

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Angel Espinosa Coconut Grove Laundry & Cleaners 3101 Grand Avenue Coconut Grove, Florida 33133

Dear Mr. Espinosa:

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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ANGEL ESPINOSA
2.	Site Name (For example, plant name or number):
	COCONUT GROJE LAUNDRY & CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 097199590
4.	Facility Location: Street Address: 3101 GRAND AVENUE
	COCONUT GLOVE DADE 33133
5.	Facility/Identification Number (DEP Use):
	0250720
MrS observed	
	Responsible Official
6.	Name and Title of Responsible Official:
	ANGEL ESPINOSA, OWNER
7.	
·	Organization/Firm: Street Address: 3101 GRAND ALENUE
	City: Zip Code:
	- CO
8.	Responsible Official Telephone Number: Telephone: (305) 444 - 1344 Fax: (305) 666 - 4220
	Telephone: (305) 444 - 1344 Fax: (305) 666 - 4220
	Facility Contact (If different from Domonoible Official)
	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:
11.	Telephone: () - Fax: () -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	#1	19-12-91	13-2-92		· .: .				
(1) w/ ref. condenser	#1		13-2-92						
(2) w/ carbon adsorber	# 1		13-2-92						
(3) w/ no controls									
Washer Unit			.er						•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		1							
Dryer Unit		· .							
(7) w/ ref. condenser					_				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		-		11		Karana da k			
(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 second secon	are requant galle	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	et one classif	ication only.))	initions found			Part II?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of F	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			
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such us	that all steam and	l hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	<u> </u>	
Equipme	ent Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required to	be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		×
(b) Leak detection inspection and re	epair		[×]
(c) Refrigerated condenser temperate	ture monitoring		[X]
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		[🗓

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

Surrender of Existing Air Permit(s)

ease indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[X]	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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	Ingel Espende 8/4/96 Date

BEST AVAILABLE COPY

INDEE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:55 pmTIME OUT: 3:45 pm	nAIRS ID#:
TYPE OF FACILITY: Existing Small Appea	a Source
FACILITY NAME: COCONUT GROVE Laund	
FACILITY LOCATION: 3/01 GRAND Avend	, · · · · · · · · · · · · · · · · · · ·
Coconur Geove Mian	mi FL.
RESPONSIBLE OFFICIAL: Angel Espinosa	PHONE NUMBER: 444-1344
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 discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1. Leak detection Logs NOT NOTING EXISTENCE AND REPAIRS OF Leaks.	7. Meed to start Log noring Leaks and repairs.
2. Exhaust monitoring DATA NOT BEING DOCUMENTED.	2. Need to start & Keep log for exhaust monitoring.
-	
	•
COMMENTS: Caryl of win	- DWNEK
12.23.96	-
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: /2·3·97 (A)	pproximate)
INSPECTION CONDUCTED BY: Rosana (P	PUETRA
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372-6942

Page / of /.

Revised 10/96

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FEB 3 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FOR 218 1997

(Revised 10/10/96

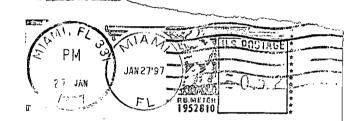
				Air	
Bureau of Air Monitoring FACTUITY NAMES OCOLUT	GLOVE L	aundry a	Cleaners	Air Quality Management Dipa	TE: 1/13/57
FACILITY LOCATION: 310		- 1		- DIVIS	ion
Hia	0		1146	_	
		140 33			
Annual Reporting Period: 🗸 👤	anuary	1.	19 <u>96</u> TO	December	31 1996
Based on each term or condition of	the Title V gene	eral air permit, n	ny facility has re	emained in compljance wit	th DEP Rule
62-213.300, Florida Administrative	Code (F.A.C.),	during the perio	d covered by th	is statement. YES	□NO
If NO, complete the following:					
#1. Term or condition of the genera	al permit that ha	as not been in co	ntinuous compl	iance during the reporting	period stated above:
Exact period of non-compliance: fr			· .		
-				ω	
Action(s) taken to achieve complian	ıcè:				 ·
Method used to demonstrate compli	ance:				· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the genera	al permit that ha	as not been in co	ntinuous compl	iance during the reporting	period stated above:
Exact period of non-compliance: fr	om			_ to	
Action(s) taken to achieve complian	nce;				
Method used to demonstrate compli	ance:	<u></u>			
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase tyear for transfer or combination factors.	receurate and confreceipts, does no cilities. ANGEL	mplete. Further, ot exceed 2,100 ESPINOSI	my annual con	sumption of perchloroethy	vlene solvent, based or 1,800 gallons per
	Name (Ple	ase runt)	**	/ Signature	Date

