

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 26, 1996

Mr. Abdul Mohammad Lakhani President Americlean 2760 Northwest 183 Street Miami, Florida 33056

Dear Mr. Lakhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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"

	#0250719
į .	a AL
	Americlean
	Spoke with Abdul Mohammad Lakhani – 9/12/96
· ·	Lakhani — 4/12/96
P.14	1./a) add date control device
	1.1a) add date control device installed, if any 3. Should be existing small area
	3. Should be existing small area
1,000	Source
p./5	5. place "X" in All Steam and hot
	5. place "X" in "All steam and hot water generating units gent" 5.(c) not required, mark out "X"
,	and initial
	5.4) required
	!!
,	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Common Name (Name of comparties against a individual owner).						
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	NAUROZ INC						
2.	Site Name (For example, plant name or number):						
	AMERICIBAN						
3.	Hazardous Waste Generator Identification Number:						
	FLD 042520668						
4.	Facility Location: 2760 NW183ST Street Address:						
	City: MIAMI County: DADE Zip Code: 33056,						
5.	Facility Identification Number (DEP Use):						
	0250719						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	ABDUL MOHAMMAD CAKHANI PRESIDENT						
7.	Responsible Official Mailing Address: Organization/Firm: 2760 NW/8357						
	Street Address:						
	City: MIAMI County: DADE Zip Code: 33056						
8.	Responsible Official Telephone Number:						
	Responsible Official Telephone Number: Telephone: (305) - 620-2000 Fax: (305) 620-2000						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

RECEIVED

AUG 2 6 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.

ECONOMATIC 451DS. 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-
Dry-to-Dry Unit	1.1	1989		77. 178.13	·				
(1) w/ ref. condenser		,							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	3 - 5		1. 1. 1		Santal Santa		: 1		. 4.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	. 44475	of great Alex					1		et producti
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	Direction of the control of the cont	Alijaka Marin							
(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 of the control of the c	are ro	equired to be ity of perchlons ons	installed [_oroethylene ((perc)	purchased in				
(Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) ew sn	nall area sour	ce [Part II?	
Existing large are	ea soi	irce [X]	No	ew lai	ge area sour	ce [

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(Indicate with an "X".)	suant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber Re	frigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more that	al gas except for periods of natural gas curtailment
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 ac	ecordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[K]
(b) Leak detection inspection and repair	[K]
(c) Refrigerated condenser temperature monitoring	[×]
(d) Carbon adsorber exhaust perc concentration monitor	ing []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(<u>)</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Md Fahran 8:21.96.

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



Department of Environmental Protection

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

David B. Struhs Secretary

July 27, 2001

Mr. Abdul Mohammad Lakhani Americlean 2760 Northwest 183 Street Miami, Florida 33056

Dear Mr. Lakhani:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 26.

