

Department of Environmental Protection

0250707

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

Virginia B. Wetherell Secretary

September 25, 1996

Ms. Gloria Jackson Continental Cleaners, Inc. 798 Northwest 62nd Street Miami, Florida 33150

Dear Ms. Jackson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

0250707 9-9-96 Spoke to Gloria Jackson, she is the Owner.



P.13 6. add title-owner

P.15 (+) should be marked

Gloria Sent in a new P.16 with the date.

Twin Towers Office Building • 2600 Blairstone Road • Tallahassee, Florida 32399

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·					
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Site Name (For example, plant name or number):					
2.	Site Name (For example, plant name or number):					
	Hazardous Waste Generator Identification Number:					
3.	Hazardous Waste Generator Identification Number:					
	MCF Systems FD# FID 982 130 098					
4.	Facility Location: 797 NW 6274 ST. City: MIAM! — County: DADE Zip Code: 33-130 Facility Identification Number (DEP*Use):					
	City: MIAMI - County: DADE Zip Code: 33-150					
5.	Facility Identification Number (DEP Use):					
	0250707					
	Responsible Official					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Gloria Tackson					
7	Responsible Official Mailing Address:					
''	Organization/Firm: CONTINENTAL Cleanels TNC					
	Street Address: 798 Nin 625					
	City: Mami County: Fla Zip Code: 33150					
8.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Telephone: 805)758-2451 Fax: () NONE					
	Facility Contact (If different from Responsible Official)					
	ruently contact (it directent from responsible cities and					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: Zip Code:					
1.						
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -					
	receptione. () -					

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AUG 1 9 1996

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		08-9-90	· And the	h -	, 4 A - 5 A	* [1]			Swill or y
(1) w/ ref. condenser	#1		08-9-90			1			1
(2) w/ carbon adsorber			_						
(3) w/ no controls									
Washer Unit					100 St. 100 St.			Artina (n. 1854). Artina (n. 1864).	AND THE
(4) w/ ref. condenser									
(5) w/ carbon adsorber							ŀ		
(6) w/ no controls									
Dryer Unit				100	i etaber		2 2 3 4		"Algolithic for
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	4	yt 82 iji	ej harishe v	[HD]					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total q [268] (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons BECAUSE ow many? [_	installed [perc)	purchased in	IOM·KRPA	iRS i	MADE.	
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	initions found nall area sour	rce 🗶]	Part II?	

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(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 [X]	
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 e 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	[X _]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and it the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	Moria Jackpon Date

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 notij statemer maintair	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 ats made in this natification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	emptly notify the Department of any changes to the information contained in this notification.					
Signatur	Moria Jackspon 9/9/96					

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SEP 12 1996

Bureau of Air Monitoring

Mobile Sources

Bowman, Sandy

From:

Walker, Elizabeth (AIR)

Sent:

To:

Subject:

Tuesday, September 04, 2001 8:55 AM Bowman, Sandy; Butler, Rick FW: Continental Cleaners, ARMS ID No.0250707

Hi guys... I don't know this guy - I don't know if he's in air or not. Anyway he has requested Browser access to ARMS. If he isn't in air, will you call him and tell him who the SED or the Dade County person is who would do this?

Thanks! Elizabeth

----Original Message-----

King, Ronald

Sent:

Friday, August 31, 2001 4:55 PM

To:

Walker, Elizabeth (AIR)

Subject:

Continental Cleaners, ARMS ID No.0250707

Continental Cleaners 798 NW 62 St Miami, FL 33150 AIRS ID NO. 0250707

I inspected this facility on 8/23/01. According to ARMS, the facility is inactive with a Comment date 4/01 stating "County notified fac is inactive". THIS IS NOT TRUE! Facility is VERY ACTIVE and out of compliance! Gloria Jackson is the manager. I can provide an inspection report is you require it. Please update the ARMS database accordingly.

Sincerely,

Ron King **SED**

BEST AVAILABLE COPY

Bowman, Sandy

From: Sent:

Barros, Marcelo (DERM) [BarroM@co.miami-dade.fl.us] Thursday, April 19, 2001 2:35 PM

To:

Bowman, Sandy

Subject:

CORRECTIONS TO ARMS & ASGP DATABASES

Sandy:

As a follow-up to our telephone conversation this morning, please be informed that the following dry cleaners data input found in the ASGP database need corrections.