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

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

C. ESPINOSA-MENDOZA

CERTIFIED PUBLIC ACCOUNTANT 8325 S.W. 54 AVENUE MIAMI, FLORIDA 33143



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

33130>1501 55



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259250

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

JAN 29 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250720
COCONUT GROVE LAUNDRY & CLEANERS
ANGEL ESPINOZA
3101 GRAND AVENUE
COCONUT GROVE FL 33133

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

\times

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	JAL SPECTION	0	COMPLAINT/DIS	SCOVERY	
AIRS ID#: <u>0250 720</u> DATE:_, FACILITY NAME: <u>Coconut</u> FACILITY LOCATION: <u>3/0/</u>	Grand	Las	endry o' C	leanus	·45pm
PART I: NOTIFICATION			•	· ************************************	· .
(check appropriate box)					
1. Existing facility notified DARM by 9/	1/96				سيدا
2. New facility notified DARM 30 days p					9
·	3. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. Ne dry-to transfe both ty	-dry only, er only, x- ypes, x<1-	rea source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	a	
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)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>dry-to transf both t</td><td>-dry only, er only, 20 ypes, 140</td><td>rea source 140<x<2, 100="" <br="" gal="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>'yr</td><td></td></x<2,>	dry-to transf both t	-dry only, er only, 20 ypes, 140	rea source 140 <x<2, 100="" <br="" gal="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	'yr	
If no, please check the appropriate classification:					
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 104 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?	⊡Y □N			
2. Examining the containers for leakage?	ory □n			
3. Closing and securing machine doors except during loading/unloading?	⊡√y □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	o√y on			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
N.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?	מם עם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YO			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after				

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	QYÝ □N
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY PM
 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 BN
4. Maintained calibration data? (for direct reading instruments only)	AVAN NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON
6. Maintained startup/shutdown/malfunction plan?	ogy on
7. Maintained deviation reports?	DY ON
Problem corrected?	DY BY
8. Maintained compliance plan, if applicable?	אואים אם צם

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

PART VI: LEAK DETECTION AND REPAIRS

ØΥ □N

_						
2.	Which method of detection is used by	the respons	ible offic	cial?		
	Visual examination (condensed	solvent on e	exterior s	surfaces)	2	
	Physical detection (airflow felt t	hrough gasl	kets)	•	g ,	
	Odor (noticeable perc odor)				d	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				4	
	If using direct-reading instrumentation, is the equipment: NO EQUIPMENT-ONLY HALOGED DETECTOR a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY 01	1
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 				OY ON	1
	c. Inspected for leaks a	and obvious	signs of	wear on a weekly basis?	OY ON	
	d. Kept in a clean and secure area when not in use?				□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					DY DW	
3.	Has the facility maintained a leak log	?		•	ØY 🗷	g"
4.	4. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	æÝ	ΩΝ	Muck cookers	CY Y	ПИ
	Door gaskets and seating	ΔY	ПN	Stills	PY	ПΝ
	Filter gaskets and seating	· 124	ΠN	Exhaust dampers	BY	ПΝ
	Pumps	Q Y	ΠN	Diverter valves	QY	ПN
	Solvent tanks and containers	₽Y	N	Cartridge filter housings	T Y	ПИ
	Water separators	₫Y 	ΩИ			
-						

Pangel Espinosa Name of Responsible Official	
Name of Responsible Official	
Rosana RIVERA	12 - 3-96
Inspector's Name (Please Print)	Date of Inspection
Rasan Ri	12-3-97
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Part I 3. Leak log on-site bur no documentation of espaires. No leaks occurred in 1996.

Halogen detector on-site.

