



0250730

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. Sadru Pirani
President
MacDonald Imperial Cleaners, Inc.
199 South Northside Center Court
Miami, Florida 33147

Dear Mr. Pirani:

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

cc: Mr. Ewart Anderson, Dade County

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

#0250730

P. 14

1.(a) add date control
device installed

P. 15

4. existing large
C.A. or r.c. should
be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): MACDONALD IMPERIAL CLEANERS, INC
2. Site Name (For example, plant name or number): QUALITY 1 HOUR CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 981468762
4. Facility Location: 199 SOUTH NORTHSIDE CENTER COURT Street Address: City: MIAMI County: FLORIDA Zip Code: 33147
5. Facility Identification Number (DEP Use): 0252730

Responsible Official

6. Name and Title of Responsible Official: SADRU PIRANI, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MACDONALD IMPERIAL CLEANERS INC Street Address: 5840 S. DIXIE HWY. MIAMI. City: MIAMI County: FL Zip Code: 33143
8. Responsible Official Telephone Number: Telephone: (305) 661-5831 Fax: (305) 661-6550

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): KARIM PIRANI. MANAGER
10. Facility Contact Address: 199 S. COURT, NORTHSIDE SHOPPING CENTER Street Address: 27TH AVE NW 79TH ST. City: MIAMI County: FL Zip Code: 33147
11. Facility Contact Telephone Number: Telephone: (305) 691-7122 Fax: () X

RECEIVED

AUG 29 1996

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
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	08-DEC-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

180.10 gallons (One Hundred Eighty, point one gallons)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

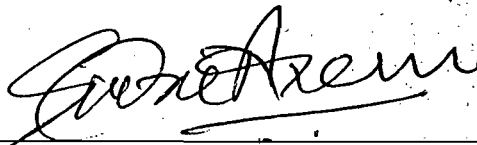
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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

7/27/96

Date

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:00 am TIME OUT: 10:50 am AIRS ID#: 0250730

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: ^{DBA} Quality 1 Hour Cleaners (MacDonald Imperial) DATE: 3/11/97

FACILITY LOCATION: 199 S. Court, Northside Shopping Center
Miami, FL 33147

RESPONSIBLE OFFICIAL: Karim Pirani PHONE NUMBER: 691-7122

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
- No log of weekly temp. monitoring of ref. condenser exhaust. (Not to exceed 45°F)	- Will begin taking weekly temp. measurements + keeping a log.
- No weekly leak inspection log.	- Will begin weekly leak inspection and keep a log.

COMMENTS: Facility + Equipment Satisfactory

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 3/98 (Approximate)

INSPECTION CONDUCTED BY: Debbie Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debbie Griner* PHONE NUMBER: 372-6934

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250730 DATE: 3/11/97 TIME IN: 10:00 am TIME OUT: 10:50 am

FACILITY NAME: ^{DBA} Quality 1 Hour Cleaners / MacDonald Imperia DCleaners, Inc.

FACILITY LOCATION: 199 S. Court, Northside Shopping Center
Miami, FL 33147 691-7122

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

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, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91)
 - 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification Y N

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 170 gallons.

113
3/12/97

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
Is the temperature differential equal to or greater than 20° F? Y N NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
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? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N NA
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- 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)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

Karim Pirani

Name of Responsible Official

Debbie Griner

Inspector's Name (Please Print)

Debbie Griner

Inspector's Signature

3/11/97

Date of Inspection

3/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Owner requests that all correspondences are sent to the following address:

MacDonald Imperial Cleaners, Inc.
5840 S. Dixie Hwy
Miami, FL 33143

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DBA Quality 1 Hour Cleaners / MacDonald Imperial Cleaners, Inc. DATE: 3/11/97 FACILITY LOCATION: 199 S. Court, Northside Shopping Center (27 Ave + NW 79 St) Miami, FL 33147

Annual Reporting Period: 7/27 1996 TO 7 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Insufficient documentation

Exact period of non-compliance: from 7/27/96 to date of inspection (3.11.97)

Action(s) taken to achieve compliance: Recording (weekly) temperatures of perc & maintain leak detection log

Method used to demonstrate compliance: Log/Record Keeping

#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 reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Karim Pirani Name (Please Print) Signature Date 3.11.97