In reviewing your submittal, it was noted that Americlean elected to surrender its existing Title V air general permit (AIRS ID 0250719). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: // OU Am TIME OUT: 11:30	Am AIRS ID#: 0250719
TYPE OF FACILITY: PERCH/ORNE/19/6015	DRY CLEANER
FACILITY NAME: AMERICIEM	DATE: 12/4/96
77 06 102 6	DAIL.
FACILITY LOCATION: 2760 1100 105 -	
16620100 /01/0	PHONE NUMBER: 620 ZCOO
RESPONSIBLE OFFICIAL: MOTTANIPH LISEVIT	PHONE NUMBER: 600 CCO
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
•	
	•
· · · · · · · · · · · · · · · · · · ·	·
COMMENTS	
COMMENTS: PACIFY & SYENATIONS	PAR GATTS FACTORY.
·.	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
-(1a) 199	
DATE OF NEXT INSPECTION:	
- AM - I	oproximate) ALARCI
	lease Print)
	1,277(922
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	м <u>о</u>	COMPLAINT/DISCO	overý o
AIRS ID#: <u>02507/9</u> D.			IN: <u>//<i>: (DA</i>m</u> tim	E OUT: // 230/17/11
	neriche			
FACILITY LOCATION:	2760 N	160 18	351	
	Ol/AM	1.33	3056	
PART I: NOTIFICATION				
(check appropriate box) 1. Existing facility notified DAR)	M.b., 0/1/06			b /
	•			6
2. New facility notified DARM 3	-	-		u
3. Facility failed to notify DARM	to use general per	1mt		
DADE IT. OF ACCIDIOATION				·
PART II: CLASSIFICATION	C			
Facility indicated on notification (check appropriate box)	n torm 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)	e . Ľå√	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	٦
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="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr nl/yr ^{yr} .</td><td>transfer only, both types, 14 (constructed of</td><td>e area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>) gal/yr nl/yr ^{yr} .	transfer only, both types, 14 (constructed of	e area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classific	ation	מם אם		
If no, please check the appropria	te classification:			
	d for a general peri above limits and is			
B. The total quantity of perchlor facility was 38 gallons.	oethylene (perc) pi	archased within	the preceding 12 month	s by this dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B. Has the responsible official of an existing large or new large area source also:	
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?	חם אם
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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	□У □И
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
Has the responsible official:	GY ON
Has the responsible official: (check appropriate boxes)	GY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	מאַ טא
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	dy DN
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:	,
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	DY ON DN/A
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?	DY 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	DY ON DN/A
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?	DY ON DN/A
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?	DY ON DN/A
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? 8. Maintained compliance plan, if applicable?	
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?	

_	<u></u>		
2.	Which method of detection is used by the responsible official?	,	
	Visual examination (condensed solvent on exterior surfaces)	6,	
	Physical detection (airflow felt through gaskets)	Ø	
	Odor (noticeable perc odor)	ď	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
	If using direct-reading instrumentation, is the equipment:		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY C	JN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?		JN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?		JN
	d. Kept in a clean and secure area when not in use?		JN
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?		ואנ
3.	Has the facility maintained a leak log?	□Y Ü	IN NA
4.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves Y N Muck cookers	₫ _Y	ПN
	Door gaskets and seating	ŒΥ	ΩΝ
	Filter gaskets and seating Y N Exhaust dampers	ΔY	□И
	Pumps Diverter valves		ПΝ
	Solvent tanks and containers Y N Cartridge filter housing	ngs Cry	ПИ
	Water separators		
	Hugh Williams For M. L 12-4-9 Name of Responsible Official	76	
	- JAIME MAZARIO 12/4/	96	
	Inspector's Name (Please Print) Date of Ir	spection	
	[(Alne /) 19	78_	
_ /	A // Andrector's Signature Approximate Date	of Next In	spection

ADDITIONAL SITE INFORMATION:		
		· · · · · · · · · · · · · · · · · · ·
	•	
	·	

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT

	ANNUAL COMPLIANCE CE		
	NAVROZ INC ABDUL MOHAMMAD LAKHA 2760 NW 183 STREET MIAMI FL 33056	AIRS ID#0250719 NI NI NI NI NI NI NI NI NI N	CEIVED
	Do NOT Remove	: Label	Re .
Annual Reporting Period:	tw 1 1997	то	BC 3 (19 97
62-213.300, Florida Administrative (Code (F.A.C.), during the period cover	whas remained in complicated by this statement.	Ce with DEP Rule
If NO, complete the following:			
#1. Term or condition of the general	permit that has not been in continuou	s compliance during the rep	porting period stated above:
Exact period of non-compliance: from	m	to	
Action(s) taken to achieve compliance	e:		
Method used to demonstrate compliant	nce:		
#2. Term or condition of the general	permit that has not been in continuous	s compliance during the rep	corting period stated above:
Exact period of non-compliance: from	m	to	
Action(s) taken to achieve compliance	e:		
Method used to demonstrate complian	nce:		
notification are true, accurate and comp	tify, based on information and belief form olete. Further, my annual consumption of For dry-to dry facilities or 1,800 gallons po	of perchloroethylene solvent, i	based upon purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Print)	1 Ond A	Parlan 2/6/98. Date

