

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Nereyda Alfonso Xpres Dry Cleaners and Laundry Corp. 10820 Southwest 28 Street Miami, Florida 33165

Facility I.D. No. 0250746

Dear Mr. Alfonso:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general 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,

otty 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.



Governor

Department of Environmental Protection

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

David B. Struhs Secretary

December 20, 2000

Mr. Nereyda Alfonso XPRES Dry Cleaners and Laundry Corporation 10820 Southwest 28 Street Miami, Florida 33165

Dear Mr. Alfonso:

Thank you for your note informing the Division of Air Resource Management that your facility has been sold. We received your note on December 18 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that XPRES Dry Cleaner and Laundry Corporation (AIRS ID #0250746) was in operation for part of year 2000, the fee is due and payable.

Rule 62-213.300(3), F.A.C., also states that the general permit is non-transferable and does not follow a change in ownership of the facility.

For your convenience, I am enclosing your original invoice and an envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250746 XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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Department of Environmental Protection

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

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Plese Note That Im NOT The OWNER OF XPRES. Lay Cleanurs

ANY MORE THE NEW Title V Air General Permits

Receipts

VULIO CRESPO Post Office Box 3070

173.9 S. W 85 T Tallahassee, FL 32315-3070

MIAMI- FIRBLES TO DEL



Department of **Environmental Protection**

leb Bush Governor

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

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Plese NOTE THAT IM NOT THE OWNER OF XPRES. Dry Clenners Title V Air General Permits

Receipts

Post Office Box 3070

Tallahassee, FL 32315-3070

Tallahassee, FL 32315-3070

#0250746

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: XDYES Dry (Cleaner	DATE: 9 29 98
FACTURE LOCATION: 1739 SW		
FACILITY LOCATION: 1739 SW Miami,	F1. 33135	
- Milana	(0 3313 3	
Annual Reporting Period:	9 1997 то	9 1998
Based on each term or condition of the Title V genera	I air permit, my facility has remaine	d in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), du	uring the period covered by this state	ment YES DNO
If NO, complete the following:		<i>(</i> ·
#1. Term or condition of the general permit that has	not been in continuous compliance o	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	RECEIVED
Action(s) taken to achieve compliance:		OCT 9 7 1998
Method used to demonstrate compliance:		001 2 7 444
	e se di	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on made in this notification are true, accurate and compupon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Plea	plete. Further, my annual consumple exceed 2,100 gallons per year for a	tion of perchloroethylene solvent, based

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

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

PERCHLOROETHYLENE DRY CLEANERS ECEIVED

COMPLIANCE INSPECTION CHECKLIST

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ANNUAL

COMPLAINT/DISCOVERY 28 1990

RE-INSPECTION

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Bureau of Air Monitoring & Mobile Sources

	- Sources
AIRS ID#: 0250746 DATE: 9/29/	98 TIME IN: 4:10 pm TIME OUT: 4:40 pm
FACILITY NAME: X pres Dry	Cleaner + Laundry Coxp
FACILITY LOCATION: 1739 St	w 8 St
Miami	FL 33135
RESPONSIBLE OFFICIAL: Nereyda A	1 forso PHONE: (305) 649-2462
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
1. Existing small area source dry-to-dry only, x < 140 gal/yr	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	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ 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	YY ON OCan not determine
If no, please check the appropriate classific	cation:
facility qualified for a ge	eneral permit as number above
facility exceeds above lin	mits and is not eligible for a general permit
	surchased within the preceding 12 months by this dry cleaning
facility was 58 gallons.	