6. Equipment operative instruction BOOK on-SITE.

0

(CUTHCTC)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300 769

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

 $\sqrt{}$

Do NOT Remove Label

AIRS ID#0250720

ANGEL ESPINOSA
ANGEL ESPINOSA
3101 GRAND AVENUE
COCONUT GROVE FL 33133

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

300769

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250720 ANGEL ESPINOSA ANGEL ESPINOZA 3101 GRAND AVENUE **COCONUT GROVE FL 33133** Do NOT Remove Label Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 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:

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

RESPONSIBLE OFFICIAL:

Method used to demonstrate compliance:

Name (Please Print)

Signature

Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
	98 TIME IN: 1500 TIME OUT: 1530
FACILITY NAME: <u>COCONUT GROVE L</u>	AUNDRY ! CLEANERS
FACILITY LOCATION: 3101 GRAND A	IVE P
m/ami, 33	3133
RESPONSIBLE OFFICIAL: ANGEL ESPINO	28A PHONE: 305- 448 1394
CONTACT NAME:	PHONE: "BOX OF A
PART I: NOTIFICATION	The state of the s
(check appropriate box)	
I. New facility notified DARM 30 days prior to sta	artup \Box
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	■Y □N □Can not determine
If no, please check the appropriate classif	fication:



Revised 9/15/97



PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DIN/A
2. Examining the containers for leakage?	DY DN CON/A
3. Closing and securing machine doors except during loading/unloading?	אם צא
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא א אם אם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
in Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part V	, .
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 mi 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?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ONIA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אאם אם עם.
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N·
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	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 ON

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

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection an	d repair			
inspection?			DN DN			
2. Has the facility maintained a leak log?			MO VE			
3. Does the responsible official check the	following areas for leaks	?				
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON ON/A			
Door gaskets and scating	RY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and containers	MY ON ON/A	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	solvent on exterior surfac	ees)	A			
Physical detection (airflow felt the	nrough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading inst	rumentation, is the equ	ipment:	ON/A			
a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	UV UN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON			
c. Inspected for leaks a	and obvious signs of wea	r on a weekly basis?	מם עם			
d. Kept in a clean and	secure area when not in	use?	אם צם			
e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	אם אם			
M INRIBUT FLORES 8-18-98						
M_ENRIQUE FLORE Inspector's Name (Please P		Date of Inspection	/0			
Miniam Plans	,	8/99				
Inspector's Signature		Approximate Date o	f Next Inspection			

ADDITIONAL SITE	INFOR	MATION:								
	NO	STATE	INSP.	LOG-	300K	GIVEN.	OWNER	BING	HIS	OWN.

2° 14.5°

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL [] COMPLAINT/DISCOVERY RE-INSPECTION 1500 1530 TIME OUT: AIRS 10#: 250 720 PERE MRY CLEANER TYPE OF FACILITY: COCONUT GROVE LAUNDRY & ILCANERS FACILITY NAME: DATE: FACILITY LOCATION: 3101 GRAND AVE. MIAMI 33133 325.1144.1344 RESPONSIBLE OFFICIAL: ANGEL ESPINOSA 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM EXCELLENT RECORDINE EYING. ALL EDUIPINENT IN GOOD OPERATING CONDITIONS. COMMENTS: SHOP IN COOK HOUSEKEEPING ORDER. The Annual Compliance Certification form has been properly certified and submitted to the inspector. МО (Approximate) DATE OF NEXT INSPECTION: M. ENRIQUE FLORES **NSPECTION CONDUCTED BY:** (Please Print)

Page___of___.

Revised 10/96

PHONE NUMBER: 35.372.6925

	250720	
AIRS ID#:	250 /20	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COCONUT GROVE	LAUNDRY & C	LEANERS	DATE:	8. 18.98
FACILITY LOCATION: 3101 GRAN	O AVE.			_
mlami,				
Annual Reporting Period:	97	19 TO	8/99	19
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			~~ /	P Rulc NO
If NO, complete the following:				
#1. Term or condition of the general permit t	hat has not been in o	continuous compliance	during the reporting perio	od stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
Wo To a second discontinuous de la constante d	ahaa haa aaa haaa is	!	And a share and a const	
#2. Term or condition of the general permit	that has not been in	continuous compitatice	during the reporting pen	odistated above:
Exact period of non-compliance: from		to_	RECEI	VED
Action(s) taken to achieve compliance:			SEP 2 8	סֿלצו
Method used to demonstrate compliance:			Bureau of Air N	
			& Mobile Se	ources
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. Furth	er, my annual consump	otion of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: ANGE	EL ESPINE mc (Please Print)	BA Cley	el Espenion Signature	8/18/9 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