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

PERCHLOROETHYLENE DRY CLEANERS

all

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	&	COMPLAINT/DISC	COVERY 🗅	
AIRS ID#: 02507/9 I	DATE: 9/10/9	TIME II	N: /;λΟ TIM	TE OUT OF O	
FACILITY LOCATION:		V 183	St & Wood	Air has	(V)
RESPONSIBLE OFFICIAL:	Mr. Abdul 1 r. Mohamma	Mohammad Lakho	Lakton 305 PHONE: 305 WI PHONE:) Eggod	<u>a</u>
PART I: NOTIFICATION		20	real of Waste Clea	nup	
(check appropriate box)			47° 08 · ' '		
New facility notified DARM	30 days prior to startu	ıp	SEL 25 1600 Hazardous W		1 .
2. Facility failed to notify DARI	M to use general perm	ıit	Cleanup Section		l
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification fo☐ Drop store/out of		ım
1. Existing small area sourdry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr f d	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on	, x < 140 gal/yr < 200 gal/yr		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr 0 gal/yr gal/yr	transfer only, 20 both types, 140	rea source , $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	Q yr	
5. This is a correct facility cla	assification	AY ON	□Can not determin	е	
	ty qualified for a gene ty exceeds above limit	eral permit as nu ts and is not eli	umber abov	mit	ninø
facility was gallons.		omasos within ti	proceding 12 month	o of mis ary cical	<u>s</u>

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MAYA
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refi (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	□У □И
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?	חם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	חם צם
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?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is verying 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 ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
of expansion, and downstream from no other lifet?	di di di/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MD YEAR				
2. Maintained rolling monthly total of perc consumption?	□Y ÞX				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY BY 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?	OY ON MANIA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SAVIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 1941/A				
6. Maintained startup/shutdown/malfunction plan?	AY DN				
7. Maintained deviation reports?	OY ON DINA				
Problem corrected?	AINE NO YO				
8. Maintained compliance plan, if applicable?	DY 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 $\square N$ inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AINO NO PA ON ON/A Muck cookers couplings, and valves DN ON/A XY ON ON/A Door gaskets and seating Stills DN DN/A AY ON ON/A Exhaust dampers Filter gaskets and seating DA ON ON/A XX ON ON/A Pumps Diverter valves DAY ON ON/A AVO NO YA Cartridge filter housings Solvent tanks and containers A/ND ND Water separators 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 □N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use

Mitchell FishkiND	9/10/98
Inspector's Name (Please Print)	Date of Inspection
mutit Lellen	9/99
Inspector's Signature -	Approximate Date of Next Inspectio

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

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

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

(PID/FID only)?

4 of 5

DY DN

DY DN

DY DN

DY DN

grandimpiants 1989

.

...

Granding ant 1989 4066

Gave DEP Calendar

Gave P2 Booklet

ADDITIONAL SITE INFORMATION:

INSPECTION STR	Y GENEKAL PERMIT AMARY REPORT	BEST AVAILABLE COPY
	APLAINT/DISCOVERY	RE-INSPECTION
ME IN: 1'20 TIME OUT 21C)AIRS ID#:	0250719
ACILITY NAME: AMericlean	is NS+	DATE:
ACILITY LOCATION: 2/60	93.	629-2000
ESPONSIBLE OFFICIAMOR AS LEX Methanical la	Man) PHONE NUMBE	205)
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ		acility is found to be in
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the f	Collowing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
No Roiling Cog for perc Gray Receipts Not on site No Logs for Leak Detaction C Maintenance	Mainto IN R	coepte on Site
No 1 cos for I cak Detaction	Maintain	loss orsite
C Maintenance	Use DEP. Co	lerdar
		P
,		Bur Sto F
		Moor Air Monte of the South of
		OH OHEOTE
		* &
OMMENTS:	<u> </u>	
; 		
he Annual Compliance Certification form has been properly cer	tified and submitted to the inspe	ctor. YES NO
ATE OF NEXT INSPECTION: $9/99$	Approximate)	
ISPECTION CONDUCTED BY: Mitche		10/1000 (00)
SPECTOR'S SIGNATURE: Mathely	PHONE NUMB	BER: (308)3/4 692
Page	of	Revised 10/96