*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 Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): MACDONALD IMPERIAL CLEANERS, INC
2. Site Name (For example, plant name or number): QUALITY 1 HOUR CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 981468762
4. Facility Location: 199 SOUTH NORTHSIDE CENTER COURT Street Address: City: MIAMI County: FLORIDA Zip Code: 33147
5. Facility Identification Number (DEP Use): 0250130

Responsible Official

6. Name and Title of Responsible Official: SADRU PIRANI; PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MACDONALD IMPERIAL CLEANERS INC Street Address: 5840 S. DIXIE HWY. MIAMI. City: MIAMI County: FL Zip Code: 33143
8. Responsible Official Telephone Number: Telephone: (305) 661-5831 Fax: (305) 661-6550

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): KARIM PIRANI. MANAGER
10. Facility Contact Address: 199 S. COURT, NORTHSIDE SHOPPING CENTER Street Address: 27TH AVE NW 79TH ST. City: MIAMI County: FL Zip Code: 33147
11. Facility Contact Telephone Number: Telephone: (305) 691-7122 Fax: () X

RECEIVED

AUG 29 1996

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	08-DEC-91	08 Dec '91						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons (One Hundred Eighty, point one gallons)

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- | | |
|--|--|
| Existing small area source <input type="checkbox"/> | New small area source <input type="checkbox"/> |
| Existing large area source <input checked="" type="checkbox"/> | New large area source <input type="checkbox"/> |

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

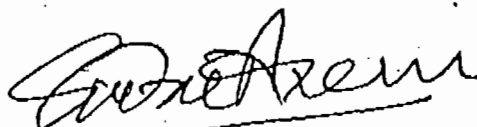
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

7/27/96

Date

X 

KARIM PIRANI

3.13.97

Date



Department of
Environmental Protection

RECEIVED

OCT 16 1996

Lawton Chiles
Governor

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

Air Quality
Management Division
Virginia B. Wetherell
Secretary

October 7, 1996

RECEIVED
OCT 16 1996

Mr. Sadru Pirani
President
MacDonald Imperial Cleaners, Inc.
199 South Northside Center Court
Miami, Florida 33147

ENVIRONMENTAL
MONITORING DIVISION

Dear Mr. Pirani:

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

cc: Mr. Ewart Anderson, Dade County

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

BEST AVAILABLE COPY

0250730

RECEIVED

OCT 24 1996

Air Quality Management Division

Pe

P. 14

1. (a) add date control device installed

P. 15

4. existing large C.A. or r.c. should be marked

1. Facility Owner/Operator
MACDONALD

2. Site Name (For example, QUALITY)

3. Hazardous Waste
F

4. Facility Location
Street Address:
City: MIAMI

5. Facility Identification

6. Name and Title

7. Responsible Official Mailing Address:

Organization/Firm: MACDONALD IMPERIAL CLEANERS INC

Street Address: 5840 S. DIXIE HWY. MIAMI.

City: MIAMI

County: FL

Zip Code: 33143

8. Responsible Official Telephone Number:

Telephone: (305) 661-5831

Fax: (305) 661-6550

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

KARIM PIRANI - MANAGER

10. Facility Contact Address: 199 S. COURT, NORTHSIDE SHOPPING CENTER

Street Address: 27TH AVE NW 79TH ST.

City: MIAMI

County: FL

Zip Code: 33147

11. Facility Contact Telephone Number:

Telephone: (305) 691-7122

Fax: () X

RECEIVED

AUG 29 1996

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250730

MACDONALD IMPERIAL CLEANERS
SADRU PIRANI
5840 S DIXIE HWY
MIAMI FL 33143

Bureau of Air Monitoring
& Mobile Sources

MAR 03 1998

RECEIVED
19 97

Do NOT Remove Label

Annual Reporting Period: Jan 1st 19 97 TO Dec 31st 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has 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 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:

MINAZ ALI

Name (Please Print)

[Signature]

Signature

02/23/98

Date

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

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

MAR - 1 1999

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250730 DATE: 1/29/99 TIME IN: 12:50pm TIME OUT: 2:10pm
 FACILITY NAME: Quality 1 Hour Cleaners
 FACILITY LOCATION: 199 S. Court, Northside Shopping Center
 Miami, FL 33147
 RESPONSIBLE OFFICIAL: Sadru Pirani PHONE: (305) 691-7122
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input type="checkbox"/> 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)</p>	<p>2. New small area source <input type="checkbox"/> 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)</p>
<p>3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>

5. This is a correct facility classification Y N Can not determine

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 288.20 gallons.

