

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 7, 1996

Mr. Rogelio Iglesia Imperial Cleaners II 4001 Northwest 7 Street Miami, Florida 33126

Dear Mr. Iglesia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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

Mr. Ewart Anderson, Dade County cc:

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

# 0250728

P. 13

6. spoke to business 9-17 and ne is the owner.

Add title owner

P.15

(c) + (f) should be marked

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	R&R CLEANERS
2.	Site Name (For example, plant name or number):
	IMPERIAL CLEANERS II
3.	Hazardous Waste Generator Identification Number:
	SAFETY KLEEN I.D. FLD 980847446
4.	Facility Location: Street Address: 4001 N.W. 7th STREET
	Street Address: 4001 N.W. 7th STREET City: MIAMI County: DADE Zip Code: 33126
٥.	Facility Identification Number (DEP Use):
	0250728
	Responsible Official
6.	Name and Title of Responsible Official:
,	ROGELIO IGLESIA
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: 4001 N.W. 7th STREET
	City: MIAMI County: DADE Zip Code: 33126
8.	Responsible Official Telephone Number:
0.	Telephone: (305) 643 - 0657 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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AUG 29 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit			Jan Blan	38 F	[84]. L. L. T.	an and the			
(1) w/ ref. condenser	#1	23-MAY-9	2 20-MAR-						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	· · · .	y rotay.							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	il wi		Havida i	14, 12					To That yes
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	5, 715	le de la compansión de la	Salar and the salar Salar and the salar and the	i y pagy			491		Çili.
(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 perchlo ons ow many? [_	installed [	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)		nitions found	·		Part II?	
Existing large are	ea sou	ırce [ ]	Ne	w lar	ge area sour	ce [	1		

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4. What control technology is requ (Indicate with an "X".)	ired 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-ento Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and	d 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	d exclusively by ne	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	[ <u></u> ]	
Equipm	ent Monitoring a	and Recordkeeping Inform	nation
Check all logs which are required t	o be kept on-site i	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent p	urchases		[_x_]
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n 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)					
[ X ]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will promptly notify the Department of any changes to the information contained in this notification.  Signature    1     2     2     9						

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BEST AVAILABLE COPY TITLE VAIR QUALITY	GENERAL PERMIT  MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 9:32  TYPE OF FACILITY: PETC. DRY CLO	AIRS ID#: 0250728
FACILITY NAME: THEREIN ( (CEN) FACILITY LOCATION: 4001 NU) 75T	1/425 II DATE: 3/25/97
RESPONSIBLE OFFICIAL: ROGETTO TESTA	9 PHONE NUMBER: 10430657
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MEASURE & NOC. REPREGENTED COMO. (MEDIK & ESCRIBIR TEMP, Ket. Como.)	START MAINTHINING/09.
CESCI-OL COM TANS ME JUNE).	COMPLET MAINTAINING log
MANTENER LEAK CORDIE INSI	SITUAT CHARLOTHER SING (39
	3
COMMENTS: Equipment Solls FACT	TORY MINOR HECORD KEEPING
Vuil171sni.	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION:	poroximate).
INSPECTION CONDUCTED BY:	Defroximate), White Was Print) 572672
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of . Revised 10/96

AIRS 1D#: 07 50718



Revised 10/10/96

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

ACILITY NAME: IMPERIAL CLEMATERS II DATE: 3/25/	77
ACILITY LOCATION: 4001 NW 757	
4/AMI, 33128	_
nnual Reporting Period: 8/2C 1996 TO 3/25 19	97
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	<b>:</b> :
LACK OF PROPER RECORDS	
exact period of non-compliance: from $\frac{8/26}{94}$ to $\frac{3/25}{97}$	
ction(s) taken to achieve compliance: 9MAT Kurping RECORDS el logs.	
[ethod 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	<b>:</b> :
xact period of non-compliance: fromtoto	
ction(s) taken to achieve compliance:	
fethod used to demonstrate compliance:	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based	1
pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ear for transfer or combination facilities.	
ESPONSIBLE OFFICIAL: ROGE/10 Ig/e512 Gogello Soften 3/3	x5/c
Name (Please Print) / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, /

<sup>\*</sup>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	INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY
AIRS ID#: 025 6788 DATE: 3/25  FACILITY NAME:	1 757 33126
3. Facility failed to notify DARM to use general p	permit O
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	

313197



facility was ZO

gallons.

