

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 4, 1996

Mr. Abdurahim Dyanani President One Hour Valetone Cleaner 561 Northeast 81 Street Miami, Florida 33138

Dear Mr. Dyanani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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 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

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

#0250700 One Hour Valetone Cleaner p.14 1.(a) add ID#1 and day to date -Since this faculity is existing The R.O. must complete either la) date control device installed 1.(b), and mark out and initial (c). If the facility can drop down below 140 gal. of perc existing small, no control device is regulated, and I (c) is correct area source W/ control device unless becomes existing smal 5. (c) required if no carbon adsorber before 9/22/93; if carbon adsorber before 9/22/93, then (d) required, unless éxisting smali 5.(f) réquired

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
FARID CLEANERS INC., 2. Site Name (For example, plant name or number):						
ONE HOWR VALETONE CLEANER						
3. Hazardous Waste Generator Identification Number:						
FLD 044633832						
4. Facility Location: 56/ NE 81 St, Street Address: 56/ NE 81 St,						
City: MiAM; County: Dade Zip Code: 33138						
5. Facility Identification Number (DEP Use):						
0250700						
Responsible Official						
6. Name and Title of Responsible Official:						
Aboutahim Dyanan: President Operator 7. Responsible Official Mailing Address: 561 NE 81 St Organization/Firm:						
7. Responsible Official Mailing Address: 561 NF 81 St						
Street Address:						
City: MiAM; County: Dade Zip Code: 33/38						
8. Responsible Official Telephone Number:						
Telephone: (305) 757 438/ Fax: (305) 944-5698						
Facility Contact (If different from Responsible Official) Same as above						
9. Name and Title of Facility Contact (For example, plant manager):						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
11. Facility Contact Talonhana Nyushan						
11. Facility Contact Telephone Number: Telephone: () - Fax: () -						

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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.

Economatic		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
45 lbs Dry		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		JULY 19	87						
(1) w/ ref. condenser		19	ĺ						
(2) w/ carbon adsorber							1		
(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									[
© No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are roquant gallo	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	et one classif	ication only.))	initions found		(3) of	Part II?	
Existing large are	ea so	urce 💹	N	ew la	rge area sour	ce [)		

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What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[<u>*</u>]
Equipment Monitoring a	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[-]
(b) Leak detection inspection and repair	
© Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
	•

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply w	sication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 29, 2001

David B. Struhs Secretary

Mr. Abdulrahim Dhanani One Hour Valetone Cleaner 561 Northeast 81 Street Miami, Florida 33138

Dear Mr. Dhanani:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 28.

In reviewing your submittal, it was noted that One Hour Valetone Cleaner elected to surrender its existing Title V air general permit (AIRS ID 0250700). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

ARIS 10#: 025 0700

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		····
FACILITY NAME: X Farid Cle	aners Incorp O	ne your Valet DATE: 1 6/30/97
facility location: × 561 N	16 81 St	Clean
Mia mi.	. FL 33138 (De	1-395757 4381
	,	
Annual Reporting Period: 8-/	19 96 TO	0 6/30 1997
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.	• • • •	∸√
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous com	apliance during the reporting period stated above:
	xy .	RECEIVED
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	•	ופעו פ ז שונו
Troubing) taken to assist to compliance.		Bureau of Air Monitoring
Method used to demonstrate compliance:		& Mobile Sources
	that has not been in continuous com	npliance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
made in this notification are true, accurate of	and complete. Further, my annual o does not exceed 2,100 gallons per y	med after reasonable inquiry, that the statements consumption of perchloroethylene solvent, based year for dry-to dry facilities or 1,800 gallons per

^{*}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.

TIT	LE V AIR QUALITY INSPECTION SUM	GENERAL PERMIT MARY REPORT	,· · · ·			
TYRE OF INSPECTION: ANNU	JAL COMP	PLAINT/DISCOVERY	RE-INSPECTION			
VOICE	TIME OUT:	AIRS ID#:_	0250700			
TYPE OF FACILITY: Oils FACILITY NAME: 56/ FACILITY LOCATION: 01/15	116 31 33133	e jone	DATE: 6/30/97			
RESPONSIBLE OFFICIAL:	DURAHIM)	PHONE NUMBE	R:			
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 REQUIREM	ENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED			
	·	· · · · · · · · · · · · · · · · · · ·				
••						
COMMENTS: FACILITY 1:	s IN Comp	Ilmsce.				
The Annual Compliance Certification for DATE OF NEXT INSPECTION:	m has been properly certifi	ied and submitted to the inspec	ctor. YES NO			
INSPECTION CONDUCTED BY:	(AIMENA	proximate) ZMCC				
INSPECTOR'S SIGNATURE:	Ine grand	ease Print) PHONE NUMB	ER: 3726922			

