

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1996

Mr. Alfonso Zequeira President Grove Cleaners and Laundry 2166 Southwest 23rd Terrace Miami, Florida 33145

Re: Facility I.D. No. 0250738

Dear Mr. Zequeira:

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 January 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, Florida 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.

### **GROVE CLEANERS & LAUNDRY**

1806 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33134 PHONE: (305) 567-9007 FAX: (305) 567-1372

Title V Air General Permits Receipts P.O. Box 3070 Tallahassee, FL 32399-2400

re: AIRS ID#: 0250738

March 6, 1997

To Whom It May Concern:

Please change our mailing address to the one on the letterhead.

Sincerely

Alfonso Zequeira

President

Grove Cleaners and Laundry, Inc.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Grove Cleaners X Laundry DATE: 2-18-97 FACILITY LOCATION: 1806 PONCE de LLON BIVA.  CSTA CADR, FL 33134
Annual Reporting Period: 8-30 1996 TO 2-18 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  If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  S-30-96 to Z-18-97  Action(s) taken to achieve compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
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 facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

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

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

P.13 7. add firm  p.14 1.(a) add date centrol device installed 3. Should be new large area Source p.15 4. Should be new large area Source Wrefrig. Con. 5.(d) not required, mark out "X" and initial	
p.13 7. add firm  p.14 1.(a) add date central device	
p.13 7. add firm  p.14 1.(a) add date central device	-
p.14 1.(a) and date control device	- 1
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	}
installed 3. Should be new large area Source	-
3. Should be new large area Source	_
p.15 4. Should be new lurge area source	_
5/d) hot have in all heard out 11/11	
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#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
GROVE CLEANERS & Launday, INC.						
2. Site Name (For example, plant name or number):						
GROVE CLEANERS & Laundry, INC.						
3. Hazardous Waste Generator Identification Number:						
FLD 984 248 492						
4. Facility Location: Street Address: 1806 PONCE DE LEON BOULEUARD						
City: CORAL GAbles County: DAJE Zip Code: 33134						
Sign Suprise Street Street Suprise Sup						
5. Facility Identification Number (DEP Use):						
0250738						
	econtrols.					
Responsible Official						
6. Name and Title of Responsible Official:						
ALFONSO ZEQUEPRA - President						
Responsible Official Mailing Address:						
Organization/Rimin 2166 SW 23vd TERROCE						
City: MIAMI County: DAde Zip Code: 33145						
19119191						
8. Responsible Official Telephone Number: Telephone: (305)858 - 9385 Fax: ( ) -						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
10. Facility Contact Address:	$\neg$					
Street Address:						
City: County: Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: ( ) - Fax: ( ) -						
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AUG 3 0 1996

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

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Bureau of Air Monitoring & Mobile Sources

#### **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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	٠.								
(1) w/ ref. condenser	#1	66-1-92		İ	1	<u> </u>		1	
(2) w/ carbon adsorber	<u>"                                    </u>	.2							
(3) w/ no controls									
Washer Unit			1000				,		
(4) w/ ref. condenser	<del> </del>	I	1	T		1			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									PARALTE.
(7) w/ ref. condenser		1	I						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					7 / Jan 1844 1			to Charles	
(10) w/ ref. condenser		T	1		T				
(11) w/carbon adsorber									
(12) w/ no controls	<u> </u>								
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are ro	equired to be ity of perchlons ow many? [_	installed [	perc)	purchased in				
What is the facility's so (Indicate with an "X".  Existing small ar  Existing large an	Selec ea so	t one classifi	cation only.) Ne	ew sn	nitions found nall area sour	rce [	3) of ]	Part II?	
5ting iange an	50		. 10		. p = uu 30 ui .		J		

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What control technology is required on machin (Indicate with an "X".)	nes pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
	ns units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following ite:
	(1) have a total heat input of 10 million BTU/hr or less (298 y natural gas except for periods of natural gas curtailment nore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[ <u>X</u> ]
Equipment Monitorin	g and Recordkeeping Information
Check all logs which are required to be kept on-s	ite in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <b>X</b> ]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration n	nonitoring [X]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[×]

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#### Surrender of Existing Air Permit(s)

	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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.