PARI 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 NA
2. Examining the containers for leakage?	DY ON NA
3. Closing and securing machine doors except during loading/unloading?	MA ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	dy on
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated 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 mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	AY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y ON ON/A
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?	DY ON NA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	dy on

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?	□ү □и
<ol> <li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?</li> </ol>	מם צם
Is the temperature differential equal to or greater than 20° F?	□Y □N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	- OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	' אם צם
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:	אם אם
Has the responsible official: (check appropriate boxes)	אם עם
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	j
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	j
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:	DY MAN
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	חאם אם אים
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?	OY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	OY ON VA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON NA OY ON ONA OY ON ANA
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?	OY ON VA OY ON AA
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?	OY ON MA
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?	OY ON MA
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?	OY ON MA

2. Which m	2. Which method of detection is used by the responsible official?						
Vis	Visual examination (condensed solvent on exterior surfaces)						
Phy	Physical detection (airflow felt through gaskets)						
Odo	Odor (noticeable perc odor)						
Use	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
If u	ising direct-reading instrumen	tation, i	s the equipment:				
	a. Capable of detecting pe	rc vapor	concentrations in	a range of 0-500 ppm?	ΩΥ	□и	
	b. Calibrated against a sta (PID/FID only)?	indard ga	as prior to and afte	er each use	ΩY	□N <sub>.</sub>	
	c. Inspected for leaks and	obvious	signs of wear on a	weekly basis?	ΩΥ	וא□	
	d. Kept in a clean and sec	ure area	when not in use?		ΩΥ	□N	
	e. Verified for accuracy by	y use of o	duplicate samples	(calorimetric only)?	$\Box Y$	ПN	
3. Has the f	facility maintained a leak log?				$\Box Y$	M	
4. Does the	responsible official check the fo	llowing	areas for leaks?				
	se connections, fittings, ouplings, and valves	ØY	□и	Muck cookers	ΠY	QN	
Do	or gaskets and seating	$\mathbf{v}_{Y}$	□и	Stills	<b>a</b> Y		
Fil	ter gaskets and seating	<b>W</b> Y	ПИ	Exhaust dampers	CY	ПN	
Pu	Pumps GY ON Diverter valves						
Sol	lvent tanks and containers	ŹΥ	ПИ	Cartridge filter housings	ďΥ	ПИ	
Wa	ater separators	ďY.	□N				

Inspector's Signature

3/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			·
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		6. Sps	Ke to bu neis t	Siness	9-17	OCT 24 1996	
		and	ne ic 1	مرد ما الماد ا	1-1 1	Air Quality	<u> </u>
1.	Facility Own	Add	title ow	re own	er, Mai	nagement Divis	sion
	R&R CLE	7 a.a 7	TTIE - SW	ner	· -	·	
2.	Site Name (	P.1.5		•			
	IMPERIA				_		
3.	Hazardous	(c) + (	f) Should	be ma	rKed		
	SAFETY						
4.	Facility Lo Street Ad						
	City:					33126	
15	Facility I						
			•		<b>7</b> 4	50728	
				1	, , ) <del>"</del>		
				A.			
6.	Name a			(X)	<u> ۲</u> / / –		$\neg$
	ROGE			$\mathcal{C}$			
7.		fficial Mailing Add	ress:	/	/ —		7
	Organization/F Street Address:		N.W. 7th STREE	err T			
		AMI	County:	DADE	Zip C	ode: 33126	
8.	Pernoncible Of	fficial Telephone N	umhari				
0.	Telephone:	(305 ) 643 - 0		Fax: (	) -		
		Facility Con	ntact (If different fr	om Responsible	e Official)		
9.	Name and Title	of Facility Contac	t (For example, plan	t manager):			
			· (	· · · · · · · · · · · · · · · · · · ·			
10.	Facility Contac	t Address:					_
	Street Address:						
	City:		County:		Zip Code:		
11	Facility Contac	t Telephone Numb	<u> </u>				$\dashv$