Revised 10/96

Street Address:

City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone:

Fax: (

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Management Division

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
FARID CLEANERS INC.,
2. Site Name (For example, plant name or number):
ONE HOWR VALETONE CLEANER
3. Hazardous Waste Generator Identification Number:
FLD 044 633 832
4. Facility Location: 56, NE 81 St. Street Address: 56, NE 81 St.
City: MiAM; County: Dade Zip Code: 33/38
5: Facility Identification Number (DEP Use):
0250700
Responsible Official
6. Name and Title of Responsible Official:
Abdulrahim Dyanan: President Operator
Abnutahim Dyanan; President Operator 7. Responsible Official Mailing Address: 561 NE 81 St Street Address:
City: MIAM; County: Dade Zip Code: 33/38
8. Responsible Official Telephone Number:
Telephone: (305) 757- 438/ Fax: (305) 944-5678
Facility Contact (If different from Responsible Official) Same as above
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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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Economotic .		Date	Date		Date	Date		Date	Date
45 lbs Dry		Machine	Control		Machine	Control		Machine	Control
45 105 Prig		Initially	Device		Initially	Device		Initially	Device '
Type of Machine 1771	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		THU 19.	(P)	•					
(1) w/ ref. condenser		72/87	7/87						
(2) w/ carbon adsorber		1101	8/	_					
(3) w/ no controls		† .		_					
Washer Unit									<u></u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber					-				
(6) w/ no controls					_	_			
Dryer Unit		1		·					
(7) w/ ref. condenser							_		
(8) w/ carbon adsorber		-							
(9) w/ no controls	_			-		<u> </u>			
Reclaimer Unit					<u> </u>			_	1
(10) w/ ref. condenser	-	•	1						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	are repaired and pulanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	≯ perc)	purchased in	n the latest 12	? mor	nths?	
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	than urce	12 months:	New owner: based on the cation only.)	e defi		d in section (I			
Existing large are	ea soi	urcej	Ne	w la	rge area sour	ce []		

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4. What control technology is required on machines pursuant to section (5) of Polyndricate with an "X".)	art II of this notification, form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 16 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inforn	nation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	٠
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:	•				
	l hereby surrender all existing air perm facility indicated in this notification fo					
•	· .	· ·				
	No air permits currently exist for the of this notification form.	peration of the facility indicated in				
	Responsible Official Certification					
this notifi statement maintain	cation. I hereby certify, based on inforn s made in this notification are true, accu the air pollutant emissions units and air	defined in Part II of this form, of the facility addressed in nation and belief formed after reasonable inquiry, that the trate and complete. Further, I agree to operate and pollution control equipment described above so as to rail permit as set forth in Part II of this notification form.				
I will pro	mptly notify the Department of any chan	ges to the information contained in this notification.				
Myis?	3	JUNE 30, 1997 AUG 01 96				
Abduer	aun m Hanami	AUG 01, 96				
Signature		Date				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: <u>0250700</u> DATE: <u>6/30/</u> FACILITY NAME: <u>ONE HOUR</u> FACILITY LOCATION: <u>56/ NE</u> <u>HIAM</u> /	197 TIME IN: 1:00 TIME OUT: 13.0 VINCETONE CHEANERS - 81 ST. 92, 33138
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	.⊿
2. New facility notified DARM 30 days prior to star	rtup ~ □
3. Facility failed to notify DARM to use general pe	rmit D
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	DY DEN
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and i	mit as number above is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 20 gallons.	urchased within the preceding 12 months by this dry cleaning

Revised 10/28/96

Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN WA				
2. Examining the containers for leakage?	DY DN NA				
3. Closing and securing machine doors except during loading/unloading?	ON CAD				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON CON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .				
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 refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
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?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И				