,	BEST AVAILABLE COPY	
	Americlean	Jades
. Faci	-spoke with Abdul Mohammad Di Lakhani - 9/12/96	ECEIM
2. Site	p.14.1.(a) add date control device	0CT 0 7 1996 Air Quality
. Haz	s. Shows be existing small wea	nagement Divis
. Faci Stre City	P.15 5. place "X" in "All steam and hot water generating units gempt" 5.(c) not required, mark out "X"	3056.
Fac	and initial	
	5.(f) required	Flade
. Nar A		HDENT
. Res Org Stre		
Cit		33036
Res Tel		
9. Na	me and Title of Facility Contact (For example, plant manager):	
10. Fac	cility Contact Address:	
Str Cit	eet Address: y: County: Zip Code:	
	cility Contact Telephone Number:	

RECEIVED

AUG 2 6 1996

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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):
	NAUROZ INC
2.	Site Name (For example, plant name or number):
	AMERICLEAN.
3.	Hazardous Waste Generator Identification Number:
	FLD 042520668
4.	Facility Location: 2760 NW183 ST Street Address:
	City: MIAMI County: DADE Zip Code: 33056,
.5.	Facility Identification Number (DEP Use):
	0250719
	Responsible Official
	<u> </u>
6.	,
	ABDUL MOHAMMAD CAKHANI PRESIDENT
7.	Responsible Official Mailing Address:
·	Organization/Firm: 2760 NW1835T Street Address:
	City: MIAMI County: DADE Zip Code: 33056
8.	Responsible Official Telephone Number:
	Responsible Official Telephone Number: Telephone: (305 - 600-2000) Fax: (305) 600 - 2000 -
	Facility Contact (If different from Responsible Official)
, <u> </u>	
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 2 6 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.

									_
CROUL MARTIR		Date	Date		Date	Date		Date	Date
ECONDMATIC 45103		Machine	Control		Machine	Control		Machine	Control
45/03	l	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		1989.							,
(1) w/ ref. condenser			Peb/1994	ł					
(2) w/ carbon adsorber			726 1994						
(3) w/ no controls									
Washer Unit									
(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									
Reclaimer Unit					•				
(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 of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchl ons ow many? [_	e installed [_ oroethylene (× perc	_]) purchased i				[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ource []	ication only.)) ew sr	nall area sou	rce [3) of	Part II?	
Existing large are	za so	nice [. Ne	ew la	rge area soui		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	n macnines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber [ر	Refrigerated condenser	
New small area source Refrigerated condenser [ل		
New large area source Refrigerated condenser [ر		
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that a exemption criteria or that no such units e	all steam and exist on-site:	d hot water generating uni	ts on-site meet the following
boiler HP or less), and (2) are fired excluding which propane or fuel oil contain	usively by n	atural gas except for perio	ods of natural gas curtailment
All steam and hot water generating units No such units on-site	exempt	<u> </u>	
Equipment M	lonitoring a	and Recordkeeping Infor	mation
Check all logs which are required to be k	cept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchase	ses		[K_]
(b) Leak detection inspection and repair			(X)
(c) Refrigerated condenser temperature r	monitoring		K. Hw
(d) Carbon adsorber exhaust perc concer	ntration mon	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction plan			K

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 auth facility indicated in this notification form; spe	<u> </u>
נאַַ	No air permits currently exist for the operation this notification form.	n of the facility indicated in
	Responsible Official C	Certification
this notifi statement maintain		on control equipment described above so as to
I will pro	ompily notify the Department of any changes to the Augh Williams Folk	he information contained in this notification. 11.496