Revised 9/15/97

BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	ON ON XINVY
2. Examining the containers for leakage?	DY DN WIM
3. Closing and securing machine doors except during loading/unloading?	XYY ON
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	\mathbf{X}_{A} On \mathbf{X}_{A}
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulprior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:
Equipped all machines with the appropriate vent controls?	חם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מצ טא
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?	□У □М

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?	ÜΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	□N/ Λ
	Is the temperature differential equal to or greater than 20° F?	ĽΙΥ	ΠN	□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?	ÜΥ	ПΝ	\square N/A
	Is the perc concentration equal to or less than 100 ppm?	ŰΥ	ŪΝ	□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?	ΠY	ПN	□n/a
5.		ΟY	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ЦΥ	ΠN	□N/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: a. documentation of leaks repaired w/in 24 hrs? or; A/NO NO YX b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ON/A and parts installed w/in 5 days of receipt? DY DN BYNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XV/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY ON 6. Maintained startup/shutdown/malfunction plan? DY ON XNA 7. Maintained deviation reports? ANN NO YO Problem corrected? 8. Maintained compliance plan, if applicable? DY DN

BEST AVAILABLE COPY

PA	ART VI: LEAK DETECTION AND REPAIRS		
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and	d repa	ic
	inspection?	XY	מם
2.	. Has the facility maintained a leak log?	ŽV.	אט
3.	Does the responsible official check the following areas for leaks?	/	
	Hose connections, fittings, couplings, and valves YY ON ON/A Muck cookers	XY	אואם אם
	Door gaskets and scating DN/A Stills	XY	□N □N/A
	Filter gaskets and seating	XY	ON ON/A
	Pumps Diverter valves	$\not X_{A}$	ON ON/A
	Solvent tanks and containers ON ON/A Cartridge filter housings	χ_{Λ}	אואם אם
	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)	X	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
ì	Halogen leak detector	\Box	
	If using direct-reading instrumentation, is the equipment:	\nearrow	/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ŪΥ	ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΩY	ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΩY	ПN
	d. Kept in a clean and secure area when not in use?	ΟY	NO
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	ロ ア

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

DITIONAL SITE I				
FDEP ca	Qendai	provided	during	inspection
			·	
				•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION: A	ANNYL X COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME-IN: 4:10 pm TYPE OF FACILITY: Perc FACILITY NAME: Xpre FACILITY LOCATION: 173	Dry Cleaners Dry Cleaners Dry Cleaners	AIRS IDH: 0	250746 DATE: 9/29/98
RESPONSIBLE OFFICIAL: NOR		PHONE NUMBER:	
compliance with DEP Rule 6 Based on the results of the condiscrepancies were noted:	2-213.300, Florida Administra ompliance requirements evalua	ted during this inspection, the fol	lowing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
·	· ·		<u>.</u>
	· .		
COMMENTS: Facili	ty + equip	sment are s	satisfactory.
The Annual Compliance Certification DATE OF NEXT INSPECTION:	999	fied and submitted to the inspecto	or. YES NO
INSPECTION CONDUCTED BY INSPECTOR'S SIGNATURE:	: Debora	PHONE NUMBE	p. (306) 377-1699
	Page_	from trombe	Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACTUATY NAME: X DIES D	My Cleanor + C	aundni (DID DATE:	3/7/97
PACHETY ACCUMENTS 1739	Sw 8 St.		222.	
Mium	D 1 C 35/33			
Annual Reporting Period:	<i>3.69</i>	то	3	19 <u>97</u>
		-	<u> </u>	P Rule VNO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuo	ous compliance duri	ng the reporting perio	d stated above:
LACK VE RECO	ed keep.	J 5.		
Exact period of non-compliance: from	8/96	to	3/7/97	
Action(s) taken to achieve compliance:	Keap FAR	62 x 7100	Locat.	PORRHASE Lee
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in continuo	ous compliance duri	ing the reporting perio	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 12-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES 15 NO 16 NO, complete the following: 17 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 18 Action(s) taken to achieve compliance: 19 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 10 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 10 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 11 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 12 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 12 Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:				

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

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

	#0250746 Xpres Dry Cleaner + Laundry Comp.
P.14	1.(a) add date control device installed, if any
p.15	5. (c) not required, mark out
	5.(f) required
. , .	