Correct Insp. Date Posted ID # Company Inspection Date

250993 09/06/00	A-One DC Inc	06/09/00
250851 09/06/00	International DC	06/09/00
250852 09/06/00	Fisrt Class Cleaners	06/09/00
250916 09/06/00	Mr.J Cleaners	06/09/00
250951 12/06/00	The One and Only	06/12/00
250920 03/26/01	Society Cleaners	03/13/01
250810 12/06/00	Americlean	06/12/00
250740 03/22/01	Frank's Cleaners	03/16/01
250757 12/06/00	A-1 Hour Cleaners	06/12/00
251004 09/06/00	New Luis Dry Cleaners	06/09/00
250731 02/13/01	The Wash Place	02/06/01
250760 12/06/00	Colonial Cleaners	06/12/00
250953 12/04/00	Sabal Family Cleaners	04/17/00

In addition, please delete from the ASGP database the TBD 3329 C Way Cleaners from Lauderhill as a SEDA facility.

Also, the following dry cleaning facilities were found out of business or converted into a drop-off store and need to be inactivated from ARMS.

(OOB) 1) Continental Cleaners ID# 250707

2) 250715 (OOB) Crown Laundry

Al's One Hour Cleaners 3) 250701 (OOB)

4) Dry Clean USA 250854 (Drop-Off)

LLLE V AIR QUALITY GENERAL PERMIT BEST AVAILABLE COPY INSPECTION SUMMARY REPORT COMPLAINT/DISCOVERY TYPE OF INSPECTION: **RE-INSPECTION** AIRS ID#: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: PHONE NUMBER: 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 COMMENTS: HIN R KHORD The Annual Compliance Certification form has been properly certified and submitted to the inspector. ПОИ

(Approximate)

Page__of__/.

PHONE NUMBER: 3726927

Revised 10/96

DATE OF NEXT INSPECTION:

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: * CONTINENTAL CLEANERS, INC. DATE: 3/11/97
FACILITY LOCATION: 1798 NW 62 ST
Migmi FIA 33150
Annual Reporting Period: 9/9/96 19 TO 3/11/97 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:
MONUSE PROPERSORE SUCIETIONS
Exact period of non-compliance: from 9/9/96 to 3/11/97
Action(s) taken to achieve compliance: 9Thrt Koeping Rocard DS
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: fromto
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: X A A A A A A A A A A A A A A A A A A

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

^{*}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.

300357

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.

| Vicitive D | Viciti

TOTAL AMOUNT DUE: \$50.00

Jâil 20 98

Do NOT Remove Label

CONTENTINAL CLEANERS INC GLORIA JACKSON 798 NW 62ND STREET MIAMI FL 33150 AIRS ID#0250707

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COM	PLIANCE II	NSPECT	ION C	HECKLIST		
TYPE OF INSPECTION: ANN	MAL.		4	COMPLAINT/DISCO	VFRY	۵
	NSPECTION	N		COM EMINIDEC	, veici	-
142-1	THE ECTION		_			
AIRS 1D#: <u>0250707</u> date:	3/1/	97 :	TIME I	n: <u>/-30</u> timi	E OUT: _	2:00
FACILITY NAME: CONTI	NENTE	2/	<u>Cla</u>	PANERS		
facility location: <u>798</u>	NW	62	2 5	7.		
<u> 414</u>	Mil	33	150	2		
PART I: NOTIFICATION	1.1.					
(check appropriate box)						
1. Existing facility notified DARM by	9/1/96					
2. New facility notified DARM 30 days	prior to star	rtup				۵
3. Facility failed to notify DARM to us	e general per	rmit				
PART II: CLASSIFICATION						
Facility indicated on notification form (check appropriate box)	n that it is:					
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)		dry-to- transfe both ty	dry only r only, x pes, x<1	area source , x<140 gal/yr <<200 gal/yr 140 gal/yr n or after 12/9/91)	स्त	
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,="" y="" yr=""><td>Π</td><td>dry-to- transfe both ty (constr</td><td>dry only or only, 2 pes, 140 ructed or</td><td>area source v, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>ο,</td><td></td></x<2,>	Π	dry-to- transfe both ty (constr	dry only or only, 2 pes, 140 ructed or	area source v, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	ο,	
This is a correct facility classification		ΩY	ØΝ			
If no, please check the appropriate cla	ssification:					
facility qualified for	•		_	above		