ARMS
2/19/99
JF

MB
2/12/99

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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 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? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
- Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | | | |
|---|--|-----|---------------------------|--|-----|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | Stills | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A |
| Water separators | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- 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)? Y N

Deborah Griner
Inspector's Name (Please Print)

1/29/99
Date of Inspection

Deborah Griner
Inspector's Signature

1/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine : AVANTI
Economatic

Mailing address changed to
facility address (199 S. Court...)

Provided DEP Calendar

Mailing
address
changed in
ARMS
~~ARMS~~
3/1/99

BEST AVAILABLE COPY

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:50 pm TIME OUT: 2:10 pm AIRS ID#: 0250730
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Quality One Hour Cleaners DATE: 1/29/99
 FACILITY LOCATION: 199 S. Court, Northside Shopping Center
 Miami, FL 33147
 RESPONSIBLE OFFICIAL: Sadru Pirani PHONE NUMBER: 691-7122

- 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
No monitoring or record of refrigerated condenser temp. (outlet stream) on weekly basis. Machine does not have a temp. gauge installed on the outlet stream of refrigerated condenser.	Begin monitoring and recording temperature (not to exceed 45°) [FDEP calendar] Must install per temperature gauge within 30 days.
Failed to conduct + record leak detection inspection.	Begin conducting and recording leak detection inspections on a weekly basis.

COMMENTS: R.O. requests mailing address to be changed from 5840... to the facility address at 199 S. Court.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1/2000
 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner
 (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6925

AIRS ID#: 0250730

RECEIVED
Revised 10/10/96
MAR - 1 1999
Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality One Hour Cleaners DATE: 1/29/99
 FACILITY LOCATION: 199 S. Court, Northside Shopping Center
Miami, FL 33147

Annual Reporting Period: 1 1998 TO 1 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Machine does not have a temp. gauge installed on the outlet stream of ref. condenser
Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Have temp. gauge installed within 30 days.
Method used to demonstrate compliance: Fax and mail DERM receipt for installation to

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No monitoring or recording of ref. condenser temp.
Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Begin monitoring + recording
Method used to demonstrate compliance: Calendar

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

RESPONSIBLE OFFICIAL: Sadru Pirani [Signature] 1/29/99
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 COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250730 DATE: 5/15/00 TIME IN: 1445 TIME OUT: 1520
 FACILITY NAME: Quality One Hour Cleaners
 FACILITY LOCATION: 199 S. Court, Northside Shopping Ctr.
 Miami, FL 33147
 RESPONSIBLE OFFICIAL: Sadru Pirani PHONE: 305-691-7122
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

RECEIVED
 JUN 15 2000
 Bureau of Air Monitoring
 & Mobile Source Control

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store-out of business/petroleum

- A.
- | | |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p> | <p>2. New small area source <input type="checkbox"/></p> <p>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)</p> |
| <p>3. Existing large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can-not determine
- 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 200 gallons.

APMS
5/15/00
SD3/00

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 N/A
2. Examining the containers for leakage? Y N N/A
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? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. 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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
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? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - 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)? Y N

Ivan Fannin
Inspector's Name (Please Print)

5/15/00
Date of Inspection

Ivan Fannin
Inspector's Signature

5/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Temp. Gauge installed
- No leak log
- Housekeeping satisfactory

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1445 TIME OUT: 1520 AIRS ID#: 0250 730
 TYPE OF FACILITY: Pave Dry Cleaner
 FACILITY NAME: Quality One Home DATE: 5/15/00
 FACILITY LOCATION: 199 S. Court, Northside Shopping Center
Miami, FL
 RESPONSIBLE OFFICIAL: Sadron Pirani PHONE NUMBER: 305-691-7122

- 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
<i>Not maintaining leak log</i>	<i>Begin leak log record keeping</i>