Perchloroethylene Dry Cleaning Facility Notification

14 th

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLACESOS 4. Facility Location:
Street Address: ノフシラ S.W &ST
City: Miami County: Dade Zip Code: 33131
5. Facility Identification Number (DEP Use):
0250746
Responsible Official
6. Name and Title of Responsible Official:
NEREY LA ALFONSO PRESIZENT 7. Responsible Official Mailing Address:
Organization/Firm: Same
Street Address: 10820 5 W 28 ST City: County: Dade Zip Code: 33,67
8. Responsible Official Telephone Number:
Telephone: (301) 553-1992 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
NEREYER ALFONSO
10. Facility Contact Address:
Street Address: 1739 5 W 83T
City: min m, County: DAde Zip Code: 33135
11. Facility Contact Telephone Number:
Telephone: (シロー) と (イター) 4 () -
DECEIVE

SEP. 3 1996

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

Page 13 of 16

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.

]	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Contro Device Installe
:	# <i>1</i>	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M
				- 1	· · · · · · · · · · · · · · · · · · ·			i i i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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denser									
dsorber									
rols									
devices ar te total que g g 12 months	e re anti allo	ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in	n the latest 12			
n "X". Se	elec	t one classifi	cation only.)				3) of	Part II?	
n "	X". Se	X". Selec		X". Select one classification only.)	X". Select one classification only.)	X". Select one classification only.)	X". Select one classification only.)	X". Select one classification only.)	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	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 []	
New large area source Refrigerated condenser []	
	•
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
•	

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
this notific statement 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 s 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 it all terms and conditions of this general permit as set forth in Part II of this notification form.						
Signature	21 July Date 8/23/94						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCO	OVERY 🔾
		_ TIME IN: 11:30 am TIM aner + Laundry	
FACILITY LOCATION: $\frac{1}{2}$	139 SW Jiami, Fl	8 St.	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARI	M by 9/1/96		Ø
2. New facility notified DARM 3	0 days prior to startup		
3. Facility failed to notify DARM	to use general permit		
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source		Navy awall awas sawya	
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)	dr tra bo	New small area source y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr di al/yr tr yr bo</td><td>New large area source y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>) gal/yr di al/yr tr yr bo	New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classific	ation 🖫	Y ON	
If no, please check the appropria	te classification:		
η		as number above of eligible for a general permit	
B. The total quantity of perchlor facility was #0 gallons.	oethylene (perc) purc	nased within the preceding 12 month	hs 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?	OY NO YA
2. Examining the containers for leakage?	OY ON V NA
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MIN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□У □И
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ

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?	אם אם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
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?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 lirs? or;	DY UN VNA
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 UN VNA
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY NO YV
6. Maintained startup/shutdown/malfunction plan?	MD Y DN
7. Maintained deviation reports?	DY CH VNA
Problem corrected?	OY ON VA
8. Maintained compliance plan, if applicable?	OY ON WONA
In coming was a series and any art care and a series and a	•
PART VI: LEAK DETECTION AND REPAIRS	DY QN

		······				
2.	Which method of detection is used by t	-			,	
	Visual examination (condensed s	faces)	Ω,			
	Physical detection (airflow felt the	rough gas	kets)	•	Ą	
	Odor (noticeable perc odor)				Ø	
	Use of direct-reading instrument	ation (FID	/PID/calorin	netric tubes)		
	If using direct-reading instrum	entation,	is the equip	ment:		
	a. Capable of detecting	perc vapo	r concentrati	ions in a range of 0-500 ppm?	ПY	ПN
	b. Calibrated against a (PID/FID only)?	standard g	gas prior to a	and after each use	ΩY	□и
	c. Inspected for leaks a	nd obvious	s signs of we	ar on a weekly basis?	ΟY	ПN
	d. Kept in a clean and :	secure area	a when not in	n use?	ΩY	ΩN
	e. Verified for accuracy	y by use of	duplicate sa	imples (calorimetric only)?	ΟY	ΠИ
3.	Has the facility maintained a leak log?	?			ΠY	12 N
4.	Does the responsible official check the	e following	g areas for le	aks?		
	Hose connections, fittings, couplings, and valves	W Y	ПИ	Muck cookers	ΩY	ои 🖊
	Door gaskets and seating	QX	□и	Stills	MY	ΩИ
	Filter gaskets and seating	√ Y	ПИ	Exhaust dampers	ØY	□и
	Pumps	ΔV	ПИ	Diverter valves	NY.	ПN
	Solvent tanks and containers	₽₩	□и	Cartridge filter housings	₽ YY	, DM
	Water separators	\mathbf{v}_{Y}	ПИ			