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# TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPOR

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30 TIME OUT: 2:0	0 AIRS ID#: 025 0738
TYPE OF FACILITY: PERC DELLA	Cherolics
FACILITY NAME:	CRS (12 12/14) DATE: 2/14/97
FACILITY LOCATION: 1506 2 15 5	
- Charles	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation discrepancies were noted:	rative Code (F.A.C.). nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1.15 log PERC. AMERINE	STAT Edering log
165/5/MF Plas	STAT KEEPING PAN
1/3 lerk 109	STANT lank log
COMMENTS: Equipment on 715 Pm.	ictory, MININ Digitalwork
The Annual Compliance Certification form has been properly certi	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/46,	
	pproximate)  Lazar Debbie Grives
(P	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 3726972
( ) 11 ( ) S.	- F. 1

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST						
	NUAL -INSPECTION		COMPLAINT/DISC	OVERY 🗆		
AIRS ID#: <u>OCS 0738</u> DATE  FACILITY NAME: <u>GROVE</u> FACILITY LOCATION: <u>/ FO</u>	-1	veres .	IN: <u>130</u> TIM TE LEON  33134	EOUT: Z-'00 2 DVC BIVD-		
PART I: NOTIFICATION						
(check appropriate box)  1. Existing facility notified DARM by  2. New facility notified DARM 30 da  3. Facility failed to notify DARM to a	ys prior to start	•		<b>8</b>		
PART II: CLASSIFICATION						
Facility indicated on notification for (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classification.="" correct="" facility="" gal="" if="" is="" no,="" of<="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td></td><td>transfer only, both types, x<sup>4</sup> (constructed of 4. New large dry-to-dry on transfer only, both types, 14</td><td>ly, x&lt;140 gal/yr x&lt;200 gal/yr 140 gal/yr on or after 12/9/91)</td><td></td></x<2,>		transfer only, both types, x <sup>4</sup> (constructed of 4. New large dry-to-dry on transfer only, both types, 14	ly, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91)			
If no, please check the appropriate confidence of the facility qualified for a facility exceeds about the facility was 223 gallons.	r a general perm we limits and is	not eligible fo	or a general permit	hs by this dry cleaning		

Revised/10/28/96

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

∥~.	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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	GY ON NY
	Is the temperature differential equal to or greater than 20° F?	MA NO AM
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 WN/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?	оу он <i>N4</i>
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באלם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אועש אם אם
'≡ '		
P.	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	
H (c	as the responsible official:	QA OM
H (c	as the responsible official: heck appropriate boxes)	OY ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY EN
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	/
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	DY EN
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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	OY ON
H (cc 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MA
H (cc 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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)	OY ON MA
H (cc 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?	OY ON MA OY ON ON/A OY ON NA
H (cc 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?	OY ON MA OY ON MA OY ON MA OY ON AA
H (cc 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 MA OY ON MA OY ON MA OY ON MA OY ON MA
H (cc 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained compliance plan, if applicable?	OY ON MA
H (cc 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?	OY ON MA

2.	. Which method of detection is used by the responsible official?							
	Visual examination (condensed							
	Physical detection (airflow felt t	ष्						
	Odor (noticeable perc odor)	<b>6</b>						
	Use of direct-reading instrumen							
	If using direct-reading instrum	uipment:						
	a. Capable of detecting	rations in a range of 0-500 ppm?	OY O	N				
	b. Calibrated against a (PID/FID only)?	to and after each use	OY O	N				
	c. Inspected for leaks a	and obvious	signs of	wear on a weekly basis?	OY O	N		
	d. Kept in a clean and	ot in use?	OY O	N				
	e. Verified for accurac	y by use of	duplicate	e samples (calorimetric only)?	ם צם	Й		
3.	Has the facility maintained a leak log	?			оу <b>И</b>	И		
4.	Does the responsible official check th	e following	areas fo	r leaks?				
	Hose connections, fittings, couplings, and valves	<b>D</b> Y	ПΝ	Muck cookers	ΩY	₫ <b>/</b> 1		
	Door gaskets and seating	OY.	ПИ	Stills	<b>M</b> Y	□и		
	Filter gaskets and seating	αx	ПИ	Exhaust dampers	ONY	ПΝ		
	Pumps	ΔY	ПΝ	Diverter valves	ΔY	ΠN		
	Solvent tanks and containers		ПИ	Cartridge filter housings	□ <b>Y</b> Y	ΠN		
	Water separators	ΦſΥ	□и		·			

