

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Akberali M. Ohaya Clover Cleaners 749 Northeast 167 Street North Miami Beach, Florida 33162

Re: Facility I.D. No. 0250734

Dear Mr. Ohaya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

BEST AVAILABLE COPY	NSPECTION	ON SUMMARY REPORT		•
TYPE OF INSPECTION:	ANNUAL V	COMPLAINT/DISCOVER	Y	NSPECTION
TIME IN:	10 -1- 11	JENE DRY	DATE:	734
Based on the results of t	ule 62-213.300, Florida he compliance requireme	ents evaluated during this inspect Administrative Code (F.A.C.).	ion, the facility is four	
COMPLIANCE REQU		LEM FOLLOW-	UP ACTION REC	QUIRED
No 5/5/M	Plan	logs	START MA	intriving
No DEVIATION	ROPORT			
NO DAFA O.	n Pane Conc			
	·			
			· 	
COMMENTS: Clipp	Openati Violations	on, Safts R	nctory;	MINOR
The Annual Compliance Certific	1/2/	perly certified and submitted to the comment of the	ne inspector. YE	ES NOT
INSPECTION CONDUCTED		(Please Print) PHONE	NUMBER: <u>3</u> 70	26922
	(// //	Page /of /		Revised 10/96

	# 0250734
	Clover Cleaners
	Spoke with Akberali Dhaya-9/24/96
P./3	6. add title-President
P.14	1.(a) add date control device installed, if any 4. mark out "X" and initial 5.(f) required
p.15	4. mark out "X" and initial 5. (f) required
,	

.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

ľ.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	COUNTRY CLUB CLEANERS INC.,
2.	Site Name (For example, plant name or number):
	CLOVER CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 083 609 776.
4.	
	Street Address: 749 N.E. 167 Street. City: North Miami Beach County: Dade. Zip.Code: 33162
	City: North Miami Beach County: Dade. Zip.Code: 33162
5:	Facility Identification Number (DEP/Use):
	0250734
	Responsible Official
0	Name and Title of Responsible Official:
٨k	(BERALI M. DHAYA.
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 749 N.E. 167 Street. City: North Miami Beach County: Dade. Zip Code: 33162.
8.	Responsible Official Telephone Number:
	Telephone: (305) 651-8349 Fax: (305) 654 - 0884.
	Facility Contact (If different from Responsible Official)
	racinty Contact (if different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	N/A.
10.	Facility Contact Address:
	Street Address:
•	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
,	Telephone: () - Fax: () -
i,	

RECEIVED

AUG 3 0 1996

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

Facility Information

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
GRANDIMPIANTI	1	Machine	Control	l	Machine	Control		Machine	Control
TD	١.,	Initially	Device	,	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				*.	:			+ 5 (* 1. e * 5	
(1) w/ ref. condenser	# 1	9/1/88	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(2) w/ carbon adsorber	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(3) w/ no controls	N/A		N/A	N/A		N/A	N/A	N/A	N/A
Washer Unit		· **	7 1	·	٠		14.2		
(4) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(5) w/ carbon adsorber	N/A		N/A	N/A	,	N/A		N/A	N/A
(6) w/ no controls	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dryer Unit							- 12		
(7) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(8) w/ carbon adsorber	N/A	N/A	N/A	N/A		N/A	N/A		N/A
(9) w/ no controls	N/A	N/A	N/A	N/	N/A	N/A	N/A	N/A	N/A
Reclaimer Unit									The State of
(10) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(11) w/carbon adsorber	N/A	N/A	N/A	N/A	· · ·	N/A	N/A	N/A	N/A
(12) w/ no controls	N/A	N/A	N/A	N/A		N/A	1877	N/A	N/A
(b) Control devices are(c) No control devices						·			
2.(a) What was the total of [121]	quanti gallo	-	roethylene (perc)	purchased in	n the latest	12 mon	ths?	
(b) If less than 12 mont Check why it is less					New store	: [] Di	d not k	eep records:	
			. •						1
3. What is the facility's so (Indicate with an "X".					nitions found	d in section	(3) of 1	Part II?	
Existing small ar	ea sou	rice [X]	Ne	ew sm	nall area sour	rce [َ د		
Existing large are	ea.sou	rce []	. Ne	ew lar	ge area sour	ce [ر		