Nereyda Alfonso

Name of Responsible Official

Chrine

Inspector's Name (Please Print)

Date of Inspection

3/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·		
			·
·			
,			ı
·	•		
		:	
		•	

<u>(</u>

BEST AVAILABLE COPY

TITLE VAIR QUALITY GENERAL PERMIT ("NSPECTION SUMMARY REPOR

TYPE OF INSPECTION: ANNUAL ON COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/30 TIME OUT: 12: TYPE OF FACILITY: Dry (/earen FACILITY NAME: Xpres Dry (/earen FACILITY LOCATION: 1737 Stu 8 St. Miarci, FL 3315 RESPONSIBLE OFFICIAL: Neverida A How	1 + Laundry Corp DATE: 3/7/97
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administ Based on the results of the compliance requirements evaluation discrepancies were noted:	rative Code (F.A.C.). Lated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- No pero consumption log.	- Will start maintaining
- No weekly inspection log.	- Will start inspecting on a weekly basis theep records-
COMMENTS: Equipment + fac	ulity satisfactory
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YESV NO
DATE OF NEXT INSPECTION: 3/98	
INSPECTION CONDUCTED BY: Debia G	Approximate) Y / A 2 /
INSPECTOR'S SIGNATURE: Story (711)	PHONE NUMBER: (305)372 -6930

,	BEST AVAILABLE COPY	# 020	VTTU (""	
	Xpres I	ry Cleaner	+Laundry C	RECEIVE
1. Facilit	p.14 1.(a) add instal	led it any	rol device	DEC 0 2 1996
2. Site N	p.15 5.(c) no	t required d initial	, mark out	DEC 0 2 1996 Air Quality Management Divisio
3. Hazard 4. Facilit	5.(f)req	uired	,	
Street City:	:			3 /
5: Facility			-	
6. Name a		XW	<u> </u>	
7. Respond Organiz—Street A City:				
8. Respons Telepho				3168
	Fitle of Facility Contact (For exa			
10. Facility Con	tact Address:	3.0		
City:			Zip Code: ᇰ	3135
11. Facility Con Telephone:	tact Telephone Number: (シロー) とくしター シザ く シ	Fax:	() -	

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SEP. 3 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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):
2. Site Name (For example, plant name or number):
, , , , ,
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLDCESOG
4. Facility Location: Street Address: 1739 S.W & S.T. City: County: Jacke Zip Code: 3313V
City: County: Jacke Zip Code: 33131
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
•
NEREY LA ALFONSO PresideNT
7. Responsible Official Mailing Address: Organization/Firm: Same
Street Address: /0820 S 2 S S T
City: Dage Zip Code: 3316
8. Responsible Official Telephone Number:
Telephone: (305) 553-1992 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
NEREYER ALFONSO
10. Facility Contact Address:
Street Address: 1739 S W 837
City: min m, County: DAda Zip Code: 33/30
11. Facility Contact Telephone Number:
Telephone: (30,7) (49-34 (2 Fax: () -

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									-
(1) w/ ref. condenser		12/20/28	12/20/88						
(2) w/ carbon adsorber		1 / /	/ /						
(3) w/ no controls									
Washer Unit				ı	•			•	
(4) w/ ref. condenser				•					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			J	I	<u> </u>			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber			_		1	-			
(9) w/ no controls									1
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			-	ļ					
(b) Control devices are(c) No control devices	_								
2.(a) What was the total of [40]			oroethylene (perc)	purchased in	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce 🗶	Ne	ew sn	nall area sou	rce [)		
Existing large are	ea soi	urce []	Ne	w la	rge area sour	-ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pro	mptly notify the Department of any changes to the information contained in this notification.			
Signature	2 S/23/94 Date			
Signa	ture Delfor × 3/13/97			