AL PONSO TEGUEIRA		·
Name of Responsible Official	<i>[</i>	•
VAINE NAZARW	Debbie Grines	2/17/97
Inspector's Name (Please Print)		Date of Inspection
The Sobie	Qui	2/98
Inspector's Signature	Appi	oximate Date of Next Inspection
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ADDITIONAL SITE INFORMATION:		
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## #0250738

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Grove Cleaners	+ Laundry
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	Grove citaners + Luinory	V/
p./3	7. add firm	
	1.(a) add date centrol device	
p./5	3. Should be new large area Source	
	Wrefrig. con. 5.(d) not required, mark out 11/X" and initial	33134
	and thitta(	
		Code: 33145
3.		
3		
9. Name and Title o	f Facility Contact (For example, plant manager):	· 
10. Facility Contact A	Address:	
Street Address: City:	County: Zip Code	:: 
11. Facility Contact Telephone: (	Telephone Number:  Fax: ( ) -	

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#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

r .	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	GROVE CLEANERS & Lounday, INC.
2.	Site Name (For example, plant name or number):
	GROVE CLEANERS & Laundry
3.	Hazardous Waste Generator Identification Number:
	FLD 984 248 492
. 4.	Facility Location: Street Address: 1806 Porvce De Leon Boulevard
	City: CORAL GALLO County: DAJE Zip Code: 33134
	City. Clothe Change County. Diplower. 2 ip code. 2 of 1
15.	Facility Identification Number (DEP/Use):
	0250738
(ABS)	
	Responsible Official
6.	Name and Title of Responsible Official:
	ALFONSO ZEQUEIRA - President
7.	Responsible Official Mailing Address:
	Organization/Firm: Grave Clerwens & Coundry 1 INC.
	Street Address: 1806 PONCE DE COON ESVO EXECUTE
	Responsible Official Mailing Address: Organization/Firm: Grave Clemnens & Country Duc. Street Address: 1306 Power De County: DAdE  City: City: County: DAdE  Zip Code: 33+45
8.	Responsible Official Telephone Number:
	Telephone: (305)858 - 9385 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
'0.	Lacinty Contact (stations).
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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#### **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.

Machine   Control   Initially   Device   Initially   Initi			Date	Date		Date	Date		Date	Date
Type of Machine    ID Purchased Installed    Example    #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 0			Machine	Control		Machine	Control			Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-Dry-to-Dry Unit    (1) w/ ref. condenser			Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit   (1) w/ ref. condenser	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (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  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?  [	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(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	Dry-to-Dry Unit				_					
(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	(1) w/ ref. condenser	# 1	6-1-92	6-1-92						
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?  [	(2) w/ carbon adsorber									
(4) w/ ref. condenser   (5) w/ carbon adsorber   (6) w/ no controls	(3) w/ no controls									
(5) w/ carbon adsorber   (6) w/ no controls	Washer Unit		•	•	•	•	•		•	•
C) w/ no controls   Dryer Unit   (7) w ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (13) w/ no controls   (14) w/carbon adsorber   (15) w/ no controls   (15) w/ no controls   (16) w/ no controls   (17) w/ no controls   (18) w/ no controls   (19) w/ no controls   (19) w/ no controls   (19) w/ no controls   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required, but not yet installed   (19) w/ no control devices are required to be installed   (19) w/ no controls   (19) w/ no con	(4) w/ ref. condenser									
Dryer Unit   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/ ref. condenser   (11) w/ ref. condenser   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/ ref. condenser   (12) w/ no controls   (12) w/ no controls   (13) w/ ref. condenser   (13) w/ ref. condenser   (14) w/ ref. condenser   (15) w/ ref. condenser   (15) w/ ref. condenser   (16) w/ ref. condenser   (16) w/ ref. condenser   (17) w/ ref. condenser   (18) w/ ref. condenser   (18) w/ ref. condenser   (19) w/ ref. condenser   (19) w/ ref. condenser   (10) w/ re	(5) w/ carbon adsorber									
(7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ no controls   (15) w/ no controls   (16) w/ ref. condenser   (17) w/ no controls   (18) w/ no controls   (19) w/ no controls   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no control devices are required to be installed   (19) w/ no controls   (19) w/ no control	(6) w/ no controls									
(a)   W   carbon adsorber   (b)   W   no controls   (c)   W   ref. condenser   (d)   W   ref. conden	Dryer Unit			•			1		•	
(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?    (b) If less than 12 months, how many?   months   not yet is less than 12 months: New owner:   Did not keep records:   less than 12 months   New store:   Did not keep records:   less than 12 months   New store:   New store:   Did not keep records:   less than 12 months   New store:	(7) w/ ref. condenser									
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?  [	(8) w/ carbon adsorber									
(10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/carbon adsorber   (14) w/carbon adsorber   (15) w/ no control devices are required, but not yet installed []   (15) w/carbon adsorber   (16)	(9) 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  (b) If less than 12 months, how many? [ months  Check why it is less than 12 months: New owner: [] 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 []	Reclaimer Unit			<del>'                                    </del>			1			
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser		1							
(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  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] 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 []	(I1) w/carbon adsorber									
(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  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] 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 []	(12) w/ no controls				<del> </del>					
(Indicate with an "X". Select one classification only.)  Existing small area source []  New small area source []	(c) No control devices  2.(a) What was the total  (b) If less than I2 mon	are r quant   gallo	equired to be city of perchloons ow many? [_	installed [_oroethylene (	(perc)	purchased i				
Existing large area source [] New large area source [X]	(Indicate with an "X".  Existing small a	Selec rea so	ource	ication only.)  No	ew sn	nall area sou	rce [	J	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".)	art II of this notification form?
Existing large area source Carbon adsorber  []  Refrigerated condenser	[X]
New small area source Refrigerated condenser	
Refrigerated condenser  New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 I boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	·
Equipment Monitoring and Recordkeeping Inform	nation
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the required	
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases	nirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	irements of this general permit:
Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	irements of this general permit:  [X]  [X]