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

(Indicate with an "X".)	45.5	
Existing large area source Carbon adsorber	condenser X	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []	:	
	•	
to Rule 62-213.300, F.A.C. Verify that all steam and hot water get exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total he holler HP or loss) and (2) are fined evolves all the parties of grant and as a recommendation.	eat input of 10 million B	TU/hr or less (298
boiler HP or less), and (2) are fired exclusively by natural gas exceduring which propane or fuel oil containing no more than one percentage.		il gas curtailment
All steem and hat water concreting units around.		
All steam and hot water generating units exempt No such units on-site [X]		
		•
		•
	eping Information	•
No such units on-site		• f this general permit:
Equipment Monitoring and Recordket Check all logs which are required to be kept on-site in accordance		• f this general permit:
Equipment Monitoring and Recordket Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases	with the requirements o	f this general permit:
Equipment Monitoring and Recordket Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases	with the requirements o	• f this general permit:
Equipment Monitoring and Recordker Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	with the requirements o	f this general permit:
Equipment Monitoring and Recordket Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	with the requirements of [X] [X] [N/A]	• f this general permit:
Equipment Monitoring and Recordker Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	with the requirements of [X] [X] [N/A]	• f this general permit:

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

Page 15 of 16

Surrender of Existing Air Permit(s)

[N/A	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.		
			i
	Responsible Official Certification	•	
			1
I tha en	adams and am the mannensible official as defined in Part II of this form of the	facility addressed in	
this noti statemei maintai	dersigned, am the responsible official, as defined in Part II of this form, of the f fication. I hereby certify, based on information and belief formed after reasona nts made in this notification are true, accurate and complete. Further, I agree to the the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this	ible inquiry, that the o operate and d above so as to	
this noti stateme maintain comply	fication. I hereby certify, based on information and belief formed after reasona nts made in this notification are true, accurate and complete. Further, I agree t n the air pollutant emissions units and air pollution control equipment described	ble inquiry, that the o operate and d above so as to notification form.	
this noti stateme maintain comply	fication. I hereby certify, based on information and belief formed after reasonants made in this notification are true, accurate and complete. Further, I agree to the the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this	ble inquiry, that the o operate and d above so as to notification form.	
this noti stateme maintain comply	fication. I hereby certify, based on information and belief formed after reasonants made in this notification are true, accurate and complete. Further, I agree to the the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this	ble inquiry, that the o operate and d above so as to notification form.	
this noti stateme maintain comply	fication. I hereby certify, based on information and belief formed after reasonants made in this notification are true, accurate and complete. Further, I agree to the the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this	ble inquiry, that the o operate and d above so as to notification form.	
this noti stateme maintain comply	fication. I hereby certify, based on information and belief formed after reasonal onts made in this notification are true, accurate and complete. Further, I agree to the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this comptly notify the Department of any changes to the information contained in the labels where the description is the information contained in the labels.	ble inquiry, that the o operate and d above so as to notification form.	

3

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258182

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 15 97

Do NOT Remove Label

AIRS ID# 0250734 COUNTRY CLUB CLEANERS INC AKBERALI M DHAYA 749 NE 167 STREET NORTH MIAMI BEACH FL 33162 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

