREYA SANTOS  
S.S.S. PROFESSIONAL  
3980 W 12TH AVE  
HIALEAH FL 33012

4a. Article Number **9279**  
**7000 0520 0020 9372**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**8-18-01**

5. Received By: (Print Name)

6. Signature: Addressee or Agent  
*Mireya Santos*

8. Addressee's Address (Only if requested and fee is paid)

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 9279

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

**Rt** 10 AIRS ID # 0250686002AG  
MIREYA SANTOS  
**St** S.S.S. PROFESSIONAL  
3980 W 12TH AVE  
**Ct** HIALEAH FL 33012

PS: [www.usps.gov](http://www.usps.gov) See reverse for instructions

Mireya Santos



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400659

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

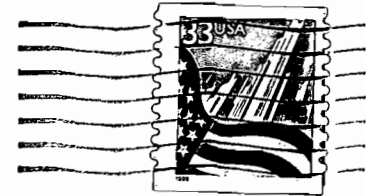
S.S.S. PROFESSIONAL  
MIREYA SANTOS  
3980 W 12TH AVE  
HIALEAH FL 33012

AIRS ID # 0250686

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

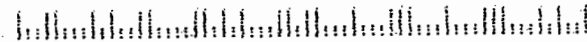
RECEIVED  
MAIL ROOM  
DEC 21 00

**S S S Professional Dry Cleaners**  
3980 W. 12th Ave  
305-825-8640



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

32315X3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389850

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 # 0250686

S.S.S. PROFESSIONAL  
MIREYA SANTOS  
3980 W 12TH AVE  
HIALEAH FL 33012

**FOR GOVERNMENT USE ONLY**

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273