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

#### 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)				
	•				
$\bowtie$	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notific statements maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.  Input notify the Department of any changes to the information contained in this notification.				
Signature	$\frac{2-18-97}{8-28-96}$				



# Department of Environmental Protection

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

December 17,

DEC 3 n 1996

Mr. Alfonso Zequeira President Grove Cleaners and Laundry 2166 Southwest 23rd Terrace Miami, Florida 33145

Air Quality

Management Division

Re: Facility I.D. No. 0250738

Dear Mr. Zequeira:

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 January 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, Florida 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"

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GROVE CLEANER	RS & (DELVIDE	e DA	TE: 2-4-98	
FACILITY LOCATION: 1306 PONCE	- DE Leon'			_
Corne Gables		-		_
Annual Reporting Period: 2 13	19 <u>97</u> то	2-4	19 <u>9</u>	8
Based on each term or condition of the Title V general air pe 62-213.300, Florida Administrative Code (F.A.C.), during the	•	\	h DEP Rule □NO	
If NO, complete the following:				
#1. Term or condition of the general permit that has not bee	en in continuous compliance	during the reporting	period stated above:	
<u>.                                    </u>			<u> </u>	<i>7</i> 2
Exact period of non-compliance: from	to_		œau & N	
Action(s) taken to achieve compliance:			of All	
Method used to demonstrate compliance:			0 1998 r Monitor Sources	<u> </u>
#2. Term or condition of the general permit that has not bee	en in continuous compliance	during the reporting	<b></b> 2.	C C
Exact period of non-compliance: from	to			<u> </u>
Action(s) taken to achieve compliance:	·			<u>.</u>
Method used to demonstrate compliance:			·	
As the responsible official, I hereby certify, based on inform made in this notification are true, accurate and complete. It upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.  RESPONSIBLE OFFICIAL NAme (Please Print	Further, my annual consume d 2,100 gallons per year for d	tion of perchloroethy	lene solvent, based	<u>-</u>

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

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

## BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNOYE - COM	RE-INSPECTION
TIME IN: 100 TIME OUT: 130	AIRS 10#: 0250738
TYPE OF FACILITY: PERC. DAY	C/anica 7-4-90
	DATE:
FACILITY LOCATION: 1506 1670CE	/ DE CON
Count Cont	6/35
RESPONSIBLE OFFICIAL: 1/140HTO 75 GUETA	PHONE NUMBER:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	B 2
	MA MA
	AR 3 0 1998  July of Air Monito Mobile Sources
*· <sub>vy</sub>	30 air A
	1999( \$99)
	Monitoring Sources
	•
	· · · · · · · · · · · · · · · · · · ·
COMMENTS: FACELITY IN COMP	(MINCE.
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector
2/1999	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
- 16.11c 1	pproximate)
INSPECTION CONDUCTED BY:	N 510
To an	3/2/07/2
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of . Revised 10/90