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



Department of Environmental Protection

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

DECEIVANTE Wetherell Secretary

January 21, 1997

Air Quality

Management Division

Mr. Nereyda Alfonso Xpres Dry Cleaners and Laundry Corp. 10820 Southwest 28 Street Miami, Florida 33165

Re: Facility I.D. No. 0250746

Dear Mr. Alfonso:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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
ANNOAD COMTENANCE CERTIFICATION FORM
AIRS ID#0250746 XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165
Do NOT Remove Laber
Annual Reporting Period: 1997 TO 1998
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.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Nenenda Altonso Jung Alfon 1/19/98 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: RE-INSPECTION	ON D				
	P				
AIRS ID#: 025 0746 DATE: 05/18, FACILITY NAME: Xyren Buy FACILITY LOCATION: 1739 S. Mamel F. RESPONSIBLE OFFICIAL: Nereyd CONTACT NAME:	Cloaners. R. E. M. M. 8th 8t. 8t. 2 33/35- 23 3 M				
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days prior to sta	rtup 🗆				
2. Facility failed to notify DARM to use general pe	rmit				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:	☐ No notification form				
(check appropriate box)	☐ Drop store/out of business/petroleum				
A. 1. Existing small area source	2. New small area source □				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr				
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$				
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 before 1217/71)	(constructed on or arter 1217/71)				
3. Existing large area source	4. New large area source				
dry-to-dry only, $140 \le x \le 2,100$ 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	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)	(constructed on or after 12/9/91)				
5. This is a correct facility classification	Y □N □Can not determine				
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
facility exceeds above lin	mits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) per facility was 45 gallons.	urchased within the preceding 12 months by this dry cleaning				

Review ARMS

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? N/A 2. Examining the containers for leakage? XY ON ON/A 3. Closing and securing machine doors except during loading/unloading? ZY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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) 1. Equipped all machines with the appropriate vent controls? QY QN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY QN QN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after \Box Y \Box N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated		
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A		
ls the temperature differential equal to or greater than 20° F?	□Y □N □N/A		
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
if machines are equipped with a carbon adsorber?	OY ON ON/A		
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A		
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A		
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A		
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A		

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

PART VI: LEAK DETECTION AND	REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			> Y □N		
2. Has the facility maintained a leak log?			¥Y □N		
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	DOY ON ON/A	Muck cookers	ÞÝ.□N □N/A		
Door gaskets and seating	ØŶ □N □N/A	Stills	XY ON ON/A		
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	XY ON ON/A		
Pumps	XY ON ON/A	Diverter valves	YY ON ON/A		
Solvent tanks and containers	TEMY ON CINIA	Cartridge filter housings	Zay □N □N/A		
Water separators	XY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	olvent on exterior surfac	es)	X		
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)			a		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instr	umentation, is the equi	pment:	∑ N/A		
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
_	standard gas prior to and	after each use			
(PID/FID only)?					
c. Inspected for leaks a	OY ON				
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
VALCTON VIDA	Δ)	2-110/00	,		
Inspector's Name (Please Print) O 5/18/99 Date of Inspection					

Kurlal Gijoon

Inspector's Signature

05/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	•
	·
,	
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	•
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:55 pm TI		pmAIRSID#: 02	50746
TYPE OF FACILITY: PERC T	SRY CLIERNI	ER	· · ·
FACILITY NAME: X Press	Dry Clean	er	DATE: 08/18/99
FACILITY LOCATION: 1739 S	s.w. &th st	<u></u>	
RESPONSIBLE OFFICIAL: Neve	yda Alfon	PHONE NUMBER:	308 649-2462
Based on the results of the compliance with DEP Rule 62-213		ted during this inspection, the facilit	y is found to be in
Based on the results of the complia discrepancies were noted:	nce requirements evalua	ted during this inspection, the follow	ving compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
NIA		N/A	
		· · · · · · · · · · · · · · · · · · ·	
	_	<u> </u>	
	·		
			<u>. </u>
			• • • • •
COMMENTS:	· · · · · · · · · · · · · · · · · · ·		- . — — — —
	•		·
The Annual Compliance Certification form	,	•	YES NO
DATE OF NEXT INSPECTION:	05/2000	proximate)	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED BY	Keistal	YIPON	
INSPECTION CONDUCTED BY:	(Ple	ase Print)	305-372-6020
INSTRUCTOR SSIGNATURE: NO	Page 1		
	Page 1	ot /	Revised 10/96