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer maclunes on a weekly basis?	OY ON
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?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	ОҮ ОИ
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
•		
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	,
(cl		dy, on
(c)	heck appropriate boxes)	MY ON
(c) 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased?	MY ON
(c) 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON NA
(c) 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY ON NA
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	,
1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
1. 2. 3. 4. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON ON/A OY ON ON AA
(c) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OXI/A OY ON OXI/A OY ON AA
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	OY ON OXIA OY ON AA OY ON AA OY ON AA
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON OXVA OY ON AA OY ON AA OY ON AA

2.	Which method of detection is used by	the respor	sible official	1?	_	
	Visual examination (condensed solvent on exterior surfaces)			Ø		
	Physical detection (airflow felt the	hrough ga	skets)	•	Ø.	
	Odor (noticeable perc odor)				9	
	Use of direct-reading instrument	ation (FII	D/PID/calorii	metric tubes)		
	If using direct-reading instrum	entation,	is the equip	ment:		
	a. Capable of detecting	perc vapo	or concentrat	ions in a range of 0-500 ppm?	□Y (מכ
	b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	□y (אכ
	c. Inspected for leaks a	nd obviou	s signs of we	ear on a weekly basis?	□Y (NC
	d. Kept in a clean and	secure are	a when not i	n use?	□Y (ΩГ
	e. Verified for accuracy	y by use of	f duplicate sa	amples (calorimetric only)?	□Y (אכ
3.	Has the facility maintained a leak log	?			ØY (ЛС
4.	Does the responsible official check the	e following	g areas for le	eaks?		
	Hose connections, fittings, couplings, and valves Y N Muck cookers					⊠ N
	Door gaskets and seating	Ø Y	□N	Stills	Ø Y	□N
	Filter gaskets and seating	⊠ Y	ΠN	Exhaust dampers	ŒÝ	ПN
	Pumps	A Y	□N	Diverter valves	⊡ Y	□N
	Solvent tanks and containers	Y Y	□И	Cartridge filter housings	T Y	ПN
	Water separators	☑ Y	□и	,		

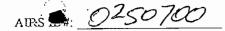
ABDURAHIM DAANANI	
Name of Responsible Official	•
TAME NAZARIO	6/30/97
Inspector's Name (Please Print)	Date of Inspection
Oline Darace	6198
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	<u> </u>	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12.5	TIME OUT:		0250700
TYPE OF FACILITY:	DRC. May	CONTRACTOR	2.11.90
FACILITY NAME:		of the flood from	DATE:
FACILITY LOCATION:	261 165 21		
·	//// 		757-4241
RESPONSIBLE OFFICIAL:	4130-11-11/11/17	PHONE NUM	BER:
compliance with DEP	Rule 62-213.300, Florida Adn		
Based on the results of discrepancies were no	•	evaluated during this inspection, the	ne following compliance
COMPLIANCE REC	QUIREMENT/PROBLE	M FOLLOW-UP A	ACTION REQUIRED
			/ **
	·		
	•		
ga ha san a san ka san a s			
	· .		<u></u>
COMMENTS: FREUI.	179 10 Con	12/11hsce	
The Annual Compliance Certif		certified and submitted to the ins	pector. YES NO
DATE OF NEXT INSPECTI	ION: MARCON	1999	_
INSPECTION CONDUCTE	DRY. WHITE	(Approximate)	
MOI BETTON CONDUCTE.	7	(Please Print)	3726922
INSPECTOR'S SIGNATUR	E: / 6 000	PHONE NUM	· ·
`		age of .	Revised 10/96



Revised 10/10/96

Act]

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ONE HOUR VA	ETONE CLEANERS DATE: 3-11-95
FACILITY LOCATION: 56/ NE	81 57
HIAMI	
Annual Reporting Period: 6-30	1997 то 3-11 196
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri	ir permit, my facility has remained in compliance with DEP Rule ng the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has no	t 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:	
#2. Term or condition of the general permit that has no	t been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and complete	formation and belief formed after reasonable inquiry, that the statements te. Further, my annual consumption of perchloroethylene solvent, based ceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per 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.