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	INSPEC	TION	HECKLIST	416	. ~ ~ ~
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	NC		COMPLAINT/	DISCOVER	E Nonitor
AIRS ID#: 250720 FACILITY NAME:	DATE: 06/67	2/99	TIME I	N: 11:10am	TIME OUT:	11:40 am
FACILITY NAME:	court Gr	ove	La	under .	L Clean	err
FACILITY LOCATION:	3101 Gra	nd .	ave	·		
	Mann	i FL	33	/ 33		
RESPONSIBLE OFFICIAL :	Angel E	Spei	rosa	PHONE: (36	5-)444-	1344
CONTACT NAME:				PHONE:	11 .	
	· · · · · · · · · · · · · · · · · · ·					
PART I: NOTIFICATION						
(check appropriate box)			-			• .
1. New facility notified DARM	30 days prior to star	rtup		*		
2. Facility failed to notify DAR	M to use general per	rmit				
PART II: CLASSIFICATION	1					
Facility indicated on notificati	on form that it is:			☐ No notificati		
(check appropriate box)				☐ Drop store/or	ut of business/p	petroleum
A. 1 Existing small area sour	X	2 Nov	v emall a	rea source		
 Existing small area sour dry-to-dry only, x < 140 gal/ 				x < 140 gal/yr	J	•
transfer only, x < 200 gal/yr	<i>y</i> -	•		< 200 gal/yr	•	
both types, x < 140 gal/yr		both ty	pes, x <	140 gal/yr		
(constructed before 12/9/91)		(constr	ucted on	or after 12/9/91)		
			_		-	
3. Existing large area sour				rea source		
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$				$140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal	- . ·	
both types, $140 \le x \le 1,800$				$\leq x \leq 1,800 \text{ gal/yi}$ $\leq x \leq 1,800 \text{ gal/yi}$		
(constructed before 12/9/91)		-	-	or after 12/9/91)		
5. This is a correct facility cl	assification	XY	ПN	□Can not deter	mine	•
If no, please check the	appropriate classific	ation:				
	ty qualified for a ger		mit as nu	mber a	above	
	ty exceeds above lin				permit	

Review + ARMS

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N X N/A
2. Examining the containers for leakage?	DY DN \$\$AVA
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XIN/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 refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
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?	מם 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?	חס אם

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	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?	ΠY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	ΠN	□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	ΩN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÖΥ	ПN	□N/A

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

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?			ON DN
2. Has the facility maintained a leak log?	?	•	MD DN
3. Does the responsible official check the	e following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	AT ON ONIA	Exhaust dampers	DY ON ON/A
Pumps	MY ON ON/A	Diverter valves	AND NO DN/A
Solvent tanks and containers	Y ON CINIA	Cartridge filter housings	Y ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		,
Visual examination (condensed s	solvent on exterior surfac	es)	ď
Physical detection (airflow felt t	hrough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			ο,
If using direct-reading inst	rumentation, is the equip	oment:	MN/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם צם
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s	secure area when not in us	se?	OY ON
e. Verified for accuracy	y by use of duplicate same	oles (calorimetric only)?	□Y □N
KR157M YIPON Inspector's Name (Please Pri	int)	06/02/99 Date of Inspection	7
•	,	1	
Inspector's Signature		06/2000	
Inspector's Signature		Approximate Date of 1	Next Inspection