AIRS ID#: 0250746

Ha

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: X Press Dry	Cleaners	DA′	TE: 05/18/99
FACILITY NAME: X Press Druy FACILITY LOCATION: 1739 8 M. S	It, Miami	PL 33/2	35
			
Annual Reporting Period: 29th Sept.	19 <u>98</u> to	05/18	1999
Based on each term or condition of the Title V general air pe	rmit, my facility has remai	ned in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	ne period covered by this st	atement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not bee	n in continuous complianc	e during the reporting p	eriod stated above:
N/A.	·		
	t		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not bee	n in continuous complianc	e during the reporting p	eriod stated above:
			
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:	·		·
Method used to demonstrate compliance:			
provide			
As the responsible official, I hereby certify, based on inform made in this notification are true, accurate and complete. I upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	urther, my annual consum	ption of perchloroethyle	ene solvent, based
RESPONSIBLE OFFICIAL: NECE 1 d. A. Name (Please Print	LEONSO Jen	Signature	7/18/99 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0250746 DATE: 3/13/0	TIME IN: /30 TIME OUT: 200
FACILITY NAME: X PIES	s Cleaners
FACILITY LOCATION: 1739	SW 8 st.
	FL & B
RESPONSIBLE OFFICIAL: Deveyda	A160000 PHONE: 3054-84472, 2460
CONTACT NAME:	PHONE:
	es in
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	tartup 🗆 🖸
2. Facility failed to notify DARM to use general p	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store out of business/petroleum
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. Ivew small area source ☐
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. Inew small area source \Box dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
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Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN /AN/A DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DELY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AST ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN (DAN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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	
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?	DY DN DN/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?	□Y □N □N/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?	DY DN DN/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?	æ^i □N
2. Maintained rolling monthly total of perc consumption?	QZY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON QAN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DROVA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN QPN/A
6. Maintained startup/shutdown/malfunction plan?	ØFY ON
7. Maintained deviation reports?	DY DN DHVA
Problem corrected?	OY ON DOWA
8. Maintained compliance plan, if applicable?	ON ON QUANTA

PART VI: LEAK DETECTION AND I	REPAIRS			
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repa	iir
inspection?			Ð*Y	ΩN
2. Has the facility maintained a leak log?			ĐΥ	ΩN
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings, couplings, and valves	ØŶ □N □N/A	Muck cookers	ΩY	□n Æ n/a
Door gaskets and seating	ØY ON ON/A	Stills	€ Y (□N □N/A
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	2 Y	□N □N/A
Pumps	ØY ON ON/A	Diverter valves	E Y	□N □N/A
Solvent tanks and containers	CY ON TIN/A	Cartridge filter housings	ØY (⊃N □N/A
Water separators	ZY ON ON/A			
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed se	olvent on exterior surfaces	s)		
Physical detection (airflow felt th				
Odor (noticeable perc odor)				
Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)		
Halogen leak detector				
If using direct-reading instru	umentation, is the equip	ment:	ØN/A	
a. Capable of detecting j	perc vapor concentrations	in a range of 0-500 ppm?	OY (אב
b. Calibrated against a si (PID/FID only)?	tandard gas prior to and a	fter each use		иС
c. Inspected for leaks and obvious signs of wear on a weekly basis?				אב
d. Kept in a clean and secure area when not in use?			OY (ЛС
•	by use of duplicate sampl			ИС
		•		

Ivan Fannin	3/17/00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	3/01
Inspector's Consture	Approximate Date of Next Insp

ADDITIONAL SITE INFO	PRMATION:		
	SATISTACTORY	record Keeping	
	44 - 4	and A during	u sa a ch
·	Machine not	in operation during	inspeare
			· •