sed 10/28/96 31" Na 3/13/41

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 52 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON N4
2. Examining the containers for leakage?	אע מם אם
3. Closing and securing machine doors except during loading/unloading?	מם אלם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY DN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	. OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ОУ ОИ
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	~
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מם צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
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?	□У □И
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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	אואם אם צם
DADT W. DECODDWEEDING DECHIDEMENTS	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	ау ой
Has the responsible official: (check appropriate boxes)	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	- <u>-</u>
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	- <u>-</u>
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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	OY DN NA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only)	OY ON WA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA OY ON ON/A OY ON WA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? *for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2. Which method of detection is used by t	he respons	sible officia	17		
Visual examination (condensed se	rfaces)				
Physical detection (airflow felt th	•				
Odor (noticeable perc odor)					
Use of direct-reading instrumenta					
If using direct-reading instrume	entation,	is the equi	pment:		
a. Capable of detecting	perc vapo	r concentra	tions in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	standard g	as prior to	and after each use	OY ON	
c. Inspected for leaks ar	nd obvious	s signs of w	ear on a weekly basis?		אכ
d. Kept in a clean and s	ecure area	a when not	in use?		ИС
e. Verified for accuracy	by use of	duplicate s	amples (calorimetric only)?	מט עם	
3. Has the facility maintained a leak log?	DY DYN				
4. Does the responsible official check the	following	areas for l	eaks?		
Hose connections, fittings, couplings, and valves	DY	ΩΝ	Muck cookers	ΟY	ωN
Door gaskets and seating	qХ	ПΝ	Stills	DY	ПN
Filter gaskets and seating	ØΥ	ΠИ	Exhaust dampers	ΩY	ПΝ
Pumps	ДY	ПП	Diverter valves	ďΥ	□и
Solvent tanks and containers	ØY,	ПΩ	Cartridge filter housings	ďY	ΩΝ
Water separators	CYY	ПИ			
Water separators	<u>o</u> k	ON .	·		

Name of Responsible Official

The National Shape of Inspection

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

4 of 4

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12.12 TIME OUT:	AIRS ID#: 0250407
TYPE OF FACILITY: CONTINENTAL CHE	EANERS
FACILITY NAME:	DATE:
FACILITY LOCATION:	
	130 7451
RESPONSIBLE OFFICIAL: 1/1/2 Kein - 1/1/2/2	PHONE NUMBER:
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
 	
·	
	
	Bure
	MAR C
	Bie 3 FT
	O Sou
·	Monito Sources
· · · · · · · · · · · · · · · · · · ·	
COMMENTS: Challify 19 Co	Im sciance
. /	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	999
17. 3	(Approximate)
INSPECTION CONDUCTED BY:	EMALARIA
101-7-	(Please Print) 37 269 2
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Pa	age of Revised 10/96

ARSID#: <u>0250707</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CONTIN	BNIBP	Chemise	<u> </u>	ATE: 2-18-49
FACILITY LOCATION: 798	NW.	6255		
OllAm!		-		
Annual Reporting Period:	3-11	1997 то	2-18	19 98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-		<u>-</u> -/	with DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been	in continuous complian	ce during the reporting	Bure &
Exact period of non-compliance: from			to	MAR 3 au of A Mobile
Action(s) taken to achieve compliance:				S E
Method used to demonstrate compliance:				1998 Monitori durces
#2. Term or condition of the general permit	that has not been	in continuous complian	ace during the reporting	成ng period stated above:
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·		···
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. F	urther, my annual consu	mption of perchloroes	thylene solvent, based