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM DIECE AND	CLION	ALCIONSI	
TYPE OF INSPECTION:	ANNUAL	b	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
				
			IN: <u>/2/5</u> TIME OUT: _	
FACILITY NAME:O	VE FOUR	VALE	Towe Classian	25_
FACILITY LOCATION:	SOI NE	8/ :	57,	
	MARM			
RESPONSIBLE OFFICIAL:	ABdupAhim -DhANANI	· .	PHONE: 257- 43	81_
CONTACT NAME:				·
PART I: NOTIFICATION				
(check appropriate box)		-		
1. New facility notified DARM	[30 days prior to startup			
2. Facility failed to notify DAF	M to use general permit	i		ם
	· · · · · · · · · · · · · · · · · · ·		·	***************************************
PART II: CLASSIFICATIO				
		<u> </u>		
Facility indicated on notificat (check appropriate box)	ion form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
A.			d Diop store out of business p	enoiemii
1. Existing small area sou	rce 🗆 2.	New small	area source	
dry-to-dry only, $x < 140$ gal	-		, x < 140 gal/yr	
transfer only, x < 200 gal/yr			c < 200 gal/yr	
both types, x < 140 gal/yr		th types, x <		
(constructed before 12/9/91)) (c	onstructed of	n or after 12/9/91)	
3. Existing large area sou	rce IV 4	New large	area source	
dry-to-dry only, $140 \le x \le 2$			y , $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.8$			$200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$	- •		$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)			n or after 12/9/91)	
5. This is a correct facility of	classification	NO A	□Can not determine	
If no, please check the	appropriate classification	on:		
	ity qualified for a genera			
☐ facil	ity exceeds above limits	and is not el	igible for a general permit	
B. The total quantity of perchl facility was 77 gallons		nased within	the preceding 12 months by this d	ry cleaning
Tactitio maca / a garione				

11/9%

B. Has the responsible official of an existing large or new large area so	ource also:
Measured and recorded the exhaust temperature on the outlet side of the on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	e condenser located
Measured and recorded the washer exhaust temperature at the condense inlet and outlet weekly?	T ON DANA
Is the temperature differential equal to or greater than 20° F?	באתם אם צם
3. Measured and recorded the perc concentration in the exhaust stream we at the end of the final drying cycle while the machine is venting to the a	adsorber,
if machines are equipped with a carbon adsorber?	DY ON CYNYA
Is the perc concentration equal to or less than 100 ppm?	AVA DA
4. Assured that the sampling port on the carbon adsorber exhaust for mean perc concentrations is at least 8 duct diameters downstream of any benchmark.	I, contraction,
or expansion; is at least 2 duct diameters upstream from any bend, cont or expansion; and downstream from no other inlet?	raction,
5. Equipped transfer machines (dryers, reclaimers, and washers) with indicondenser coils?	ividual OY ON ØN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אואם אם צם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY UN
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CEN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	DY ON DINA
Problem corrected?	OY ON DIN/A
8. Maintained compliance plan, if applicable?	DY DN DRN/A

PA	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			מט מא	
2.	Has the facility maintained a leak log?	·		ЙY ПИ	
3.	Does the responsible official check the fe	ollowing areas for lead	cs?		
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ONIA	
	Door gaskets and seating	DY ON ON/A	Stills	CY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	MY ON ONA	Diverter valves	DAY ON ON/A	
	Solvent tanks and containers	dy on ona	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	e responsible official?		1	
	Visual examination (condensed so	lvent on exterior surfa	ices)	Œ	
	Physical detection (airflow felt thr	ough gaskets)	,	œ/	
	Odor (noticeable perc odor)		·	DZ	
	Use of direct-reading instrumental	tion (FID/PID/calorim	etric tubes)		
	Halogen leak detector				
	If using direct-reading instru	amentation, is the equ	ipment:	□N/A	
	a. Capable of detecting r	erc vapor concentration	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to an	nd after each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wea	r on a weekly basis?	'UY UN	
	d. Kept in a clean and se	cure area when not in	use?	OY ON	
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY ON	

Inspector's Name (Please Print)

Inspector's Signature

3-11-95 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE IN	SPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	O
RE-INSPECTION	v C	
AIRS ID#: 0258 708 DATE: 5/21/4	TIME IN: 12 PM TIME OUT:	HPM T
FACILITY NAME: ONE HOW	Walson Cleaners 11	-
FACILITY LOCATION: 561	NE 81 8. Mobil	JUN C
RESPONSIBLE OFFICIAL: Abdulcaki		4381
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	tup	
2. Facility failed to notify DARM to use general per	rmit	a
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/pet	roleum
·		
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr	
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	
both types, x < 140 gal/yr	both types, x < 140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1.800$ gal/yr	
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
), , , _ ,	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
(constructed before 12/9/91) 5. This is a correct facility classification		
	(constructed on or after 12/9/91) Or Or Or of the construction of	
5. This is a correct facility classification If no, please check the appropriate classifi facility qualified for a general section.	(constructed on or after 12/9/91) Or Or Or of the construction of	