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

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:10 and TIME OUT: 11:40	oan. AIRS ID#: 250720
TYPE OF FACILITY: PERC DRY CLEAN	
FACILITY NAME: Cocomit Scove &	aundry + Cleaners DATE: 06/02/99
FACILITY LOCATION: 3/0/ Grand Ave.)	
Miami , 33/33	
RESPONSIBLE OFFICIAL: Angel Espanosa.	PHONE NUMBER: (305) 444-1344
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
·	
Condition. No violations Good House keeping.	re machine and good working Observed
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector.
DATE OF NEXT INSPECTION: 06/2000	
(Ap	<u>.</u>
INSPECTION CONDUCTED BY: KRISTAL Y	ripon
INSPECTOR'S SIGNATURE: Kintal Gypon	PHONE NUMBER: 3085 372-6925
Page	of / Revised 10/96

AIRS 10#: 250720



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

i				
FACILITY NAME: <u>Cocomut C</u> FACILITY LOCATION: <u>3101 G</u> Cocon	grove Launa	dry + Cleans	LS DATE:	06/62/99
FACILITY LOCATION: 370/ G	rand live.			
Cocon	utgrove	FL 3318.	'3、	
Annual Reporting Period: 08//8	19_9	<u>в</u> то <u>о</u> 6	102	1999
Based on each term or condition of the Title V	general air permit, my faci	lity has remained in comp	liance with DE	P Rule
62-213.300, Florida Administrative Code (F.A.	C.), during the period cove	ered by this statement.	YES	□NO
If NO, complete the following:		·	•	
#1. Term or condition of the general permit that	at has not been in continuo	7	reporting perio	d stated above:
Exact period of non-compliance: from		<u>~</u>	0	
Action(s) taken to achieve compliance:		JUN 2 5 84 Mobile	FT1	
Method used to demonstrate compliance:		5 19 Solution No.		
#2. Term or condition of the general permit that	at has not been in continuo	Sources diging the	reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	l complete. Further, my an	inual consumption of perc	chloroethylene .	solvent, based

Page / of /

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	CTION COMPLAINT/DISCOVERY CTION			
<u> </u>	5/00 TIME IN: 1430 TIME OUT: 1520			
FACILITY NAME:Cocom	& Grove landy + Clames			
FACILITY LOCATION: 3 (0)	Grand Ave.			
	~, FL			
RESPONSIBLE OFFICIAL: Angel	Espedosa PHONE: 30570444-1744			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION	OC I			
(check appropriate box)	startup			
1. New facility notified DARM 30 days prior to	startup CC CC Stori.			
2. Facility failed to notify DARM to use genera	l permit			
PART II: CLASSIFICATION				
Facility indicated on notification form that it	is: No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
1. Existing small area source	2. Ixew small area source			
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$			
both types, $x < 140$ gal/yr	both types, $x < 140$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$				
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 $12/9/91$)				
(constructed belofe (2/9/91)	(constructed on or after 12/3/71)			
5. This is a correct facility classification	Can not determine			
If no, please check the appropriate class	')			
	e limits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 180 gallons.				
12				

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DRAVA DY DN SON/A 2. Examining the containers for leakage? QY ON 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? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BANA 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? ZY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ZY ON ON/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 DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN ØN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ZY ON

2 of 5

R	Has the responsible official of an existing large or new large area source also:			
D .	that the responsible official of all existing large of 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?	ØY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩИ	ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			_
	if machines are equipped with a carbon adsorber?	\Box Y	ПN	ØΝ/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	Ωи	JAN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	Ωи	M/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПN	A 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 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 ØN/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 ÔN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A
6. Maintained startup/shutdown/malfunction plan?	ZIY DN
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	OY ON DINA
8. Maintained compliance plan, if applicable?	OY ON ON/A

TAKT VI. BEAR DETECTION AND KEI AIKS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			ÓY ON	
2. Has the facility maintained a leak log?	•		ØY □N	
3. Does the responsible official check the	e following areas for leak	s?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON DIN/A	
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps	ØY ON ON/A	Diverter valves	QY ON ON/A	
Solvent tanks and containers	MY ON CINA	Cartridge filter housings	OY ON ON/A	
Water separators	ÐY □N □N/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	solvent on exterior surface	es)	Ó	
Physical detection (airflow felt the	Ą			
Odor (noticeable perc odor)	②			
Use of direct-reading instrument				
Halogen leak detector				
If using direct-reading inst	rumentation, is the equip	pment:	☑N/A	
a. Capable of detecting	OY ON			
b. Calibrated against a (PID/FID only)?	OY ON			
c. Inspected for leaks a	OY ON			
d. Kept in a clean and s	ecure area when not in us	se?	OYON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
Ivan Fan		3/2	1/00	
Inspector's Name (Please Pri	nt)	Date of Inspection		
		· /		
Avan Jan	<u> </u>	Approximate Date of N	laut Ingraction	

Purchased another machine
Had only purchased 60 gallow up till
March. Purchased new machine

by filled up nachine i 20 gallows.