# RECEIVED

AUG 29 1996

Bureau of Air Monitoring ೭ Mobile Sources

Telephone: ( )

Fax: ( )

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
R&R CLEANERS
Site Name (For example, plant name or number):
IMPERIAL CLEANERS II
Hazardous Waste Generator Identification Number:
SAFETY KLEEN I.D. FLD 980847446
Facility Location: Street Address: 4001 N.W. 7th STREET City: MIAMI County: DADE Zip Code: 33126
Facility Identification Number (DEP Use):
0250728
Responsible Official
Responsible Official
Name and Title of Responsible Official:
ROGELIO IGLESIA / OWNER
Responsible Official Mailing Address:  Organization/Firm: Street Address: 4001 N.W. 7th STREET City: MIAMI County: DADE Zip Code: 33126
Responsible Official Telephone Number:
Telephone: (305) 643 - 0657 Fax: ( ) -
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
Facility Contact Address:
Street Address:
City: County: Zip Code:
Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		·	23 N/A	497					
(1) w/ ref. condenser	#1	23-MAY-9		95					
(2) w/ carbon adsorber									
(3) w/ no controls								_	
Washer Unit						•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber			<b>1</b> .						
(6) w/ no controls									,
Dryer Unit	:		W -	l			ь	*.	
(7) w/ ref. condenser						T			
(8) w/ carbon adsorber						· · · · · · · · · · · · · · · · · · ·			
(9) w/ no controls	_								
Reclaimer Unit	ļ			,					
(10) w/ ref. condenser						T			
(11) w/carbon adsorber		<del> </del>							-
(I2) w/ no controls	_								<u> </u>
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are re	equired to be ity of perchlo ons ow many? [_	installed [	perc)	_] purchased in				Г 1
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	urce Selec ea so	classification t one classifi urce []	n based on the cation only.) Ne	e defi	- · .	d in section (i	3) of		1
Existing range and	Ju 301		140	1611	60 area 3001		ı		

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(Indicate with an "X".)	is required on machine	es pursuant to section (5) of	Part II of this notification form?
Existing large area Carbon adsorber	source	Refrigerated condenser	
New small area so Refrigerated cond			
New large area so Refrigerated cond			
	Verify that all steam a	and hot water generating un	to use the general permit pursuant its on-site meet the following
	are fired exclusively by	natural gas except for peri	10 million BTU/hr or less (298 ods of natural gas curtailment is fired
All steam and hot water gen No such units on-site	nerating units exempt	[] [x]	
		·	
	Squipment Monitoring	g and Recordkeeping Info	rmation
			quirements of this general permit:
(a) Purchase receipts and so	olvent purchases		
(b) Leak detection inspection	on and repair		
(c) Refrigerated condenser	temperature monitoring	2	<b>X</b>
(d) Carbon adsorber exhaus	t perc concentration me	onitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, ma	function plan		(X)

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

### Surrender of Existing Air Permit(s)

lease indicat	te with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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	mptly notify the Department of any changes to the information contained in this notification.								
Signature	Jelin Hesur <u>X 8/26/96</u> Date								
X	opel 18 Iglieon + 3/21/94								

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

Page 16 of 16



#### 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**

Do NOT Remove Label

AIRS ID#0250728

R&R CLEANERS ROGELIO IGLESIA 4001 NW 7TH STREET MIAMI FL 33126 RECEIVED

FOR GOVERNMENT USE ONLY
Burea Fund: Air-2405600 EO: B1

Burea Fund: Air-2405600 Fing

3/17/98 To whom ut may concern: Enclosed you will find the payment for the air quality permit leeing mailed a few days late Keason for delay is due to health reasons Please advise us if this would Cause any inconvenience. Thank you so much in advance for your understanding en this Lincerely, Rogelio Iglesia