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

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS			
As the responsible official of the dry cleaning facility: (cheek appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON DINA		
2. Examining the containers for leakage?	DY ON DNA		
3. Closing and securing machine doors except during loading/unloading?	DY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A		
PART IV: PROCESS VENT CONTROLS	7		
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 refrige (complete A below).	crated condenser		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refrig. (complete A and B below).	erated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	DY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מאמט אם אס		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OA ON ŚWIV		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ZY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	D. ON		

13.	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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DIVIN
	Is the temperature differential equal to or greater than 20° F?	DY DN ØN/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?	OY ON DINA
	Is the perc concentration equal to or less than 100 ppm?	עואס אם אס
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ONIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DIVIN
6	. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	- 23-
a. documentation of leaks repaired w/in 24 hrs? or;	אואס אם אם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ONIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ENIA
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	אאים אם אף
Problem corrected?	DY ON OMIN
8. Maintained compliance plan, if applicable?	איס אם אס

b.\	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?				
2.	Has the facility maintained a leak log?				
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves DY ON ON/A Muck cookers OY ON ON/A				
	Door gaskets and seating DY ON ON/A Stills DY ON ON/A				
	Filter gaskets and scating DY ON ON/A Exhaust dampers DY ON ON/A				
	Pumps DY ON ON/A Diverter valves DY ON ON/A				
	Solvent tanks and containers OY ON ON/A Cartridge filter housings OY ON ON/A				
	Water separators DY ON ON/A				
4.	Which method of detection is used by the 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:				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
	· · · · · · · · · · · · · · · · · · ·				

LEO Smart
Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

	ADDITIONAL	SITE	INFORMATION:
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GARE Mr. Shavani Marmal (FDEP)

5 of 5

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	L COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12 40 PM TIL	ME OUT:	PMAIRS ID#:	250 700
TYPE OF FACILITY: Perc	Deny (Cleone	<u> </u>
FACILITY NAME:	Valet	025	DATE: 5/21/99
FACILITY LOCATION: 5 61	DIE 3	2/3+ A	
TACIENT EOCATION.	W = .		
RESPONSIBLE OFFICIAL:	rahim Dhan	PHONE NUMBER:	(3.5) 7574387
Based on the results of the complian compliance with DEP Rule 62-213.	•	ated during this inspection, the faciliative Code (F.A.C.).	ty is found to be in
Based on the results of the compliant discrepancies were noted:	nce requirements evalua	ated during this inspection, the follow	wing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
			·
•			
_			
-			
·			
			• ••
COMMENTS:	(S ~ 1).	<u> </u>	
	all que		
	241ct	ctory	
The Annual Compliance Certification form	6 21	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	5/2/2000	nravimata)	
NICOTION OF THE THE	/FO \$	proximate)	
INSPECTION CONDUCTED BY:		case Print)	
INSPECTOR'S SIGNATURE:	\$ 6 H	, '	6305) 376 Ggr
0 7			
	Page	ot	Revised 10/96

All

AIRS ID#: <u>0250700</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	. 1	Aletone			DAT	E: <u>5/2//99</u>
FACILITY LOCATION:	561	NE -	8124	St.		
					,	
Annual Reporting Period:	MAY		19 <u>98</u>	то	MAY	19 <u><i>9</i></u> 9
Based on each term or conditio	on of the Title V	general air permi	t, my facility	has remained in	n compliance with l	DEP Rule
62-213.300, Florida Administr		•				□NO
If NO, complete the following:						
#1. Term or condition of the g	eneral permit th	at has not been in	continuous c	compliance duri	ng the reporting pe	riod stated above:
Exact period of non-complianc	e: from	,		to		
-			-			
Action(s) taken to achieve com	pliance:					
Method used to demonstrate co	mpliance:	· · ·				
#2. Term or condition of the g	eneral permit th	at has not been in	continuous c	compliance duri	ng the reporting pe	riod stated above:
Exact period of non-complianc	e: from	,		to	,	
Action(s) taken to achieve com	pliance:					
Method used to demonstrate co	ompliance:					
As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	nue, accurate and pase receipts, do not facilities. Dodoly	d complete. Furth	er, my annud	r year for dry-to	of perchloroethyler	ie solvent, based