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TITLE V (	YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST  COMPLAINT/DISCOVERY  OF SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR	
FACILITY NAME: SROVE CLE FACILITY LOCATION: 1806 POX	TIME IN: 100 TIME OUT: 130  PANCALS & LEUNDRY  OTRICOS  PHONE:	
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per		
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ 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 before 12/9/91)	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 $12/9/91$ )	

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	o√ on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ØN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DYNA
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 <b>Y</b> N/A
١.,	Is the perc concentration equal to or less than 100 ppm?	OY ON PANA
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 WN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם צם

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	MY ON			
2. Maintained rolling monthly averages of perc consumption?	מא סא			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם 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?	אורם אם עם			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	CAN ON			
7. Maintained deviation reports?	OY L'N DINA			
Problem corrected?	DY DN WIN/A			
8. Maintained compliance plan, if applicable?	DY ON DN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS			
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NA OW
2.	Has the facility maintained a leak log?			MY L'V
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מאס מט אס
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	מ/אם אם צים
	Pumps	מאם אם אם	Diverter valves	CY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed solvent on exterior surfaces)		र्छ	
	Physical detection (airflow felt th	rough gaskets)		<b>a</b>
	Odor (noticeable perc odor)			Ø
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			□ .
	If using direct-reading instr	umentation, is the equip	ment:	□N/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	NO YO
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in us	e?	OY ON
	e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	OY ON

TAME NAZARUS

Inspector's Name (Please Print)

Date of Inspection

2-4-9%

Date of Inspection

2-1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

	ANNUAL RE-INSPECTION		Bureau of Air Monitoring	
AIRS ID#: 250 738  FACILITY NAME: 5001  FACILITY LOCATION:	DATE:06/01/99 re Cleaners 1806 Ponce	_ TIME IN: + Jacksol	TIME OUT: 11:30am	n.
RESPONSIBLE OFFICIAL : CONTACT NAME:	Coral Sa Alfonso Ze		leon HONE: (305) 567-9007 HONE:	-
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DAR	-			
PART II: CLASSIFICATION				
THE II. COMBONICATION	N .			
Facility indicated on notification (check appropriate box)		•	☐ No notification form☐ Drop store/out of business/petroleum	
Facility indicated on notificati	on form that it is:  ce	•	Drop store/out of business/petroleum a source < 140 gal/yr 00 gal/yr 0 gal/yr	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	New small area -to-dry only, x < 2 nsfer only, x < 2 h types, x < 140 nstructed on or a New large area -to-dry only, 14	Drop store/out of business/petroleum  a source < 140 gal/yr 00 gal/yr 0 gal/yr after 12/9/91)  a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourdry-to-dry only, 140 \le x \le 2, 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)	on form that it is:  Tree	New small area -to-dry only, x < 2 h types, x < 140 instructed on or a New large area -to-dry only, 14 insfer only, 200 < 140 h types, 140 < x instructed on or a	Drop store/out of business/petroleum  a source < 140 gal/yr 00 gal/yr 0 gal/yr after 12/9/91)  a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91)  5. This is a correct facility classified in the please check the facility of the constructed before 12/9/91)	on form that it is:  Tree	New small area to-dry only, x < 2 h types, x < 140 nstructed on or New large area to-dry only, 14 nsfer only, 200 < h types, 140 < x nstructed on or structed on or structe	Drop store/out of business/petroleum  a source < 140 gal/yr 200 gal/yr 20 gal/yr after 12/9/91)  a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91)  Can not determine $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91)	

Review + ARMS 10/9/99

RECL JUN 251.