AIRS ID#: 0250719

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: AMERICLE			·	DATE:	1/10/98
FACILITY LOCATION: 2760	NW 1830	1 St			
Annual Reporting Period:	97	_19 TO	9,	198	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		-		4	ulc NO
If NO, complete the following:				-	•
#1. Term or condition of the general permit Perc Receipts 2	- ·	_		oorting period st	tated above:
Exact period of non-compliance: from	9/9	<u></u>		198 p	
Action(s) taken to achieve compliance:	use Dep	Calendar		` <	<u></u>
Method used to demonstrate compliance:	Maintain	it on 5	te	BUT SES	1
(a, m) (b) (a)		4	1 . 41	a Not A	
#2. Term or condition of the general permi		, ,			on Sie
Exact period of non-compliance: from	9	/7/to		148 3	<u></u>
Action(s) taken to achieve compliance:	<u> </u>	Dep Cal	endar.		
Method used to demonstrate compliance:		·		<u> </u>	
, 	· ··-		····		
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.	and complete. Further does not exceed 2,100	r, my annual consum gallons per year for	ption of perchl	oroethylene sol	vent, based
RESPONSIBLE OFFICIAL: AB	DUL M. LA	KHANI(I ma	Tapla	91098
Na Na	ime (Please Print)		Signature		Date

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.

PERCHLOROETHYLENE DRY CLEANERS /R E C E I V E D

CO

TITLE V GENERAL PERMIT	•	8 6					
OMPLIANCE INSPECTION CHECKLIST							
			1	CAM	1	1	ì

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250719 DATE: 706 73009 TIME IN: 12 PM TIME OUT: 11	6 PM
FACILITY NAME: AMericlean	
FACILITY LOCATION: 2760 NW 183" St	
Therefore Dockfrom	
Lokhavi	
RESPONSIBLE OFFICIAL: Mr Abdul Monayum PHONE: (365) 620-20	200
CONTACT NAME:)1 PHONE:	l l
·	
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box) A. □ Drop store/out of business/petrol	ieum
1. Existing small area source 2. New small area source	
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr	ļ
(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, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	l l
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)	
	<u> </u>
5. This is a correct facility classification	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above	
facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cle	eaning
facility was 36.1 gallons.	

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A
2. Examining the containers for leakage?	OY ON DAVA
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 DAVIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part \	<i>/</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated 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 machine to September 22, 1993	ě
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	אם אם
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?	אם צם
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?	ОУ ОИ

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

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

PART VI: LEAK DETECTION AND REPAIRS

١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY THE	
2.	Has the facility maintained a leak log?			DN CM	
3.	Does the responsible official check the f				
	Hose connections, fittings, couplings, and valves	DN DN/A	Muck cookers	DY DN WN/A	
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	מ/אם אם עם	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	ON ON ON/A	Cartridge filter housings	DAY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surface	s)		
	Physical detection (airflow felt the	rough gaskets)			
	Odor (noticeable perc odor)	9			
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector				
	If using direct-reading instru	N/A			
	a. Capable of detecting p	OY ON			
	b. Calibrated against a s (PID/FID only)?	OY ON			
	c. Inspected for leaks an	OY ON			
	d. Kept in a clean and so	OY ON			
	e. Verified for accuracy	DY DN			

LUSPECTOR'S Name (Please Print)

Inspector's Name (Please Print)

,

Approximate Date of Next Inspection

 $\frac{2/23/99}{\text{Date of Inspection}}$

Inspector's Signature

R.O. Needs to Start Keeping better records CMinour Violetion

BEST AVAILABLE COPY NOW SUMMARY REPORT TYPE OF INSPECTION: ANNUAL P COMPLAINT/DISCOVERY RE-INSPECTION TIME OUT: AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY NAME: 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 X discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. 2000 DATE OF NEXT INSPECTION:

NSPECTION CONDUCTED BY: LEO (Approximate)

MAR

(Please Print)

NSPECTOR'S SIGNATURE: # O PHONE NUMBER: (35) 372-6922

Page of .