Page of ____.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION	٧	(
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e.	P
• ,	
TITLE V	HYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY MARY MARY COMPLAINT/DISCOVERY MARY COMPLAINT/DISCOVERY MARY MARY
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERS/ Air Complaint/Discovers/ Control
AIRS ID#: 0250700 DATE: 2/15/0	0 0 TIME IN: 1000 TIME OUT: 1035
FACILITY NAME: One Hour	VALETONE CLEANERS
FACILITY LOCATION: SCI	s = 81 st.
Mani	, FL
RESPONSIBLE OFFICIAL: Abduration	Manani PHONE: 305-757-4381
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. In the 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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y □N □Can not determine
If no, please check the appropriate classific	ation:
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was 260 gallons.	rchased within the preceding 12 months by this dry cleaning

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

B.	Has the responsible official of an existing large or new large area source also:	
-	and the responsible official of an existing large of the marge at our boarde allow	
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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	DY DN ØN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly	
ĺ	at the end of the final drying cycle while the machine is venting to the adsorber,	DY DN DN/A
	if machines are equipped with a carbon adsorber?	_
	Is the perc concentration equal to or less than 100 ppm?	אואם מם צם
1	Assured that the compline port on the earliest adoption subjust for measuring	
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?	אואם אם צם
	,	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	DY ON ON/A
		DY DN MN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	UY UN CINA
		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	מס אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	אואם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	מאולם אם צם A
6. Maintained startup/shutdown/malfunction plan?	MO N
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/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?			QX ON
2. Has the facility maintained a leak log?			OY ON
3. Does the responsible official check the	e following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	OY ON ON/A
Door gaskets and seating	GY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אום אם YD
Pumps	DY ON ON/A	Diverter valves	אוחם אם צם
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	אום אם צם
Water separators	DY ON ON/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)			a l
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			ยีN/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אם צם
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			אם צם
d. Kept in a clean and secure area when not in use?			אם אם
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			אם צם

Inspector's Name (Please Print)

Date of Inspection

2/01

Inspector's Signature

Approximate Date of Next Inspection

Records are not readily mulilable at time of inspection.

Q.O. will for receipts w/n 7 days.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗾	COMPLA	INT/DISCOVERY	RE-INSPECTION]
TIME IN: 1000	TIME OUT:	1035	AIRS ID#:	09 50 700	_
TYPE OF FACILITY:	Perc Dry	Clean	er	· .	
FACILITY NAME:	One Hour 1	aletone	e Cleeners	DATE: 2/15/00_	
FACILITY LOCATION:	561 NE	te 18			
	Miami,	FL			_
RESPONSIBLE OFFICIAL:		anani	PHONE NUMBER	R: <u>305 - 75 7 - 4</u> 38	<u>-</u>
	the compliance requireme Rule 62-213.300, Florida A			acility is found to be in	
				allowing compliance	
discrepancies were not	f the compliance requireme	nts evaluated d	suring this inspection, the id	mowing comphance	
COMPLIANCE REQ		EM	FOLLOW-UP ACT	TION REQUIRED	
					
Not maintaining rolling log, or	perc recepts	P. Ly	are really a	records so they waldsle at time	
	·		of inspection		
			0 ,		
·					
			•		
				• ••	
COMMENTS:			1.1.		
- Re	cords not D House Kae	read.ly	aveilable		
_ 1					
6490	D House les	Put			
The Annual Compliance Certifi	ication form has been prop	erly certified an	nd submitted to the inspecto	or. YES NO	
DATE OF NEXT INSPECTION	ON:	2/01			
		(Approx	imate)		_
INSPECTION CONDUCTED) BY:	an Fan	nin		
	\	(Please	Print)		_
INSPECTOR'S SIGNATURE	E: Don) · · ·	PHONE NUMBE	R: 305-372-6923	Σ_
		-			
		Pageof_	•	Revised 10	1/96

AIRS ID#: 0350 700

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Most Valedone Cleaners DATE: 2/15/00
FACILITY LOCATION: SGI NE 48/ 14.
Miami, FL
Annual Reporting Period: Feb 1999 TO Feb 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
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:
Not naintaine rolling log or recepts of pere purchoses
Not naintaining rolling log or recepts of pere purchases Exact period of non-compliance: from Feb '99 to Feb 60
Action(s) taken to achieve compliance: Have all records readily available
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:
Not maintaining leak on Jamp log Exact period of non-compliance: from Feb 99 to Feb 00
Action(s) taken to achieve compliance: Have all records. readily available
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: Policy 1915/200
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.