Good Record keaping Housekeeping

TITLE V AIR QUALITY GENERAL PERMIT-INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT: 15	Jo AIRS ID#:
TYPE OF FACILITY: Porc by Claan	
FACILITY NAME: Coconed Grove Law	ady + Clanes DATE: 3/29/00
FACILITY LOCATION: 3101 Grand Ave	
Meany, FL	
RESPONSIBLE OFFICIAL: Angel Espinosa	PHONE NUMBER: 305-444-1344
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated in the compliance requirements.	ative Code (F.A.C.).
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS: Crows Recordil	0.0-0-1
Good Lecordil. House Ka	
House Ka	epng
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3 /61	
INSPECTION CONDUCTED BY: Tran F	proximate)
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-372-6922
Page	of Revised 10/96

. AIRS ID#: 0250720

per

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	comt Grove	Laurday & C	lomes	DATE: 3/29/00
FACILITY LOCATION:				
	Many F	L		
Annual Reporting Period:	March	19 <u>९</u> २ то	Ma	10
Based on each term or condition 62-213.300, Florida Administrat				_
If NO, complete the following:				
#1. Term or condition of the ger	neral permit that has not bee	n in continuous complia	nce during the report	ting period stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve compl	iance:		· /	
Method used to demonstrate com	pliance:			
#2. Term or condition of the gen	neral permit that has not bee	n in continuous complia	nce during the report	ting period stated above:
				<u> </u>
Exact period of non-compliance:	from	to		
Action(s) taken to achieve comp	liance:	<u> </u>	·	
Method used to demonstrate com	apliance:			
As the responsible official, I hermade in this notification are true upon rolling averages of purchayear for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and complete. F se receipts, does not exceed	further, my annual consi	umption of perchloro	ethylene 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

Page _____ of _____.

discretion of the responsible official to use this form.

EOI D AT DOTTED LINE TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TO OF ENVELOPE Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature X Oseq Case Addressee
1. Article Addressed to:	Dris demven address different frate item 1?
AIRS ID # 0250720001AG ANGEL ESPINOZA COCONUT GROVE LAUNDRY &	JUN 1 3 200
CLEANERS 3101 GRAND AVENUE COCONUT GROVE FL 33133	3. Service Vide Sources Certified Mair
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 4/303	482
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
3482			
30	Postage	\$	
7	Certified Fee		Postmark
	Return Receipt Fee (Endorsement Required)		Here
0026	Restricted Delivery Fee (Endorsement Required)		
00	10 AIR	s ID # 0250720001A	G
90	ANGEL ESPINOZ COCONUT GROVE	A E LAUNDRY &	r)
	CLEANERS		
00Z	3101 GRAND AVE	NUE E FL 33133	
- x.	PS Form 3800, February 2		See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401746

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 # 0250720

COCONUT GROVE LAUNDRY &

CLEANERS

ANGEL ESPINOZA

3101 GRAND AVENUE

COCONUT GROVE FL 33133

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING —

0358091

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 # 0250720

COCONUT GROVE LAUNDRY & **CLEANERS** ANGEL ESPINOZA 3101 GRAND AVENUE **COCONUT GROVE FL 33133**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389949

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 # 0250720

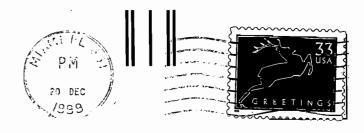
COCONUT GROVE LAUNDRY & CLEANERS
ANGEL ESPINOZA
3101 GRAND AVENUE
COCONUT GROVE FL 33133

COVERNMENT USE ONLY

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

Obj.: 002273

*Coconut Grove Laundry & Cleaners 3101 Grand Ave Coconut Grove, FI 33133



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

32315X3070