COMMENTS: *Satisfactory housekeeping*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 5/15/00
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fannin* PHONE NUMBER: 305-372-6922

RECEIVED

AIRS ID#: 0250730

Revised 10/10/96

MAY 17 2000

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM
Air Quality Management Division

APC

FACILITY NAME: Quality One Hour Cleaners DATE: 5/15/00
FACILITY LOCATION: 199 S. Court, Northside Shopping Center
Miami, FL

Annual Reporting Period: May 1999 TO May ~~1999~~ 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Not maintaining leak log
Exact period of non-compliance: from May 99 to May 00
Action(s) taken to achieve compliance: Begin leak inspection log
Method used to demonstrate compliance: DEP Calendar

#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 reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: SADRU PIRAHAI SADRU PIRAHAI 5/15/2000
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.



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING **403122**

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 # 0250730

QUALITY 1 HOUR CLEANERS
SADRU PIRANI
199 SOUTH COURT
MIAMI FL 33147

1-18-01 pd
RECEIVED
MAIL ROOM
JAN 18 01

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

<p>SE</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">10 AIRS ID # 0250730001AG SADRU PIRANI QUALITY 1 HOUR CLEANERS 199 SOUTH COURT MIAMI FL 33147</p>	<p style="text-align: center;">THIS SECTION ON DELIVERY</p> <p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 0/8</p> <p>C. Signature <input checked="" type="checkbox"/> <i>Sadru Pirani</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <i>(Copy from service label)</i> <u>70000600002641303406</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<p style="text-align: right;">Postage \$ _____</p> <p style="text-align: right;">Certified Fee _____</p> <p style="text-align: right;">Return Receipt Fee (Endorsement Required) _____</p> <p style="text-align: right;">Restricted Delivery Fee (Endorsement Required) _____</p>	<p style="text-align: center;">Postmark Here</p>
<p>7000 0600 0026 4130 3406 10 AIRS ID # 0250730001AG</p> <p>SADRU PIRANI</p> <p>QUALITY 1 HOUR CLEANERS</p> <p>199 SOUTH COURT</p> <p>MIAMI FL 33147</p>	
See reverse for instructions	



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363222

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 # 0250730 ✓

QUALITY 1 HOUR CLEANERS
SADRU PIRANI
5840 S DIXIE HWY
MIAMI FL 33143

PLEASE CHANGE
ADDRESS

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
MAR - 4 99

New address: QUALITY CLEANERS
199 S. CORSET - Northside Shopping Center Miami
FL 33147

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390845

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 # 0250730

QUALITY 1 HOUR CLEANERS
SADRU PIRANI
199 SOUTH COURT
MIAMI FL 33147

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

JAN 17 00

RECEIVED
MAIL ROOM

Fold at line over top of envelope to

Is your RETURN ADDRESS indicated on the reverse side

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250730

QUALITY 1 HOUR CLEANERS
 SADRU PIRANI
 5840 S DIXIE HWY
 MIAMI FL 33143

4a. Article Number

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

2/16/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Sadru Pirani

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

7 333 660 444

1999

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID # 0250730

QUALITY 1 HOUR CLEANERS
 SADRU PIRANI
 5840 S DIXIE HWY
 MIAMI FL 33143

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



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

303937

Do **NOT** Remove Label

AIRS ID 0250730
MACDONALD IMPERIAL CLEANERS
SADRU PIRANI
5840 S DIXIE HWY
MIAMI FL 33143

RECEIVED
MAIL ROOM
FEB 27 98

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Is your RETURN ADDRESS completed on the reverse side?

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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250730

MACDONALD IMPERIAL CLEANERS
 SADRU PIRANI
 5840 S DIXIE HWY
 MIAMI FL 33143

4a. Article Number
Z 333 660 259

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
02-23-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Sadru Pirani*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 259

US Postal Service
Receipt for Certified Mail

AIRS ID 0250730

MACDONALD IMPERIAL CLEANERS
 SADRU PIRANI
 5840 S DIXIE HWY
 MIAMI FL 33143

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258017

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

RECEIVED
MAIL ROOM

JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250730
MACDONALD IMPERIAL CLEANERS INC
SADRU PIRANI
5840 S DIXIE HWY
MIAMI FL 33143

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273