Bureau of Air Monito. & Mobile Sources

	1 4 5 6
PART III: GENERAL CONTROL REQUIREMENTS	n
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	us 
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON X N/A
2. Examining the containers for leakage?	DY ON TONA
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	YY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Pa	art V.
If classification 2 has been checked, the machine should be equipped with a (complete A below).	refrigerated condenser
If classification 3 has been checked, the machine should be equipped with eicondenser or a carbon adsorber (complete A and B below). Carbon adsorber	

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

prior to September 22, 1993

(check appropriate boxes)

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

XXY □N

XY ON ON/A

□N □N/A

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?	XY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	<b>X</b> N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	\$AN/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?	ΠV	ПΝ	<b>X</b> N/A
	Is the perc concentration equal to or less than 100 ppm?			XN/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,			orks
	or expansion; and downstream from no other inlet?	ЦΥ	ЦN	XN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	XN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	M/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? · 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN XN/A 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? □Y □N **X**Ñ/A DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DXN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XX ON 6. Maintained startup/shutdown/malfunction plan? DY DN \$\frac{1}{2}N/A 7. Maintained deviation reports? DY DN DXN/A Problem corrected? 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			¥YY □N	
2. Has the facility maintained a leak log?			XY DN	
3. Does the responsible official check the	following areas for leaks?	•	L	
Hose connections, fittings,	<b>i.</b> C		<b>W</b> . <b>S. S.</b>	
couplings, and valves	MY ON ON/A	Muck cookers	Y ON ON/A	
Door gaskets and seating	Y ON ON/A	Stills	XY ON ON/A	
Filter gaskets and seating	AND UD AND	Exhaust dampers	YY DN DN/A	
Pumps	YY ON ON/A	Diverter valves	XY ON ON/A	
Solvent tanks and containers	AND NO THA	Cartridge filter housings	Y ON ON/A	
Water separators	XY ON ON/A			
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed so	$\triangleright$			
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 p	perc vapor concentrations in	ra range of 0-500 ppm?	□Y □N	
	tandard gas prior to and afte	er each use	D D.	
(PID/FID only)?			OY ON	
•	d obvious signs of wear on	a weekly basis?	OY ON	
-	ecure area when not in use?		OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
KRISTAL YIPON Inspector's Name (Please Prin		Date of Inspection	a	
Inspector's Name (Please Prin	it)	Date of Inspection	7	
K: # 11.		0//		
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:	 			
				ľ
		-		
	•			
*				
ĺ				
			-	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11 LODAN TIME OUT: 1(:30  TYPE OF FACILITY: PERC DRY CLEAN  FACILITY NAME: Grove Dry Cleaner  FACILITY LOCATION: 1806 Ponce OF  Coral Gables  RESPONSIBLE OFFICIAL: Alfonso Zegmen	DATE: 06/01/99
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra  Based on the results of the compliance requirements evalua discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).
COMI LIANCE REQUIREMENTA ROBLEM	TOLLOW-OF ACTION REQUIRED
NIB	N/A
comments: Shop and perc machine condition. No violations	es keept in good worling observed.
The Annual Compliance Certification form has been properly certification.  DATE OF NEXT INSPECTION: 55/2000 (Appl	
INSPECTION CONDUCTED BY: KRISTIPL (Ple	
INSPECTOR'S SIGNATURE: Kristal Jipo	25 phone number: (308) 372-6925
Page	_of Revised 10/96

AIRS ID#: 256738

# RECEIVED DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 5 1999

	e d Of A:
FACILITY NAME: GROVE	Cleaners + Laundry Bud, Ponce de Leon Bud
FACILITY LOCATION: 1806	Ponce de Leon Blud
Cor	-al Gables FL
Annual Reporting Period: 02	/04 1998 TO 06/01 1999
	V general air permit, my facility has remained in compliance with DEP Rule  A.C.), during the period covered by this statement.
If NO, complete the following:	
	that has not been in continuous compliance during the reporting period stated above:
	to
Action(s) taken to achieve 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:	
made in this notification are true, accurate t	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based does not exceed 2,100 gallons per year for dry-to dry factities or 1,800 gallons per MSV 2000 (6-199) me (Please Print) Date