Revised 10/96

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Anarclean	DATE: Feb 23 99
FACILITY LOCATION: 2760 NW 1835 ST	
Annual Reporting Period: Jeb 1998 TO 706	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	~/
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
No log was kept of Pec Cons	unpties on 12th
Exact period of non-compliance: from 2/98 to	2199
Action(s) taken to achieve compliance: 7DE7	Soc Consumption la
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period-stated above:
Exact period of non-compliance: from	·
Action(s) taken to achieve compliance:	····
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in made in this notification are true, accurate and complete. Further, my annual consumption of perchloupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities. RESPONSIBLE OFFICIAL: ABBUL MAKHAND Signature Name (Please Print)	proethylene solvent, based

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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ъ. П ио	COMPLAINT/D	ISCOVERY	. 🗆
AIRS ID#: 0250719			N: 1:15pm T	IME OUT: _	1.35
FACILITY NAME:	<u>Emericlean</u>				
FACILITY LOCATION:			. te Et		
II .				ireau & N	E C
RESPONSIBLE OFFICIAL :	Mr. Abdul	Mohammad	PHONE: (305) 69053 og ot	000
			PHONE:	Momitor Sources	283
				ng	
PART I: NOTIFICATION	<u>.</u>				
(check appropriate box)				•	
1. New facility notified DARM	30 days prior to sta	rtup	•		
2. Facility failed to notify DARI	M to use general pe	rmit			
		· .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:		☐ No notification	ı form	:
(check appropriate box)			☐ Drop store/out	of business/po	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		2. Inew small a dry-to-dry only, transfer only, x both types, x < (constructed on	, x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr) gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
5. This is a correct facility cla	ssification	DN DA	□Can not determ	ine	
☐ facilit	y qualified for a gen y exceeds above lin	neral permit as nu nits and is not elig	tible for a general po		onland o
B. The total quantity of perchlor facility was 80. \(\sum_gallons.	octhylene (perc) pu	irchased within th	e preceaing 12 mon	uis by this dry	cleaning

1 of 5

1/27/00 DG

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

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

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

3 of 5

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			MY ON
2. Has the facility maintained a leak log?			MD ON
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	QA ON ONA	Stills	OY ON ON/A
Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A
Pumps ·	DY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	DY DN DN/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	colvent on exterior surface	es)	ď
Physical detection (airflow felt th	rough gaskets)		d d
Odor (noticeable perc odor)			<u>a</u>
Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	
Halogen leak detector	· ·		₫
If using direct-reading instr	umentation, is the equip	pment:	ØN/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	מם עם
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
	nd obvious signs of wear	on a weekly basis?	DY DN
Í	_		מו מו מי
	ecure area when not in us by use of duplicate samp		מי מא
e. Verified for accuracy	by use of duplicate samp	pies (catorimetric omy):	ar an
	•		
·		,	,
Ivan fannin			00
Inspector's Name (Please Pri	nt)	Date of Inspection	
		1	
Inspector's Signature		Approximate Date of I	Next Inspection

Inspector's Signature

Good Howsekeeping

Record Keeping

(Machine not in operation at time of impaction)

Usage of childer, cooling bower removal a

few years ago.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANI	NUAL COM	1PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:15pm TYPE OF FACILITY: 2E	_TIME OUT:/:	AIRS ID#: O	250719
TYPE OF FACILITY: DE	RC DRY CLE	ANER	·
FACILITY NAME: An			DATE: 1/19/00
FACILITY LOCATION: 2	760 NW 18	13 54.	
	wame, FC		
RESPONSIBLE OFFICIAL: About	Mohanned	PHONE NUMBER:	305-630-2000
Based on the results of the concompliance with DEP Rule 62-	•	ated during this inspection, the faciliative Code (F.A.C.).	ty is found to be in
Based on the results of the condiscrepancies were noted:	pliance requirements evalua	ated during this inspection, the follow	wing compliance
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
-			
	-		
	/		
		·	
COMMENTS: GOOD H	ousekeeping / R	Lecord Keeping	
The Annual Compliance Certification for	orm has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	01/0	proximate)	
INSPECTION CONDUCTED BY:	Ivan	Famin ease Print)	
INSPECTOR'S SIGNATURE:	Jongani	PHONE NUMBER:_	305-371-6925
	D	- C	D 1 10/0/