4

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	NSPECT	ON CE	HECKLIST		
TYPE OF INSPECTION:	ANNUAL	4	ø	COMPLAINT/DISCO	OVERY	0
	RE-INSPECTION	1				
AIRS 10#: 0250734	DATE: 1/3//9	9 <u>7</u> т	IME II	N: <u>/ : / 5</u> TIM	E OUT: <u>/</u>	:45
FACILITY NAME:	LOVER C	lan	NEI	es		
FACILITY LOCATION:	749 NE	16	7 -	JT .		
<u> </u>	6. HIAM	1 B	34e	14, PC. 3	3/62	
PART I: NOTIFICATION		_				
(check appropriate box)						1
Existing facility notified DA	RM by 9/1/96					d
2. New facility notified DARM	-	tup				ם
3. Facility failed to notify DAR	M to use general per	mit				۰ ۵
PART II: CLASSIFICATION	1	<u>-</u>				
Facility indicated on notificati (check appropriate box)	on form that it is:					1
A. 1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	т	dry-to-d transfer both typ	ry only, only, x [,] es, x<1,	area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	0	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classif<="" correct="" facility="" ga="" is="" only,="" td="" this="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>dry-to-d transfer both typ</td><td>ry only, only, 20 es, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr gal/yr l/yr	dry-to-d transfer both typ	ry only, only, 20 es, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
If no, please check the appropri	iate classification:					
	ned for a general pends above limits and i					
B. The total quantity of perchl facility was [2] gallons		urchased	within t	he preceding 12 month	ns by this dr	y cleaning

Revised 10/28/96

TART III. GENERAL CONTROL REQUIREMENTS	<u> </u>				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	N DN				
2. Examining the containers for leakage?	QY DN				
3. Closing and securing machine doors except during loading/unloading?	MY DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומעט מכן צרם				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	7.				
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 refu (complete A and B below).	igerated 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?	DY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AWO NO YO				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם				

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ם אואם אם צם A
Is the perc concentration equal to or less than 100 ppm?	DY DN
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם עם
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?	DY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	1
1. Maintained receipts for perc purchased?	
	Carly CIN
2. Maintained rolling monthly averages of perc consumption?	OY ON
2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	DY ON
	DY ON
3. Maintained leak detection inspection and repair reports for the following:	1
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	DY ON
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 	DY ON ON/A
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 	DY ON DY ON ON/A OY ON
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 	DY ON DY ON ON/A OY ON OY ON
 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON OY ON ON/A OY ON OY ON
 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? 	DY ON DY ON ON/A OY ON OY ON OY ON
 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	DY ON DY ON ON/A OY ON OY ON OY ON

2.	Which method of detection is used by the	he resp	onsible of	ficial?	1		
	Visual examination (condensed so	ď					
	Physical detection (airflow felt the	ď,					
	Odor (noticeable perc odor)	Ø					
	Use of direct-reading instrumenta						
	If using direct-reading instrume						
	a. Capable of detecting	ΠY	ПN				
	b. Calibrated against a s (PID/FID only)?	ΟY	□N				
	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)?						ОУ ОИ	
3. Has the facility maintained a leak log?						ПИ	
4.	Does the responsible official check the	follow	ing areas f	for leaks?			
	Hose connections, fittings, couplings, and valves	ΔY	ПИ	Muck cookers	ДY	AN NO	
	Door gaskets and seating	ďΥ	ПИ	Stills	ďΥ	ПN	
	Filter gaskets and seating	ďλ	ПΝ	Exhaust dampers	ΠY	□N ₩A	
	Pumps	qx	ПИ	Diverter valves	ΟY	ፈላ ለወ	
	Solvent tanks and containers	dy	ΠN	Cartridge filter housings	άJ	ПN	
	Water separators	UY	ПИ				
	Ak hen of ' Dani	1 1					

Name of Responsible Official

Approximate Date of Next Inspection

)	,)	
ADDITIONAL SITE	E INFORMATION:			
	-		_	_
	_			
·				
		•		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all