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

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	™ COMPLAINT/DISCOVERY □
	00 TIME IN: 1445 TIME OUT: 1520
FACILITY NAME: <u>Grove Class</u>	nen + Laurday
FACILITY LOCATION:/ 80L	Ponce De Leon
Coral	Gables, FL
RESPONSIBLE OFFICIAL: Al Ronso	Zegrenda PHONE: (305) 567-9007
CONTACT NAME:	PHONE: 50
PART I: NOTIFICATION	
(check appropriate box)	P Pir
1. New facility notified DARM 30 days prior to sta	rtup So No
2. Facility failed to notify DARM to use general pe	tup mit
	Ċλ
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. livew small area source ☐ dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
(constructed belote (2/2/2/)	-
3. Existing large area source	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	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	both types, $140 \le x \le 1,800$ gal-yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y <b>®N</b> □Can not determine
If no, please check the appropriate classific	^
	neral permit as number above nits and is not eligible for a general permit
,	
·	rchased within the preceding 12 months by this dry cleaning
B. The total quantity of perchloroethylene (perc) pu	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)			
Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	ПΝ	ON/A
2. Examining the containers for leakage?	ΩY	ПИ	ZN/A
3. Closing and securing machine doors except during loading/unloading?	<b>D</b> Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ΩY	ME	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	□и	A/M
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 refrigo (complete A below).	erated	conde	enser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated o	conde	enser
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?	MY	ΠN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	<b>⊕</b> Y	ПN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<b>D</b> Y	ПИ	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>W</b> Y	□и	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Υ	Nt.	, 90an/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ÜΣΥ	ПΝ	

 $,\ \ ,\ \ , \ , \ , \ , \ , \ , \ , \ )$ 

B	. Has the responsible official of an existing large or new large area source also:			<u>-</u>
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?	QY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩN	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	®FA. □N		
2. Maintained rolling monthly total of perc consumption?	Ø4Y □ N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON QUNA		
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 ⊠N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON GAN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON @N/A		
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	DY ON BN/A		
Problem corrected?	OY ON BNA		
8. Maintained compliance plan, if applicable?	OY ON BNA		

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repair	
inspection?	,	•	ØY □N	
2. Has the facility maintained a leak log?			ØY □N	
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	AN ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	AN ON ON/A	
Pumps	AND ND YA	Diverter valves	ØY □N □N/A	
Solvent tanks and containers	DY ON CIN/A	Cartridge filter housings	ØY ON ONA	
Water separators	DY ON ON/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surface	s)	ø	
Physical detection (airflow felt th	7			
Odor (noticeable perc odor)	7			
Use of direct-reading instruments				
Halogen leak detector				
If using direct-reading instr	ØN/A			
a. Capable of detecting	NO YO			
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	מם עם	
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	אם עם	
d. Kept in a clean and s	ecure area when not in use	??	OY ON	
e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	OY ON	
	_	, .		
Inspector's Name (Please Print)  Date of Inspection				
Inspector's Name (Please Print)  Date of Inspection				
Jan /2 3/01				
Inspector's Signature		Approximate Date of N	Next Inspection	

ADDITIONAL SIT	E INFORMATION:
	Good Housekeeping / Record keeping (2) Machines in use during inspection

.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 2	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1445TIME OUT:	1520 AIRS ID#: 0250738
TYPE OF FACILITY: Perc Dry Cle	eamer
FACILITY NAME: Grove Clamon	+ Landry DATE: 3/30/00
FACILITY LOCATION: 1806 Ponce	De Leon
Conal Gable	
RESPONSIBLE OFFICIAL: Afronso Zaguin	PHONE NUMBER: 305-567-2007
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	
Not chaining cartridge filters for atleast 24 hrs.	Allow cartidge filters to drain for at least 24 ho. prin to dispose
· .	
<u> </u>	
• • • • • • • • • • • • • • • • • • • •	
COMMENTS: Good House	boeping
The Annual Countings Continues Conti	wife death in the second secon
The Annual Compliance Certification form has been properly co	ertified and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: 3/01	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305 - 3 72 - 69 72

Revised 10/96

AIRS ID#: 0250738

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Cleaning	+ Land	, ~	DATE	: 3/30/00
FACILITY LOCATION:/80(			) 1		•
<i></i>		- /	• .		
	I brahle	9 1-2			
Annual Reporting Period:	March	19 <u>99</u>	то	March	19200
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	_		-		EP Rule
If NO, complete the following:					
#1. Term or condition of the general perm					iod stated above:
Not allowing cathoge Exact period of non-compliance: from	<i>y</i>	Monch 5	G to	March 00	
Action(s) taken to achieve compliance:				· ·	digoral
Method used to demonstrate compliance:					
#2. Term or condition of the general perm	uit that has not b	been in continuou	s compliance du	ring the reporting per	iod stated above:
Exact period of non-compliance: from		· · · · · · · · · · · · · · · · · · ·	to	•	
Action(s) taken to achieve compliance: _					
Method used to demonstrate compliance:	·			· · · · · · · · · · · · · · · · · · ·	
			f formed after re		<del></del>

\*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.