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

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

		BEST AVAILABLE COPY	
1.	/1	0250707 9-9-96 Spoke to Gloria Jackson, she is the DECET Owner. OCIO7	1996
3.	Hazardoi		ity Divis _{ior}
4.	Facility I Street Ac	6. add title-owner	
5.	City:	P.15 (+) should be marked	
6.	Name and	Gloria Sent in a new P.16 with the date.	
	Responsib Organizat Street Add City:		
	Telephone		
	Name and Facility Co		
	Street Add	Twin Towers Office Building • 2600 Blairstone Road • Tallahassee, Florida 32399	
11.	Facility Co Telephone	ontact Telephone Number: Fax: () -	

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AUG 1 9 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Surrender of Existing Air Permit(s)

	The state of the s							
Please indicate	e with an "X" the appropriate selection:							
[1	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.								
Morine Jackspon 9/9/96 Date								

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Bureau of Air Monitoring

Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
CONTENTINAL CIEANERS, INC. 2. Site Name (For example, plant name or number):						
2. Site Name (For example, plant name or number):						
3. Hazardous Waste Generator Identification Number:						
3. Hazardous Waste Generator Identification Number:						
MCF Systems FD# FID 982 130 098						
4. Facility Location: 7.9.7 NW 62nd, -ST.						
MCF Systeus FD# F1D 982 130 098 4. Facility Location: 7.9.7 MW 62 nd, ST. City: MIAMI - County: DADE Zip Code: 33-150 5. Facility Identification Number (DEP Use):						
5. Facility Identification Number (DEP Use):						
0250707						
Responsible Official						
6. Name and Title of Responsible Official:						
Gloria Tackson, owner						
7. Responsible Official Mailing Address: Organization/Firm: CONTINENTAL Cleanels FNC Street Address: 798 NW 625						
Street Address: 798 Nw 62st City: Main Zip Code: 33,50 8. Responsible Official Telephone Number:						
8. Responsible Official Telephone Number: Telephone: Bo5)7582451 Fax: () NONC						
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 1 9 1996

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

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
` .		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		08-9-90)	_					
(1) w/ ref. condenser	#1	08-9-90	08-9-90						
(2) w/ carbon adsorber	_								
(3) w/ no controls									
Washer Unit			1			-		-	-
(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? [268] gallons BECAUSE OF MACHINE MALFUNCTION. REPAIRS MADE. (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 so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	ication only.)	ew sn	nitions foun nall area sou	rce []	Part II?	
			• • •		6		,		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of 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 e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X] []
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 mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	te 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)						
Ķ	No air permits currently exist for the oper this notification form.	ration of the facility indicated in					
	Responsible Offici	ial Certification					
this notifi statemeni maintain	ication. I hereby certify, based on information is made in this notification are true, accurate the air pollutant emissions units and air pollutant emissions are true, accurate the air pollutant emissions units and air pollutant emissions units authorized emissions are units air pollutant emissions are units air pollutant emissions air pollutant emissions are units air pollutan	fined in Part II of this form, of the facility addressed in ion and belief formed after reasonable inquiry, that the te and complete. Further, I agree to operate and ellution control equipment described above so as to permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes	s to the information contained in this notification.					
Signature	Moria Jackpon	Date					
×	Moria Chekron	x 2/ular					



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Ms. Gloria Jackson Continental Cleaners, Inc. 798 Northwest 62nd Street Miami, Florida 33150