Wrong Dates Dade

AIRS ID#0250734

COUNTRY CLUB CLEANERS INC AKBERALI M DHAYA 749 NE 167 STREET NORTH MIAMI BEACH FL 33162

	Do <u>NOT</u> Remo	ove Label		
Annual Reporting Period:	19	то		
Based on each term or condition of the Title	V general air permit my faci	lity has remained in o	compliance with D	DEP Rule
62-213.300, Florida Administrative Code (F		•		□NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuo	us compliance during	the reporting per	iod 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 continuo	us compliance during	the reporting per	iod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:	<u>. </u>			
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to-	urther, my annual consumption	of perchloroethylene s	olvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: AKSER Nan	ALI M DHAYA ne (Please Print)	Signatu	ere rie	1-12-98 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE		PLAINT/DISCOVERY [/)/	RE-INSPECTION
FACIL	N: PERME OUT: BRY DE FACILITY: COASIL COASIL ITY NAME: 749 NE 16, ITY LOCATION:	Clemanon: 1 7 0	2-2-95 ATE:
			. 6
RESPO	ONSIBLE OFFICIAL: ALDERAL, DITAYA	PHONE NUMBER:	51-8349
	Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration on the results of the compliance requirements evaluated as the compliance requirements evaluated as the compliance requirements.	ative Code (F.A.C.).	
	discrepancies were noted:	aced during uns inspection, the follow	mg compnance
CC	OMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
	· · · · · · · · · · · · · · · · · · ·		
	· ·		MAR 3 Wreau of A: & Mobile
			0 1998 Nir Monitor e Sources
	••	·	
			· · · · · · · · · · · · · · · · · · ·
COM	MENTS: FACILITY 15 IN Com	plience	
The A	nnual Compliance Certification form has been properly certi	ified and submitted to the inspector.	YES NOT
,	OF NEXT INSPECTION: 2/99		
	(A	pproximate) AUNZARCO	,
INSPI	ECTION CONDUCTED BY: Y 77777	Please Print)	
INSPI	ECTOR'S SIGNATURE	PHONE NUMBER:_	3726922
	Page	/ of /	Revised 10/96

#	025	70-	73	4
<i>-71</i>	رسيس	\mathcal{O}		/

Clover Cleaners

1.	- Spoke with Akberali Dhaya-9/24/9	76.
2.	p.13 6. add title-President	
3.	p.14 1.(a) add date control device	
4.	p.14 1.(a) add date control device installed, if any p.15 4 mark out "X" and initial 5.(f) required	3162
5 	1	
	Needs Ne	eds Pabel
6) AK		·
7.		
		de:33162.
8.		1.
9.		
	N/A.	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code	e:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	

RECEIVED

BEST AVAILABLE COPY

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

VNB 20 19AR

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	COUNTRY OF UP OF EAVERS THE	
2.	COUNTRY CLUB CLEANERS INC., Site Name (For example, plant name or number):	
	CLOVER CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	FLD 083 609 776.	
4.	Facility Location:	
	Street Address: 749 N.E. 167 Street.	
	City: North Miami Beach County: Dade. Zip Code: 33162	
Sum (Min)		L-YES
2:	Facility Identification Number (DEP Use):	
area (e		
	Responsible Official	
4	Name and Title of Responsible Official:	
ο.	Name and Thie of Responsible Official.	
Ak	BERALI M. DHAYA., PRESIDENT	
7.	Responsible Official Mailing Address:	
,	Organization/Firm:	
	Street Address: 749 N.E. 167 Street.	
	City: North Miami Beach County: Dade. Zip Code: 33162.	
8.	Responsible Official Telephone Number:	
0.	Telephone: (305) 651-8349 Fax: (305) 654 - 0884.	
	· · · · · · · · · · · · · · · · · · ·	
	The Control of the Co	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
		•
-10	N/A.	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
		

RECEIVED

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

Page 13 of 16

AUG 3 0 1996

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.