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

FACILITY NAME: <u>IMPY</u>	und cle	DNER S	TI.	DATE: Z	18-98
FACILITY LOCATION: 40	of NW	755			<del></del>
<i>M1.</i>	em 1				
Annual Reporting Period:	3-25	19 <u>97</u> то	Ž-1.	<i>j</i>	19 <u>_9</u> 8
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code			~~/		ile NO
If NO, complete the following:					
#1. Term or condition of the general perm	nit that has not been i	n continuous compliz	ance during the rep	porting period sta	ated above:
Exact period of non-compliance: from			_to		Burea &
Action(s) taken to achieve compliance:		· · · · · ·			Mobi
Method used to demonstrate compliance:	<del></del>				Air Moi
Method used to demonstrate compliance:  #2. Term or condition of the general perm	nit that has not been	n continuous compli	ance during the re	porting period st	ce nit of the cated about:
Exact period of non-compliance: from			_to		
Action(s) taken to achieve compliance:					<u>.</u>
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·			· 
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipty year for transfer or combination facilities RESPONSIBLE OFFICIAL:	te and complete. Fuits, does not exceed 2,	ther, my annual cons	sumption of perchi	loroethylene solv	ent, based
Rogelio Ig	Name (Please Print)		Signature (	Igley	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

BEST AVAILABLE COPY	~		GENERAL PERMIT MARY REPORT	$\checkmark$
TYPE OF INSPECTION:	ANNUAL []	СОМЕ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 220.  TYPE OF FACILITY:	TIME OUT:	240	AIRS ID#:	250728
FACILITY NAME:FACILITY LOCATION:	MERIAL C	1 EPY 30 7 7	VIRGO JA	DATE:
RESPONSIBLE OFFICIAL:	apriles 9	71551	PHONE NUMBER	: 45-201
compliance with DEP Ru  Based on the results of the discrepancies were noted	ale 62-213.300, Florida a ne compliance requireme l:	Administral	ed during this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-UP ACT	ION REQUIRED
				MAR 3 0 Bureau of Air & Mobile
				1998 Monitorin
	÷	·		σα 
The second secon				
COMMENTS: FACILITY	y in Con	glin	70 6	• . •
The Annual Compliance Certifica	ntion form has been prop	perly certific	ed and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION	v: <u>F766</u>	1999 (Ant	proximate)	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED I	BY: (Clack)	1 a)	ase Print)	
INSPECTOR'S SIGNATURE:	Thine,		PHONE NUMBER	R: 5726922

Page / of /.

Revised 10/96

Λ	ANER AIR QUAI UAL COMPLIANCE		FORM	$\overline{\mathcal{R}}$
$\bigotimes$	R&R CLEANERS ROGELIO IGLESIA 4001 NW 7TH STREET MIAMI FL 33126	AIRS ID#0250728	MAR 2 5 1998 feau of Air Monitoring & Mobile Sources	ECEIVE
	Do <u>NOT</u> Ren	ove Label	00	<b>D</b> : <b>E</b> :
Annual Reporting Period:	19	то		AR 23
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A. If NO, complete the following: #1. Term or condition of the general permit to	A.C.), during the period cov	ered by this statement.	¥YES	□NO
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	•			
Method used to demonstrate compliance:				
#2. Term or condition of the general permit the	hat has not been in continue	ous compliance during	the reporting per	riod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				2 m
Method used to demonstrate compliance:			Sources	1998 F D
As the responsible official, I hereby certify, based notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to	rther, my annual consumption	n of perchloroethylene s	olvent, based upoi	atements made in this n purchase receipts,
RESPONSIBLE OFFICIAL: 2090/Name	io Iglesion _	Rozalio - Signatu	aglesia.	3/17/98 Date

ř.

<sup>\*</sup>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

<b>TYPE</b>	OF	INSP	ECI	rto	N:
	~ ·	11 1UA		$\cdot$	, , ,

facility was gallons.