Dear Ms. Jackson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

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

PERCHLOROETHYLENE DRY CLEANERS

	TITLE V G. COMPLIANCE IN	ENERAL PE SPECTION	RMIT CHECKLIST		MAP.
TYPE OF INSPECTION:	ANNUAL	u	COMPLAINT/DI	SCOVERY	14 0 100 100
	RE-INSPECTION		CHECKLIST COMPLAINT/DI	41	Jobile Sour Monitor
AIRS 10#: 0250707			M. 700 1	TME OUT:	140
FACILITY NAME: On	TINON MA	Clan	NEUS		·
FACILITY LOCATION:	798 NM	0 62	57		
<u> </u>	MAN	2/			
RESPONSIBLE OFFICIAL	: Coloria V	Acksor		8 24	<u>5/</u>
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to start	up			
2. Facility failed to notify DA		_			
PART II: CLASSIFICATIO) NY				
<u> </u>					
Facility indicated on notification (check appropriate box)	ition form that it is:		☐ No notification☐ Drop store/out		petroleum
A.	,		a prop stora out	or outiliossi	pod oroum
1. Existing small area so	urce 🗹	2. New small	area source		\
dry-to-dry only, x < 140 ga		•	y, x < 140 gal/yr		
transfer only, x < 200 gal/y		-	x < 200 gal/yr		
both types, x < 140 gal/yr		both types, x	_ ,		
(constructed before 12/9/9)	1)	(constructed c	n or after 12/9/91)		ļ
3. Existing large area so	urce 🗅	4. New large	area source		
dry-to-dry only, $140 \le x \le$			y, $140 \le x \le 2,100 \text{ ga}$	_	
transfer only, $200 \le x \le 1$,			$200 \le x \le 1,800 \text{ gal/}$	-	
both types, $140 \le x \le 1,800$			$0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/9			on or after 12/9/91)		
5. This is a correct facility	classification	NO AG	□Can not determ	nine	
If no, please check the	ne appropriate classifica	ition:)
☐ fac	ility qualified for a gene	eral permit as		bove	
	ility exceeds above limi			permit	·
B. The total quantity of perch					

Revised 8/11/9'

THE M. ORIGINAL COLUMN AND THE COLUM					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	AVAND NO YO				
2. Examining the containers for leakage?	חארם אם עם				
3. Closing and securing machine doors except during loading/unloading?	OM ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מאם אם אם				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN PAN/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 refi (complete A below).	rigerated 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 ref (complete A and B below).	rigerated 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?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. ОУ ОИ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□У □И □И/А				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И				

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□n/a
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
٠٠.	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	□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?	ΟY	ИП	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

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

_							
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?			DERY DN			
2.	Has the facility maintained a leak log?			DN PE			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	אואים אם אס	Muck cookers	ם אואס מם אם			
	Door gaskets and seating	DY ON ON/A	Stills	AND NO AR			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	CY ON ON/A	Diverter valves	ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	TAY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?		,			
	Visual examination (condensed so	lvent on exterior surfaces)				
	Physical detection (airflow felt thr	ough gaskets)		₽Z,			
	Odor (noticeable perc odor)			र्छ			
	Halogen leak detector						
	If using direct-reading instru	umentation, is the equip	ment:	□N/A			
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a st	tandard gas prior to and a	ifter each use				

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

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

4 of 5

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

JAIME NAZARW
Inspector's Name (Please Print)

(PID/FID only)?

Z -18-98
Date of Inspection

 $\Box Y \Box N$

NO YO

DY DN

Approximate Date of Next In

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	[:		
;			
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5 -	·		
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCO Bureau of Air Monitoring Mobile Sources

RE-INSPECTION

	<u></u>
AIRS ID#: 0250707 DATE: 4/2	6/99 TIME IN: 9 14 TIME OUT: 9 10
FACILITY NAME: Contine	ta Cleaners
FACILITY LOCATION: 798	N00 62md 54
	JACKSON PHONE: 758-2451
CONTACT NAME:	PHONE: //
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗆
2. Facility failed to notify DARM to use general per	nmit
PART II: CLASSIFICATION	
n	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
 	U.
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)

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Revised 9/15/9

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PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility:		
(check appropriate boxes)		
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON DAVA	
2. Examining the containers for leakage?	DY ON DANA	
3. Closing and securing machine doors except during loading/unloading?	ØY 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		
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 refr (complete A and B below).	igerated condenser	
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:	
1. Equipped all machines with the appropriate vent controls?	OY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after	ΠΥ ΓΊΝ	

2 of 5

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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 peaching are equipped with a peaker adsorber?	
	Is the perc concentration equal to or less than 100 ppm?	OY ON 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?	OY ON ON/
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/
6.	Routed airflow to the carbon adsorber (if used) at all times?	ארם אם אם

e transport de la companya de la com

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official:		
(check appropriate boxes)		
3. Maintained receipts for perc purchased?	PY ON	
2. Maintained rolling monthly total of perc consumption?	NO V	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 lirs? or;	אואב, אם צם	
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 BN/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DWIA	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON PONIA	
6. Maintained startup/shutdown/malfunction plan?	MY ON	
7. Maintained deviation reports?	OY ON ON/A	
Problem corrected?	DY ON ENIA	
8. Maintained compliance plan, if applicable?	OY ON WHIA	