	l	Date	Date	l	Date	Date	1	Date	Date
GRANDIMPIANTI		Machine	Control	İ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device	1	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	$\overline{}$		9/1/8	2	١,				
(1) w/ ref. condenser	#1	9/1/88	, , , , , , , , , , , , , , , , , , , 	N/A	N/A	N/A	N/A	N/A	N/A
(2) w/ carbon adsorber	N/A		N/A	N/A		N/A	N/A		N/A
(3) w/ no controls	N/A		N/A	N/A		N/A	N/A		N/A
Washer Unit		1		шч / Б				-	
(4) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(5) w/ carbon adsorber	N/A		N/A	N/A	N/A	N/A		N/A	N/A
(6) w/ no controls	N/A		N/A	N/A		N/A	N/A		N/A
Dryer Unit	187.					1	,,,,		11177
(7) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(8) w/ carbon adsorber	N/A	1	N/A	N/A		N/A	N/A		N/A
(9) w/ no controls	N/A		N/A	N/	N/A	N/A	N/A	N/A	N/A
Reclaimer Unit				1.1N./F			1117	N/A	
(10) w/ ref. condenser	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(11) w/carbon adsorber	N/A		N/A	N/	T	N/A	N/A		N/A
(12) w/ no controls	NZ	N/A	N/A	N/A		N/A	N77		N/A
							-		
(b) Control devices are	requ	ired, but not	yet installed	LN	/A]				
(c) No control devices	are re	equired to be	installed [×	٦				
		_							
2.(a) What was the total	-		proethylene (perc)	purchased in	n the latest 1	2 mon	iths?	
[121]	gallo	ns							
4) 741 1 45									
(b) If less than 12 mon									
Check why it is less	s than	12 months:	New owner:	L	New store	: [] Did	d not k	eep records:	
2 What is the facility to a		.1:6::-					(2) - C	D. 4 110	
3. What is the facility's so					nitions ioun	in section	(3) 01	raπ 11?	
(Indicate with an "X".	SCIEC	t one classiii	cation only.	,		, į			
Existing small ar	ea soi	urce[y 1	N	ew sm	iall area soui	rce ſ	1		
						· ·	_		

DEP Form No. 62-213.900(2)

Existing large area source [____]

Effective: 6-25-96

Page 14 of 16

New large area source

 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser X
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	·.
	nits shall not be eligible to use the general permit pursuan hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
	•
	· ·
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site is	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[N/A]
(d) Carbon adsorber exhaust perc concentration monitoring	toring N/A
(e) Instrument calibration	/ [N/A
(f) Start-up, shutdown, malfunction plan	[N/A

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

Surrender of Existing Air Permit(s)

Please indica	ate with an "X" the appropriate	selection:
[N/A		g air permits authorizing operation of the fication form; specifically, permit number(s)
	No air permits currently exist this notification form.	st for the operation of the facility indicated in
	Respo	onsible Official Certification
this noti statemei maintaii	fication. I hereby certify, based nts made in this notification are n the air pollutant emissions uni	official, as defined in Part II of this form, of the facility addressed in ton information and belief formed after reasonable inquiry, that the true, accurate and complete. Further, I agree to operate and its and air pollution control equipment described above so as to this general permit as set forth in Part II of this notification form.
I will pr	omptly notify the Department of Deklerali Deklerali	Tany changes to the information contained in this notification. $ \begin{array}{c} $
Signatui	e	Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

<300036

TOTAL AMOUNT DUE: \$50.00

JAH 15 98

Do NOT Remove Label

AIRS ID#0250734

COUNTRY CLUB CLEANERS INC AKBERALI M DHAYA 749 NE 167 STREET NORTH MIAMI BEACH FL 33162

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

α			
	Cleaners		ге: <u>2-7-98</u>
facility location: 749	NE 167 ST.		
Annual Reporting Period: 3-3	1977 то	2-2	19 %
Based on each term or condition of the Title V g		<u> </u>	h DEP Rulc NO
If NO, complete the following:			•
#1. Term or condition of the general permit tha	t has not been in continuous complia	nce during the reporting	period stated above:
			& ₹
Exact period of non-compliance: from			of A
Action(s) taken to achieve compliance:			O S
Method used to demonstrate compliance:) 1998 Monitoring Sources
Method used to demonstrate compliance: #2. Term or condition of the general permit that			ng
#2. Term or condition of the general permit tha			ng
		ince during the reporting	ng
#2. Term or condition of the general permit that Exact period of non-compliance: from		ince during the reporting	ng