		58
TITLE V (	CYLENE DRY CLEANERS  GENERAL PERMIT INSPECTION CHECKLIST  COMPLAINT/DISCOVERY  ON  COMPLAINT/DISCOVERY  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	<i>L</i> .
TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY NO. 100 COMPLAINT/DISCOVERY SOLITOR SOLITO	10
AIRS 1D#: <u>07.50 77.8</u> date: <u>2-78 -</u>	98 TIME IN: 220 TIME OUT: 245	
FACILITY NAME: JUPERIAL	Clemens I	
FACILITY LOCATION: 400/	NW 757.	,
- MIDM		
RESPONSIBLE OFFICIAL: LOGE/10	Sg/8811 PHONE: 643 0657	·
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	
2. Facility failed to notify DARM to use general per	rmit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	. •
5. This is a correct facility classification	□Y □N □Can not determine	
1	neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	אואם מם עם.
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	MA DM
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 DN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	- 1
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	QA DM
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	dy on onia
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON C'N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	dy on

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מט עט
2. Maintained rolling monthly averages of perc consumption?	GY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN WN/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?	באולם מם עם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	Б <del>Қ</del> СИ
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OY ON ZINA
8. Maintained compliance plan, if applicable?	OY ON ZN/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? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A DY ON EN/A couplings, and valves Muck cookers MY ON ON/A MY ON ON/A Stills Door gaskets and seating DY ON ON/A GY ON ON/A Exhaust dampers Filter gaskets and seating MY ON ON/A MY ON ON/A Diverter valves **Pumps** MY ON ON/A TY ON ON/A Cartridge filter housings Solvent tanks and containers MY ON ON/A 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) Ø 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? NO YO b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

Signature

2-18-98

DY DN

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

ADDITIC	NAL SITE INF	ORMATION:		
				•
	:			
			•	
			•	
			•	
				•
				,
		\$		
,				

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL.		COMPLÁIN	IVDISCOVERY	Ü
	RE-INSPECTION	Ü			P
AIRS 110#: 0250728		199 TIME	IN: 8 A4	TIME OUT:	56x4
FACILITY NAME:	mperial	11		\$ 8 P	
FACILITY LOCATION:	4001 N	J w , -	784	Notice S	19 6
	Miami, F	torida	33126		9
RESPONSIBLE OFFICIAL:	Regalio	Toles	PHONE:	643-8	57
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)				<u> </u>	
1. New facility notified DARN	4 30 days prior to start	up		•	
2. Facility failed to notify DA	RM to use general pen	mit			
				·	
PART II: CLASSIFICATIO	N				
Facility indicated on notifica	tion form that it is:			cation form	
(check appropriate box)			☐ Drop sto	re/out of business	/petroleum
1. Existing small area sou dry-to-dry only, x < 140 ga			all area source only, x < 140 gal/y	,r	
transfer only, x < 200 gally	-		y, x < 200  gal/yr	, 1	
both types, x < 140 gal/yr	1)		x < 140 gal/yr I on or after 12/9/	-	<del>z-</del>
(constructed before 12/9/9	1)	(constructed	1011 01 anct 12191	91)	
3. Existing large area sou			ge area source		
dry-to-dry only, $140 \le x \le 1$ , transfer only, $200 \le x \le 1$ ,			only, $140 \le x \le 2$ , $y, 200 \le x \le 1,80$	- ,	
both types, $140 \le x \le 1.80$			$140 \le x \le 1.800$	- ,	
(constructed before 12/9/9	1)	(constructe	d on or after 12/9	(91)	
5. This is a correct facility	classification	OY O	N Can not	determine	
44	ne appropriate classific				
	facility qualified for a general permit as number above				
□ fac	cility exceeds above lin	mits and is no	t eligible for a ge	neral permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.					

### BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS	autoratoria e asigni para para para para (1904). Per 11 de 14 de 1
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON BNIA
2. Examining the containers for leakage?	DY DN MON/A
3. Closing and securing machine doors except during loading/unloading?	BY ©N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AY ON ONIA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואם אם אפ
PART IV: PROCESS VENT CONTROLS	

#### 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 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)
- (check appropriate boxes)
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

1. Equipped all machines with the appropriate vent controls?

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

NO VA

DY ON CINIA

אואש אם צם

BY ON

DY DN ØN/A

DY CIN

13.	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?	ÜY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□и/∧
	Is the temperature differential equal to or greater than 20° F?	ΟY	Ωи	□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	ΩN	On/a
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ŪИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	ΟN/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
I. Maintained receipts for perc purchased?	MO AG	
2. Maintained rolling monthly total of perc consumption?	ØY ON	
3. Maintained leak detection inspection and repair reports for the following:	- :-	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON BANA	
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 PINA	
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON PN/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם	
6. Maintained startup/shutdown/malfunction plan?	QY ON	
7. Maintained deviation reports?	DY DN ANA	
Problem corrected?	עואט אם אם	
8. Maintained compliance plan, if applicable?	OY ÜN ZNIA	

### BEST AVAILABLE COPY

1, '	PART VI: LEAK DETECTION AND REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?	34/	∨ ON	
2.	. Has the facility maintained a leak log?	ZY	ON	
3.	. Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves DN DN/A Muck cookers	ם אם	AIKO NO	
	Door gaskets and scating DY ON ON/A Stills		אואם אכ	
	Filter gaskets and seating OY ON ON/A Exhaust dampers		אואם אכ	
	Pumps Dy ON ON/A Diverter valves		אואם אכ	
	Solvent tanks and containers DY DN DN/A Cartridge filter housings		אואם אכ	
	Water separators OY ON ON/A		•	
4.	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)	0		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	0		
	Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			\	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΟY	NO	
	b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			
	d. Kept in a clean and secure area when not in use?			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			

Inspector's Name (Please Print)

Inspector's Signature

S/20/99 Date of Inspection

Approximate Date of Next Inspection

Mr. Iglesia is to Tax paperwork
Recro Tax

ADDITIONAL SITE INFORMATION:

Revised 10/10/96

Pren

AIRS ID#: <u>025072-3</u>

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

FACILITY NAME:	DATE: 5/20/99
l l	
Annual Reporting Period: Hay 1993 TO	MAJ 1977
Based on each term or condition of the Title V general air permit, my facility has remaine 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance of	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 to	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumpt upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dyear for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	ion of perchloroethylene solvent, based

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3 AM TIME OUT: 85 AM	1AIRS ID#: 0250728
TYPE OF FACILITY: Pec Duy	Clean
FACILITY NAME:	- Cleanes DATE: 5/20/99
FACILITY LOCATION: 400 1 NO	J 75+
RESPONSIBLE OFFICIAL: Roselis Seles	PHONE NUMBER: 645-0657
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· ·	
COMMENTS:	
< At. S	= Proxim
The Annual Compliance Certification form has been properly certi-	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	pproximate)
INSPECTION CONDUCTED BY: LEO SMAN	
INSPECTOR'S SIGNATURE: PO B	lease Print)  PHONE NUMBER: C355372-6922
<del>-</del>	

Page 1 of 1.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
	√00 TIME IN: 1430 TIME OUT: 500
FACILITY NAME:	I
FACILITY LOCATION: Yoo I	NN 7 st.
Mami	P.L
RESPONSIBLE OFFICIAL: Regulio	Iglesia PHONE: 305-643-0657
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	30 7 17
1. New facility notified DARM 30 days prior to s	
2. Facility failed to notify DARM to use general p	permit Ses
	8 9
PART II: CLASSIFICATION	(i
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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)	Drop store/out of business/petroleum  2. Ivew small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
facility exceeds above l	Can not determine  Cation:  Concern permit as number above  Concern permit as not eligible for a general permit  Concern purchased within the preceding 12 months by this dry cleaning
•	1 of 5 Revised 9 (5/9)