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PA	PART VI: LEAK DETECTION AND REPAIRS			
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.	3. Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves QY QN QN/A Muck cookers QY QN QN	/A		
	Door gaskets and seating DY DN DN/A Stills DY DN DN	/A		
	Filter gaskets and seating DY ON ON/A Exhaust dampers DY ON ON	/A		
	Pumps ZY ON ON/A Diverter valves OY ON	I/A		
	Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN	I/A		
	Water separators Y 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)?			
Ļ				

Inspector's Name (Please Print)

A 26/99

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION			
	AIRS ID#: 0750 707		
TYPE OF FACILITY: Rec Day			
FACILITY NAME: Continental C	leones DATE: 1/26/99		
FACILITY LOCATION: 798 NW 62nd St.			
RESPONSIBLE OFFICIAL: Gran Jacks			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra			
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		
<u> </u>			
-			
GOV (17) 170	-		
COMMENTS: SAtis fection			
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: 4/2000			
INSPECTION CONDUCTED BY: (Approximate) SHRT			
(Please Print) INSPECTOR'S SIGNATURE: (395) 372-6922			

Page___of___.

Revised 10/96

AIRS ID#: 0250707



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Continental cleaners DATE: 4/26/29
FACILITY LOCATION: 798 NW 62-J ST
Annual Reporting Period: 19 9 TO April 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
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 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: ORIGINAL Color Color

^{*}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.

 \Box

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

RECEIVED FEB & & 2000 PERCHLOROETHYLENE DRY CLEANERS

Bureau of Air Monitoring

Sources & Mobile Sources

AIRS ID#: 0250707	DATE: 1/26/00	TIME IN: 10:35 TIME OUT: 10:45
FACILITY NAME:	Continental	Cleaners
FACILITY LOCATION:	798 N	NW 62 st.
	Miami	FL
RESPONSIBLE OFFICIAL	Gloria Jackso	on PHONE: 758-2451
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	<u> </u>	

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	2. Ivew small area source					
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$					
transfer only, $x < 200 \text{ gal/yr}$	transfer only, $x < 200 \text{ gal/yr}$					
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$					
(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)					
5. This is a correct facility classification	■Y □N □Can not determine					
If no, please check the appropriate classification						
facility qualified for a ger	•					
☐ facility exceeds above lim	nits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (pure) pu	rehased within the preceding 12 months by this day election					
facility was 2 gallons.	The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning					
facility was _O+_ gallons.						

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

-				
B.	Has the responsible official of an existing large or new large area source also:			
ı.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	Ωи	
]	· · · · · · · · · · · · · · · · · · ·			
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ΠN	□N/A
	•			
ĺ	Is the temperature differential equal to or greater than 20° F?	UΥ	ЦN	□N/A
_	Marine the desired distance and a second section of the section of the			
٤.	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,	-		D
	if machines are equipped with a carbon adsorber?	ЦY	UИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
	•			
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			ľ
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
				ĺ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	\Box Y	\square N	□N/A
				-
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ПИ	□N/A

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

P	ART VI: LEAK DETECTION AND R	EPAIRS				
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			OY ON		
2.	Has the facility maintained a leak log?		,	DY ON		
3.	Does the responsible official check the f	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A		
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON CINIA	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by th	e responsible official?				
	Visual examination (condensed so	lvent on exterior surface	s)			
	Physical detection (airflow felt three	ough gaskets)		Q		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/PID/calorimetr	ic tubes)			
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equip	ment:	12 11/A		
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a state (PID/FID only)?	andard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and sec	cure area when not in us	27	OYON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature Approximate Date of Next Inspection

DDITIONAL SITE	INFORMATION:		
		*	
	4.		
	•		
•			
	·		
			-

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
	1:45 AIRS ID#: 0150707
TYPE OF FACILITY: Vesc by CO.	esned
	aners DATE: 1/26/00
FACILITY LOCATION: 798 NW 6	2 14.
, , , , , ,	•
RESPONSIBLE OFFICIAL: Gloria Jack	SON PHONE NUMBER: 758. 2451
compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.). valuated during this inspection, the following compliance
discrepancies were noted:	variated during this hispection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMPLIANCE REQUIREMENTA ROBLEM	FOLLOW-OF ACTION REQUIRED
*	
·	
	