*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

PERCHLOROETHYLENE DRY CLEANERS

	PE-
TITLE V	CYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY COMPLAINT/DISC
FACILITY NAME:	98 TIME IN: <u>230</u> TIME OUT: <u>300</u> 2 Cleaners
responsible official: About Contact name:	19m1 BRACH Sti DHAYA PHONE: 651-8349 PHONE:
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	·
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)	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general content of the content	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 $12/9/91$) DY \square N \square Can not determine cation:
☐ facility exceeds above lin	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?	DY DN DN/A		
2. Examining the containers for leakage?	DY ON CON/A		
3. Closing and securing machine doors except during loading/unloading?	NO Y		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY □N □N/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואם אם צם		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	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)			
Equipped all machines with the appropriate vent controls?	מם עם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חס אם		

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	Πи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\square Y$	Ωи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ÜИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΔY	ΠИ	□N/A
-		===		

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AA ON			
2. Maintained rolling monthly averages of perc consumption?	NO AN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	מאותם אם אם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MYA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	OY ON DANA			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	OY ON WINA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A DY DN DN/A Muck cookers couplings, and valves KY ON ON/A MY ON ON/A Stills Door gaskets and seating Y ON ON/A ON MANA Filter gaskets and seating Exhaust dampers MY ON ON/A LY ON DINA Diverter valves Pumps MY ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers ZY 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) 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? DY DN 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? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

2-2-98

Date of Inspection

Man Jam

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
		· · · · · · · · · · · · · · · · · · ·	
,			
		•	
·			
	·		
·			
	•		
Ş .			
· ·			
Ť.			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355727

Please include your AIRS ID# on your check or money order. This number can be found felow of your valing libel.

TOTAL AMOUNT DUE: \$50.00

DEC – 5 1998

Bureau of Air Monitoring & Mobile Sources

Do <u>NOT</u> Remove Label

AIRS ID # 0250734

CLOVER CLEANERS AKBERALI M DHAYA 749 NE 167 STREET NORTH MIAMI BEACH FL 33162 FOR GOVERNMENT USE ONLY CONG.: 37550101000 EO: BUSINESS OF THE CONGRESS OF THE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON
·	19 TIME IN: 10 ³¹ AM TIME OUT: 1100 AM 10 16 7 16 5 WMB
RESPONSIBLE OFFICIAL: A Kheral	PHONE: 651-8349 PHONE: 11
PART I: NOTIFICATION	
 (check appropriate box) New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general pe 	•
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 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, $140 \le x \le 2,100$ 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 $12/9/91$)
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	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
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general content of the content of t	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)

ARMS +19/99

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
Storing perchloroethylene in tightly sealed and impervious containers?	DY DN EN/A	
2. Examining the containers for leakage?	DY ON DAVA	
3. Closing and securing machine doors except during loading/unloading?	DY DN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DAVA	
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 refrige (complete A below).	erated condenser	
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated 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?	מם צם	
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?	OY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON	

PART III: GENERAL CONTROL REQUIREMENTS

B	. Has the responsible official of an existing large or new large area source also:			·
∦₽	. That the responsible official of an existing large of new large area source also.			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
₽ż.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	Ωи	□N/A
l I	Is the temperature differential equal to or greater than 20° F?	ΠY	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	$\square N$	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. D Y	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DA DN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אעם אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	אואס אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	אואס אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DAVA
6. Maintained startup/shutdown/malfunction plan?	DAY DN
7. Maintained deviation reports?	אואס אם צם
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	DY DN DAVA

_						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			PAY ON		
2.	. Has the facility maintained a leak log?	· ·		ND PO		
3.	. Does the responsible official check the	e following areas for leaks?	?			
	Hose connections, fittings, couplings, and valves	מאם אם אם	Muck cookers	OY ON ØN/A		
	Door gaskets and seating	DY ZIN ON/A	Stills	AY ON ON/A		
	Filter gaskets and seating	אוחם את צים	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY DN CINA	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A		·		
4.	. Which method of detection is used by	the responsible official?		/.		
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)			₫			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector	a /				
	If using direct-reading instrumentation, is the equipment:			DNIA		
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	NO Y		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON		
	c. Inspected for leaks a	nd obvious signs of wear or	n a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?				אם אם		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N .		