NOTICE OF VIOLATION

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

TO: Abdurahim Bhanan		
ADDRESS: Sol NE #81	St. Miami, FL	
SOURCE/LOCATION: One Hour U	relationa Cleaners	
YOU ARE HEREBY NOTIFIED that on		
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	
	h Title V Commal An Paront	
Rule 62-213.300 (6)(a) Rea		
All result much be readily as		
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Order	granted to me by Sections 24-54 and 24-5(15)a, linance, I hereby order you to:	
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	CE, initiate corrective measures to eliminate and/or liviolation(s).	
you have taken to ensure that no furt	TICE, submit to this office in writing the steps which her violations will occur. Said report may include ents, or servicing performed to correct the violation.	
☐ 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 NC discuss other Departmental permitting r	OTICE, contact Plan Review Section at 375-3330 to equirements.	
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 cont	act the Air Section of this office at 372-6925.	
	Sincerely,	
	John W. Renfrow, P.E.	
3.2 \sim 3	Director	
Received by: MOUNGULLING	By: Iyan Farma	
-Title: Mile	Signature:	
Date: 21/5/2010	Section: AIR FACICITIES	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

CDHANAN;) RECEIVED AIRS ID#0250700 **FARID CLEANERS INC** ABDULRAHIM DIHANANI 561 NE 81ST STREET **MIAMI FL 33138** Do NOT Remove Label Annual Reporting Period: _1- 1- 1998 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 ЫNO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. 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.

401298

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 # 0250700

ONE HOUR VALETONE CLEANER ABDULRAHIM DHANANI 561 NE 81ST STREET MIAMI FL 33138

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300917

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 26 98

Do NOT Remove Label

AIRS ID#0250700

FARID CLEANERS INC ABDULRAHIM DYANANI 561 NE 81ST STREET MIAMI FL 33138 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390368

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 # 0250700

ONE HOUR VALETONE CLEANER ABDULRAHIM DHANANI 561 NE 81ST STREET MIAMI FL 33138

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355895

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 # 0250700

ONE HOUR VALETONE CLEANER ABDULRAHIM DHANANI 561 NE 81ST STREET MIAMI FL 33138 259065

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 27 97

Do NOT Remove Label

AIRS ID# 0250700

FARID CLEANERS INC ABDULRAHIM DYANANI 561 NE 81ST STREET MIAMI FL 33138 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

Please note.

FARID CLEANERS, INC., DBA ONE HOUR VALETONE CLEANER 561 N.E. 81 Street MIAMI - FL 33128

NOLLOSE, FM. 10P OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250700001AG ABDULRAHIM DHANANI ONE HOUR VALETONE CLEANER	A. Received by (Please Print Clearly) B. Date of Delivery G. Signature Agent Addressee D. Jardelivery address different from item 1? Yes If YES, enter delivery address below:		
561 NE 81ST STREET MIAMI FL 33138 	Service Type Certified Mail		
<u> </u>	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 70000600 0026 4/30 3529			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

Postage \$ Certified Fee Postmark Here Postmark Return Receipt Fee Postmark Here Postmark	U.S. Postál Service CERTIFIED MAIL RECEIPT (Domestic, Mail Only; No Insurance Coverage Provided)			
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0250700001AG Read ABDULRAHIM DHANANI ONE HOUR VALETONE CLEANER	5.2		er to the	
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 10 AIRS ID # 0250700001AG Restricted Delivery Fee (Endorsement Required) ONE HOUR VALETONE CLEANER	m	•	\$	
ABDULRAHIM DHANANI ONE HOUR VALETONE CLEANER	920	(Endorsement Required) Restricted Delivery Fee		
PS Form 3800 February 2000				