	,
COMMENTS:	
Good record Keep	sing 1 housekeeping
The Annual Compliance Certification form has been properly c	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1/01
7	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
	` _
INSPECTOR'S SIGNATURE:	
Pag	eof Revised 10/96

AIRS ID#: 0250707

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Continental	Cleany	es	DATE	:_1/26/00_
FACILITY LOCATION:	798 N	a) 62	54		
<u> </u>	Miani	FL	<u> </u>		
Annual Reporting Period:	Jan	19_4	<u>с</u> то	Jan	-19 Decci
Based on each term or condition 62-213.300, Florida Administra	_	-	•		EP Rule NO
If NO, complete the following:					
#1. Term or condition of the go	eneral permit that has not b	een in continuo	ous compliance du	ring the reporting per	iod stated above:
Exact period of non-compliance	e: from		to		· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	mpliance:				·
#2. Term or condition of the go	eneral permit that has not b	een in continuo	ous compliance du	ring the reporting peri	od stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:		•		
Method used to demonstrate co	mpliance:				
As the responsible official, I he made in this notification are trappon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ue, accurate and complete. ase receipts, does not exce	Further, my a ed 2,100 gallon	nnual consumption	n of perchloroethylene	solvent, based

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250707

CONTENTINAL CLEANERS INC GLORIA JACKSON 798 NW 62ND STREET MIAMI FL 33150

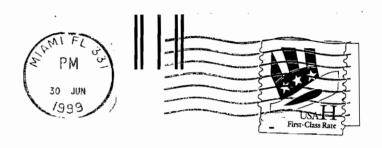


Do NOT Remove Label

Annual Reporting Period:	1	9 TO _		19
Based on each term or condition of the Tit. 62-213.300, Florida Administrative Code		•		DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in conti	nuous compliand	ce during the reporting po	eriod stated above:
Exact period of non-compliance: from		1	:o	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general perm	it that has not been in conti	nuous complianc	re during the reporting po	eriod stated above:
Exact period of non-compliance: from		to		
Action(13) taken to achieve compliance:				
Method used to demonstrate compliance:	· · ·			,
As the responsible official, I hereby certify, be notification are true, accurate and complete, does not exceed 2,100 gallons per year for dr	Further, my annual consum	ption of perchloro	ethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:	OPIA JACKSON Tame (Please Print)	Glori	Signature	6-30-99. 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.

CONTINENTAL CLEANERS, INC. 798 N. W. 62nd STREET MIAMI, FLORIDA 33150



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

32315X3070

Administrational design and the desi

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354964

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

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TOTAL AMPUNT PUE ESSO.00

DEC 2 8 1998

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AIRS ID # BUSBAUT OF Air Monitoring

CONTENTINAL CLEANERS GLORIA JACKSON 798 NW 62ND STREET MIAMI FL 33150 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

Do NOT Remove Label

AIRS ID# 0250707

CONTINENTAL CLEANERS GLORIA JACKSON 798 NW 62ND STREET **MIAMI FL 33150**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

339529

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 # 0250707

CONTENTINAL CLEANERS GLORIA JACKSON 798 NW 62ND STREET **MIAMI FL 33150**

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. FOLD AT DOTTED LINE	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 # 0250707001AG GLORIA JACKSON CONTENTINAL CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
798 NW 62ND STREET MIAMI FL 33150	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 700006000026413035	43
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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그	Certified Fee		Postmark
-1P	Return Receipt Fee (Endorsement Required)		Here
8	Restricted Delivery Fee (Endorsement Required)		
00	10 AIRS ID # 0250707001AG		
9	10 AIRS ID # 0250707001AG		
10	CONTENTINAL CLEANERS		
0	798 NW 62ND STREET		
7000	MIAMI FL 33150		
{	PS Form 3800, February 2000 See Reverse for Instructions		
1	3ee neverse for instructions		

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 # 0250707

CONTENTINAL CLEANERS GLORIA JACKSON 798 NW 62ND STREET MIAMI FL 33150

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273