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
	-
	·
	·
·	
	·
-	
·	
	,
	•

AIRS 110#: 0250734

Ko

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	2/02/08
FACILITY NAME: Love Cleane	DATE: 1/1/7/4
FACILITY LOCATION: 749 NE 16	7,28+
Annual Reporting Period:	1997 TO March 1999
Based on each term or condition of the Title V general air permit, 62-213.300, Florida Administrative Code (F.A.C.), during the per	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in o	ontinuous 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:	<u> </u>
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furthe upon rolling averages of purchase receipts, does not exceed 2,10 year for transfer or combination facilities.	r, my annual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: AKBERALI DHA	14 (D) Rbeach 3.23.99
Name (Please Print)	Signature Date

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

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

BEST AVAILABLE COPY MUN SUMMARY REPORT TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME OUT: AIRS 1011: 0250734 TYPE OF FACILITY: **FACILITY NAME:** FACILITY LOCATION: PHONE NUMBER: / Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED IMMENTS: : Annual Compliance Certification form has been properly certified and submitted to the inspector. МОП 2000 TE OF NEXT INSPECTION: (Approximate) MAR T PECTION CONDUCTED BY: (Please Print) __PHONE NUMBER: C305) 347-6922 PECTOR'S SIGNATURE:

Page 1 of 1.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: 0250734 DATE: 1/24	TIME IN: 3:45 TIME OUT: 3:45
FACILITY NAME: Cloves C	
FACILITY LOCATION: 749	NE 167 st
Miam.	FC 22 TO
RESPONSIBLE OFFICIAL: AKberal	N Ulya PHONE: 3651-1349
CONTACT NAME:	· 0
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup \square
2. Facility failed to notify DARM to use general pe	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 both types, x < 140 gal/yr (constructed before 12/9/91)	2. Inew 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, $140 \le x \le 2,100$ 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
	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was <u>IOS</u> gallons.	archased within the preceding 12 months by this dry cleaning

TO DOWN CONTROL CONTROL DOWN DATE OF THE OWN D			
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?	ΩY	ПN	₫N/A
2. Examining the containers for leakage?	ΠY	ПΝ	ØÑ/A
3. Closing and securing machine doors except during loading/unloading?	2 Y	ПΝ	
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØÝ	□Ν	□n/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ОΥ	ПN	⊡Ń/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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-		
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated c	onder	nser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	- OY 0	ИС	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	םץ כ	אַ נ	A/N⊑
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	• Y	אכ (] N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?		אב	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY C	ז אב	אאב
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY C	ВΝ	

· · · · · · · · · · · · · · · · · · ·	·
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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	al on
2. Maintained rolling monthly total of perc consumption?	ON ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ONTA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

DY ON

DY ON ON/A

DY DN DNA

DY DN DN/A

PART VI: LEAK DETECTION AND R	FPAIRS			
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
·	weekly (for small sources, t	bi-weekly) leak detection a		
inspection?			ØÝ ON	
2. Has the facility maintained a leak log?			CTY ON	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	DY DN DYN/A	
Door gaskets and seating	DY ON ON/A	Stills	ØŶ ON ON/A	
Filter gaskets and seating	DÝ ON ON/A	Exhaust dampers	PAY ON ON/A	
Pumps	QY ON ON/A	Diverter valves	ØY ON ON/A	
Solvent tanks and containers	MY ON TINA	Cartridge filter housings	DY ON ON/A	
Water separators	AY ON ON/A			
4. Which method of detection is used by the	e responsible official?			
Visual examination (condensed so	Ø			
Physical detection (airflow felt through gaskets)			d	
Odor (noticeable perc odor)			a	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<u> </u>	
Halogen leak detector			a .	
If using direct-reading instrumentation, is the equipment:			Q/N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			DY DN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			מץ מא	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY ON	
d. Kept in a clean and secure area when not in use?			אם "צם	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
Ga	DD Record Kegp	y/housekeeping		
		-	·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL O	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 3120 TYPE OF FACILITY: FACILITY NAME:	TIME OUT: 3	.45 AIRS ID#:	0250734
TYPE OF FACILITY:	Perc Dry Cl	eanes	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	Clover Clean	en)	DATE: //24/00
FACILITY LOCATION:		163 st.	
	Miami Fl	•	
RESPONSIBLE OFFICIAL: A	berali D Heya	PHONE NUMB	ER: 365 - 651-8249
	ne compliance requirements ev ule 62-213.300, Florida Admir	valuated during this inspection, the nistrative Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted	·	valuated during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
·			
	_		
· ·			
COMMENTS:			
	· /		•
(2001) H	ousekeeping /	Record Keepi	~f
The Annual Compliance Certifica	ition form has been properly c	ertified and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	V: //) 3/	
•		(Approximate)	
INSPECTION CONDUCTED E	BY: <u>Tvan</u>	Fannin	
	\	(Please Print)	
INSPECTOR'S SIGNATURE:_	Draw Jami	PHONE NUMB	ER: <u>305 - 372 - 692</u> 5
	Pag	e of .	Revised 10/96
	rag	·u	Nevisca 10/90