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?	ПΥ	ΩИ	D/N/A
2. Examining the containers for leakage?	ΟY	ПN	DIN/A
3. Closing and securing machine doors except during loading/unloading?	ØY	ПΝ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY	ПN	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	Ωи	ØN/A
PART IV: PROCESS VENT CONTROLS			1
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	rated	conde	enser
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 refrige (complete A and B below).	rated	conde	enser
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?	ɗү	ΩΝ	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY_	ΠN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΟY	ΩΝ	ØN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY (	ПΝ	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΟY	ΩΝ	ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>9</b> 4	ПΝ	

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	QV ON
2. Maintained rolling monthly total of perc consumption?	edy □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/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 3 days of receipt?	מאס אם עם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BAN/A
6. Maintained startup/shutdown/malfunction plan?	BY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OY ON ONA

PART VI: LEAK DETECTION AND F					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?		CY ON			
2. Has the facility maintained a leak log?			OY ON		
3. Does the responsible official check the	following areas for leaks	?			
Hose connections, fittings, couplings, and valves	ɗy □n □n/a	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A		
Filter gaskets and seating	מאס מס איש	Exhaust dampers	OTY ON ON/A		
Pumps	DY DN DN/A	Diverter valves	QA ON ON'Y		
Solvent tanks and containers	אוים אם או	Cartridge filter housings	אוחם אם צם		
Water separators	DY ON ONA				
4. Which method of detection is used by th	e responsible official?				
Visual examination (condensed so	lvent on exterior surface	5)	Ø		
Physical detection (airflow felt through gaskets)			<u> </u>		
Odor (noticeable perc odor)			<b>2</b>		
Use of direct-reading instrumentat	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector					
If using direct-reading instru	mentation, is the equip	ment:	□N/A		
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	חט מט		
<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	fter each use	OY ON		
c. Inspected for leaks and	l obvious signs of wear o	n a weekly basis?	DY DN		
d. Kept in a clean and see	cure area when not in use	ŗ	DY DN		
e. Verified for accuracy t	by use of duplicate sampl	es (calorimetric only)?	מט עם		
Tim Famin		4/20/a			

Revised 9/15/97

Date of Inspection

Approximate Date of Next Inspection

Inspector's Name (Please Print)

TIDOX	ONAL SITE INFORM	ATION:		
		S.ATISFACTORY	recordicaping	
		Muchine not	recordkeeping	action
./		· .		
				,
	<b>V</b>			
				-

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 1430 TIME OUT: 1500 AIRS ID#: 0350728				
TYPE OF FACILITY: Perc by Cleaner				
FACILITY NAME: Inpeniel Cleanos II DATE: 4/20/00				
FACILITY LOCATION: YOU ( NW 7 st.				
Mian, FL				
RESPONSIBLE OFFICIAL: Royalio Iglani PHONE NUMBER: 305-643-0657				
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).				
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:				
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED				
COMMENTS:				
SATISFACTORY Recordkapping				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTION: 4/01 (Approximate)				
INSPECTION CONDUCTED BY: Fann (Please Print)				
INSPECTOR'S SIGNATURE: PHONE NUMBER: 25-373-6925				

Page\_\_\_of\_\_\_.

Revised 10/96

18 ID#: 0250728

Acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Inperial	Chans	<u>I</u>		DATE: _	4/20/00
FACILITY LOCATION:	4001	NW	7 1.		· .	
· . ·	M	. FL				
<u> </u>	7.0000	1				·
Annual Reporting Period:		April	19 <u>_5</u> 5 TO	)A	l	79_B
Based on each term or condition	of the Title V g	general air permi	t, my facility has	remained in compli	ance with DEI	P Rule
62-213.300, Florida Administrati	ve Code (F.A.(	C.), during the p	eriod covered by	this statement.	ÝES	□NO
If NO, complete the following:				•		
_	• .					
#1. Term or condition of the gen	eral permit tha	t has not been in	continuous com	pliance during the re	eporting period	stated above:
<u></u>	•					
Exact period of non-compliance:	from	•		to		
-						
Action(s) taken to achieve compli	iance:			/		
Method used to demonstrate comp	pliance:			<u> </u>		
#2. Term or condition of the gen	eral permit tha	t has not been in	continuous com	pliance during the n	eporting period	stated above:
		·				
Exact period of non-compliance:	from		/ . to			
	-	. /	•·			
Action(s) taken to achieve compli	iance:				<u> </u>	
Method used to demonstrate com	pliance:			<del>-</del>		
· · · · · · · · · · · · · · · · · · ·	······································			. The second sec	- <del> </del>	
As the responsible official, I here made in this notification are true						
upon rolling averages of purchas	e receipts, doe	-			•	
year for transfer or combination	facilities.	1. 7	10,1		$\sim 0.0$	
RESPONSIBLE OFFICIAL: _	x ofe	110 19	Kesia _	Xogeli	v KGXL	SIN of sofow
•	Name (	riease Print)		Signature		Date