' AIRS ID#: 0250719

AGE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Americlean		DA'	TE: 1/19/00
FACILITY LOCATION:	2760 00	183 84.		
·	Miami, FC		<i>:</i>	· .
· · · · · · · · · · · · · · · · · · ·				
Annual Reporting Period:	Jan	19 <u>99</u> TO	Jan	
Based on each term or condition	of the Title V general air perm	it, my facility has remai	ined in compliance with	DEP Rule
62-213.300, Florida Administrati	ive Code (F.A.C.), during the p	eriod covered by this st	atement. YES	Пио
If NO, complete the following:				
#1. Term or condition of the gen	eral permit that has not been in	n continuous complianc	e during the reporting p	eriod stated above:
		<u> </u>		
Exact period of non-compliance:	from		O	
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	pliance:	· ·		
#2. Term or condition of the gen	eral permit that has not been in	n continuous complianc	e during the reporting p	eriod stated above:
				·
Exact period of non-compliance:	from	to		·
Action(s) taken to achieve compl	iance:			
Method-used-to demonstrate com	pliance:			
•	•			
As the responsible official, I here made in this notification are true upon rolling averages of purchas	, accurate and complete. Furt	her, my annual consum	ption of perchloroethyle	ene solvent, based
year for transfer or combination	facilities.		and In	1-1/3.61
RESPONSIBLE OFFICIAL:	Name (Please Print)	CHAN J	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.

SENDER: COMPANY SECTION	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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	I s delivery address trifferent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0250719001AG ABDUL MOHAMMAD LAKHANI AMERICLEAN	(JUN 1 3 200)
2760 NW 183 STREET MIAMI FL 33056	3. Service Mobile Sources Certified Mail Registered Return Receipt for Merchandise
.4	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4/303	33
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

· washing	U.S. Postal S CERTIFIED (Domestic Mail O	Service MAIL RECI	E IPT Coverage Provided)
33			
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t 13 3	Certified Fee		Postmark
<u>-</u>	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
8	10 AII	RS ID # 025071900	1AG
0190	ABDUL MOHAM) ·
{ _	AMERICLEAN	P.D.T.	••••••
7000	2760 NW 183 STR MIAMI FL 33056	EEI	
12	MIAWII FL 33030		
1	PS Form 3800, February	2000	See Reverse for Instructions

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

MAIL ROOM

JAN 14 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

Cu# 17789 1:10:97

NAVROZ INC ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET MIAMI FL 33056 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250719

NAVROZ INC ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET **MIAMI FL 33056**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

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TOTAL AMOUNT DUE: \$50.00

0354982

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RECEIVED

AIRS ID # 0250719

AMERICLEAN ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET

& Mobile Sources MIAMI FL 33056

DEC 5 8 1240

Bureau of Air Monitoring

FOR GOVERNMENT CS Org.: 37550101000 EO: B Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250719

AMERICLEAN ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET

MIAMI FL 33056

Org.: 37550101000 EO: A1

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.

TOTAL AMOUNT DUE: \$50.00

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Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: FE Fund: 20-2-035001

AMERICLEAN ABDUL MOHAMMAD LAKHANI

2760 NW 183 STREET **MIAMI FL 33056**

Obj.: 002273

AIRS ID # 0250719

card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AIRS ID 0250719 NAVROZ INC ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET MIAMI FL 33056	4a. Article N. 2 3 4b. Service 1 Registere 1 Express I Return Ret	with the following properties of the following properties
5. Received By: (Print Name) 6. Signature: (Addressee or Adent) X 100 100 100 100 100 100 100	8. Addressee and fee is	Paid) Domestic Return Receipt
	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID 0250719 NAVROZ INC ABDUL MOHAMMAD LAKHANI 2760 NW 183 STREET MIAMI FL 33056 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0250719 AJRS ID 0250719 AJRS ID 0250719 ADDUL MOHAMMAD LAKHANI 2760 NW 183 STREET MIAMI FL 33056 ■ Return Receipt MIAMI FL 33056 5. Received By: (Print Name) 8. Addressed and fee is and fee is

JS Postal Service	titied Mail
Receipt for Cer	
AVROZ INC	AIRS ID 0250719
BDUL MOHAMMAD I 60 NW 183 STREET IAMI FL 33056	.AKHANI
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	,
TOTAL Postage & Fees	\$
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