AIRS ID#: 0250734

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Clover Class	~ers		DATE:	1/24/00
FACILITY LOCATION:					
	Miami,				
Annual Reporting Period:	Jan	19 99	то	San	192000
Based on each term or condition 62-213.300, Florida Administrate				/	P Rule NO
If NO, complete the following:					
#1. Term or condition of the gen	neral permit that has not bee	en in continuous c	ompliance during t	he reporting perio	d stated above:
Exact period of non-compliance	from		to		
Action(s) taken to achieve comp	liance:	· .			
Method used to demonstrate con	npliance:			, 	
#2. Term or condition of the gen	neral permit that has not bee	en in continuous c	ompliance during t	he reporting perio	d stated above:
Exact period of non-compliance	: from		_ to		
Action(s) taken to achieve comp	liance:			<u> </u>	
Method used to demonstrate con	npliance:			•	
As the responsible official, I her made in this notification are tru upon rolling averages of purcha year for transfer or combination	e, accurate and complete. It ise receipts, does not exceed	further, my annua	l consumption of p	erchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL:	AKBERA Li	A PAPIC	DYKP.	<u>sregr</u>	1-54-00.
<u> </u>	Name (Please Print)	Signatur 	······································	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.

Page	ot	

"一"。"中国国际政治"。"

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400018

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 # 0250734

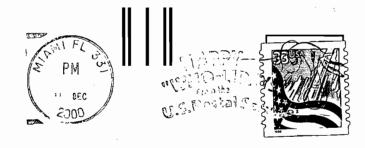
CLOVER CLEANERS AKBERALI M DHAYA 749 NE 167 STREET

FOR GOVERNMENT USE ONLY:
Org.: 37550101000 FO A1

Obj.: 002273

NORTH MIAMI BEACH FL 33162

Akberali M. Dhaya 20530 N.E. 13 Ct. Miami, FL 33179



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

32315X3070

hallanlahallandahanlahanlahanlahallanlahlan

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389135

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

Remove Label

AIRS ID # 0250734

AIRS 1D # 0250734

Do NOT Remove Label

CLOVER CLEANERS AKBERALI M DHAYA 749 NE 167 STREET

NORTH MIAMI BEACH FL 33162

SOR GOVERNMENT USE ONLY

Grg.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250734001AG AKBERALI M DHAYA 	A. Received by (Please Print Clearly) C. Signature X
CLOVER CLEANERS 749 NE 167 STREET NORTH MIAMI BEACH FL 33162	3. Service Type Certified Mail
2 Article Number (Copy from service label) 30 3	7/8
PS Form 3811, July 1999 Domestic	c Return Receipt 102595-99-M-1789

.

f	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
3710	the control of the second	Language Carlos Andrew Alexander	dispensión e properties de la compa	
4730	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
2000 0000	CLOVER C	AIRS ID # 0250 I M DHAYA CLEANERS V STREET IAMI BEACH FL 3		
	PS Form 3800, February 2	2000	See Reverse for Instructions	