70	_
Page	10

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

DEC 15 99

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AIRS ID # 0250738

GROVE CLEANERS & LAUNDRY ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD CORAL GABLES FL 33134

FOR GOVERNMENT USE ONLY Orgs: 37550101000 EO: B1 Fund 202-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Bur au of Air Monitoring & Mobile Sources

RECEIVED 99

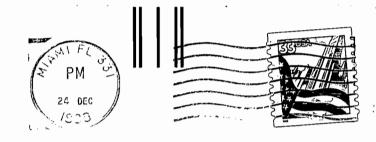
Do NOT Remove Label

AIRS ID # 0250738

GROVE CLEANERS & LAUNDRY ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD CORAL GABLES FL 33134 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 GROVE CLEANERS & LAUNDRY INC. 1806 PONCE DE LEON BLVD. CORAL GABLES, FL 33134



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

32312X3070



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

414995 MAR 62002

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250738 GROVE CLEANERS & LAUNDRY ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD CORAL GABLES FL 33134

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 301

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Insurance C	
4 9 E 5	OFFICIAL	USE:
000 7361	Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endor	Postmark Here
ם מלשנו מממל	Total ALFONSO ZEQUEIRA  Sent T GROVE CLEANERS & LAUNI 1806 PONCE DE LEON BLVD  Street, CORAL GABLES FL 33134  City, Standard Street, CORAL GABLES FL 33134	:

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	LETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Detent pelive 00  C. Signature  Addressee  D. Is delivery address different from item 12   Ves
1. Article Addressed to:  AIRS ID # 0250738001AG ONSO ZEQUEIRA OVE CLEANERS & LAUNDRY	D. Is delivery address different from ite fyl1? ☐ fes If YES, enter delivery address below: ☐ No
3 PONCE DE LEON BLVD RAL GABLES FL 33134	3. Service Type  Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 3615	
PS Form 3811, July 1999 Domestic Ret	· — 1

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBISE SOURCES, DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STOME ROAD
TALLAHASSEE, FLORIDA 32399-2400

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

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

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

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AIRS ID # 0250738

GROVE CLEANERS & LAUNDRY
ALFONSO ZEQUEIRA
1806 PONCE DE LEON BLVD CORAL GABLES FL 33134

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

SENDER: COM SENDER: COM SENDER: COM	ALACE STICK THE RIGH TO THE RIGH
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  F.B. 200  C. Signature  X Addressee  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:  AIRS ID # 0250738  GROVE CLEANERS & LAUNDRY	If YES, enter delivery address below:
ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD	•
CORAL GABLES FL 33134	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4	1/26 6596
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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1011 700	904+ 9000	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
1	/UUU UPUU	GROVE CLEANER: ALFONSO ZEQUE 1806 PONCE DE LE CORAL GABLES FI	IRA SON BLVD		
1		PS*Form*3800@beloruary#	40,0,0	rse for Instructions	

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MAR 10 97

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#: 0250738 GROVÉ CLEANERS & LAUNDRY INC ALFONSO ZEQUEIRA 2166 SW 23RD TERRACE MIAMI FL 33145

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Attach this form to the front of the mailpiece, or on the back if sparemit.  Write "Return Receipt Requested" on the mailpiece below the artist the Return Receipt will show to whom the article was delivered addivered.	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 0250738  GROVE CLEANERS & LAUNDRY INC ALFONSO ZEQUEIRA 3180 COMMODORE PLAZA COCONUT GROVE FL 33133	4a. Article N  4b. Service  Registere Express Return Re  7. Date of D	Type  od  Mail  ceipt for Merchandise	COD Contined Grann Rectum Rect	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994		Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt		

## Z 333 660 265

# US Postal Service Receipt for Certified Mail

ÁIRS ID 0250738

GROVE CLEANERS & LAUNDRY INC ALFONSO ZEQUEIRA 3180 COMMODORE PLAZA COCONUT GROVE FL 33133

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	
TOTAL Postage & Fees Postmark or Date	

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 RECEIVED

Do NOT Remove Label

AIRS ID <del>0250738</del>

GROVE CLEANERS & LAUNDRY INC 0250738

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273