<sup>\*</sup>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.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	OMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0250728001AG  ROGELIO IGLESIA  IMPERIAL CLEANERS II	A. Received by (Please Print Clearly)  C. Signature  X Agent Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
4001 NW 7TH STREET MIAMI FL 33126	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 700006000006 41303	598
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

98	U.S. Postal S CERTIFIEI (Domestic Mail C	MAIL REC	COVERAGE Provided)
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	Restricted Delivery Fee (Endorsement Required)		
	то 10	AIRS ID # 025072	28001AG
8	ROGELIO IGI IMPERIAL CI		
	Stre 4001 NW 7TH		
7000	City, MIAMI FL 331	126	
	PS Form 3800, February 2	000	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.

### **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0250728

IMPERIAL CLEANERS II ROGELIO IGLESIA 4001 NW 7TH STREET MIAMI FL 33126 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

# **BEST AVAILABLE COPY**

OLD AT DOTTED LINE	1711.61
SENDER: C. SETURN ADDRESS.	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Heceived by (Please Print Clearly)  B. Date of Delivery  C. Signature
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.	X Sof Shire Qg Cleve Addressee  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0250728 IMPERIAL CLEANERS II ROGELIO IGLESIA 4001 NW 7TH STREET	
MIAMI FL 33126	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise
	□ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Copy from service label) 2. O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4126 6480
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

CERTIFIED	MAIL RECEIPT	
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ROGELIO IGLESIA	1	
	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  IMPERIAL CLEANI ROGELIO IGLESIA 4001 NW 7TH STRE	Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  AIRS ID # 0250728  IMPERIAL CLEANERS II ROGELIO IGLESIA 4001 NW 7TH STREET

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303430

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

R&R CLEANERS ROGELIO IGLESIA 4001 NW 7TH STREET MIAMI FL 33126 AIRS ID 0250728

RECEIVED
NAIL ROOM
FEB 24 98

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260672

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

RECEIVÉD MAIL ROOM

FEB 17 97

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

R&R CLEANERS ROGELIO IGLESIA 4001 NW 7TH STREET

MIAMI FL 33126

AIRS ID# 0250728

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

n the reverse side?	Print your name and address on the reverse of this form so that we card to you.	e can return this ce does not le number.	f also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.
N ADDRESS completed o	3. Article Addressed to:  AIRS ID#: 0250728  R&R CLEANERS  ROGELIO IGLESIA  4001 NW 7TH STREET  MIAMI FL 33126	4a Rrticle N 4b. Service Registere Express Retum Re 7. Date of De	Type Certified Mail Insured Copy for Merchandise COD
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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IMPERIAL CLEANERS II ROGELIO IGLESIA 4001 NW 7TH STREET **MIAMI FL 33126** 

TOTAL AMOUNT DUE: \$50.00



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0355722

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IMPERIAL CLEANERS II ROGELIO IGLESIA 4001 NW 7TH STREET **MIAMI FL 33126** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we 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.	ce does not  1. □ Addressee's Address ele number.  2. □ Restricted Delivery
3. Article Addressed to:  AIRS ID 0250728  R&RECLEANERS ROGELIO IGLESIA 4001 NW 7TH STREET MIANNI FL 33126	2 33 1000 258  4b. Service Type ☐ Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature (Addréssee or Agent)	8. Addressee's Address (Only if requested and fee is paid)

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	Restricted Delivery Fee					
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