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL (COM	PLAINT/DIS	COVERY _	RE-INSPEC	TION _
TIME IN: 130	TIME OUT:	20	0	AIRS ID#:	0920	746
TYPE OF FACILITY:	Perc Dy	Cle	eaner		•	
FACILITY NAME:	X Press	_ ^ A	mers		_DATE:3	113/00
FACILITY LOCATION:	1739	SU	ts 8			
# 	Miami	FL			•	
RESPONSIBLE OFFICIAL:	Jereyda M	forso		PHONE NUMBER:_	305-64	9 - 2462
. لع	the compliance requireme Rule 62-213.300, Florida A		_	•	ity is found to be	in
Based on the results of discrepancies were note	the compliance requireme	nts evaluat	ed during thi	s inspection, the follo	wing compliance	;
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOL	LOW-UP ACTION	ON REQUIR	ED
·	· 					
		2				
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COMMENTS:	<u> </u>	<u></u>			· ·	· · · · · · · · · · · · · · · · · · ·
	Satis Fraction	1	record	Keeping		
The Annual Compliance Certific	cation form has been pro-	arly cardific	od and cubmi	tted to the increate-	YES	NO C
DATE OF NEXT INSPECTIO	· ,	eriy cemine	a and submi	ned to the inspector.	1 ES S	NO[]
		(App	roximate)			
INSPECTION CONDUCTED	BY: Ivan	Fan				
		(Ple	ase Print)			
INSPECTOR'S SIGNATURE	: Jum Ja		F	PHONE NUMBER:_	305-37	3-6922
		Page	of			Revised 10/96

AIRS ID#: 0550746

Kla

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

_					
FACILITY NAME:	X Press	Cleaner	s	DATE:	3/13/00
FACILITY LOCATION: _	1738	sw 8"	s / .	· .	
	Miani	FL			
		·	•		
Annual Reporting Period:	March	19	95 TO	March	19,000
Based on each term or condit	tion of the Title V gene	eral air permit, my f	acility has remained in	n compliance with DEP	Rule
62-213.300, Florida Adminis	-		•	<u> </u>	ONE
If NO, complete the following	g:				
#1. Term or condition of the	general permit that ha	as not been in contir	nuous compliance duri	ng the reporting period	stated above:
Exact period of non-complian	nce: from		to		· .
Action(s) taken to achieve co	ompliance:			· 	
Method used to demonstrate	compliance:	· .			· · · · · · · ·
#2. Term or condition of the	general permit that ha	as not been in contin	nuous compliance duri	ng the reporting period s	stated above:
Exact period of non-complian	nce: from		to		
Action(s) taken to achieve co	ompliance:		·		·
Method used to demonstrate:	compliance:				
•	•				
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina	true, accurate and cor chase receipts, does no	nplete. Further, my	annual consumption	of perchloroethylene sol	vent, based
RESPONSIBLE OFFICIAL	L: NEREZ C Name (Ple	A AL P W ase Print)	30 Jung	lature Office	3/3/00 Date
			<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.

THIS

I'BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250746

XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165

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

MARES Bry Cleaners & Laundry 1739 S.W. 6th Street Mami. Floride 33135



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

BERTHER TO BERTHARD BOOK TO BE TO BE

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROFER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250746

XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250746

XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BF

Fund: 20-2-035001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258960

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

RECEIVED MAIL ROOM

JAN 24 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0250746 XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

STICKER AT TOP OF ENVELOPE B RIGHT OF RETURN ADDRESS	
 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. 	C: Signature
1. Article Addressed to: 10 AIRS ID # 0250746001AG NEREYDA ALFONSO	If YES, enter delivery address below:
XPRES DRY CLEANER & LAUNDRY COR 10820 SW 28TH STREET MIAMI FL 33165	P : 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 (Jabel) 26	69 1 111 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PS Form 3811, July 1999 Dom	estic Return Receipt 102595-99-M-1789

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250746

XPRES DRY CLEANER & LAUNDRY CORP NEREYDA ALFONSO 10820 SW 28TH STREET

MIAMI FL 33165

FOR GOVERNMEN EUSE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001