



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 6, 1996

Mr. Nevris Ricando
Mr. Alex Dry Cleaners
9401 Southwest 56 Street
Miami, Florida 33165

Re: Facility I.D. No. 0250771

Dear Mr. Ricando:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 1996.

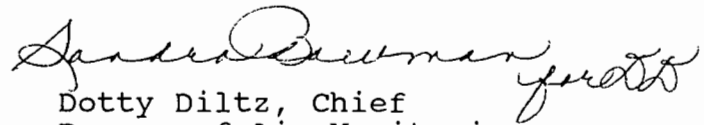
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

File

No Need TO Inactivate →
New Owner / Name

| Air Resource Management System - Facility | | | | | | | | | | |
|---|---|--|-----------------|--------------------------|-----------------------------|----------------------------|---------------------|------------------|-------|---------|
| AREA | Office * | SEDA | SE: DADE | County * | MIAMI-DADE | AIRS ID | ARMINV01 0250774 | | | |
| Owner/Comp * | CALVO AND TARIFA LLC | | | | Site | CLASSIC DRY CLEANERS | | | | |
| Directions | | | | | | | | | | |
| Street | 9401 SW 56TH ST | | | | Zip | 33165 | 6421 | Validate Address | | |
| City * | MIAMI | | | | UTM Zone | 17 | East | 565.45 | North | 2844.43 |
| Latitude | 25 | 42 | 58.6944 | Longitude | 80 | 20 | 51.2772 | | | |
| Status * | A | ACTIVE | Maj Group SIC * | 72 | PERSONAL SERVICES | | | | | |
| Reloc | N | Shtdwn Dt | Strt Dt | Final Shtdwn Dt | | | | | | |
| Gov Fac * | 0 | NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE | | | HAZ Waste Generator ID, FLD | 980840086 | | | | |
| AOR Req * | N | Ozone SIP Facility * | N | Type | 10 | PCE Drycleaning Facilities | | | | |
| Compliance Tracking | <input type="checkbox"/> | | | | Current Permit Indicator | AG | | | | |
| Title V | TITLE V | non-HAP Class | MINOR | HAP Class | MINOR | Public Exempt | | | | |
| # of Emis Units | C | <input type="checkbox"/> | A | <input type="checkbox"/> | I | <input type="checkbox"/> | Generator Rating | MW | | |
| Comment | 06/17/10 - Renewal of PERC DC AGP Registration. | | | | | | | | | |

| Permitting Application - Permit Detail and Log Permit | | | | | | | | | |
|---|----------------------|----------------------|------------------------|---------------|--------------------------------------|--------------------|------------|---------|--------|
| ARMS Facility | | | | | | | | | |
| AREA | AIRS ID | 0250771 | STATUS | A | OFFICE | SEDA | SE: DADE | | |
| SITE NAME | | CLASSIC DRY CLEANERS | | | COUNTY | | MIAMI-DADE | | |
| OWNER/COMPANY | | CALVO AND TARAFA LLC | | | | | | | |
| Project | | | | | | | | | |
| AIR Permit # | 0250771 | 003 | AG | Project # | 003 | CRA Reference # | | | |
| Permit Office | TAL (HEADQUARTERS) | | | Agency Action | Effective | OGC | | | |
| Project Name | CLASSIC DRY CLEANERS | | | Desc | Renewal of PERC DC AGP Registration. | | | | |
| Type/Sub/Des | AG | 01 | Title V General Permit | | | Logged | 06/22/2010 | | |
| Received | 06/17/2010 | Issued | 07/18/2010 | Expires | 07/18/2015 | Application Action | RENEWAL | | |
| Fee | 0.00 | Fee Recd | | Dele | | Override | NONE | | |
| Related Party | | | | | | | | | |
| Role | APPLICANT | | | Begin | 06/17/2010 | End | | | |
| Name | TARAFA, FRANK | | | Company | CALVO AND TARAFA LLC | | | | |
| Address | 9401 SW 56 STREET | | | | | | | | |
| City | MIAMI | | | State | FL | Zip | 33165 | Country | U.S.A. |
| Phone | 305-613-1934 | | | Fax | | | | | |
| Processors | | | | | | | | | |
| Processor | BRYNES M | | | Y | Active | 06/22/2010 | Inactive | | Events |

Dibble, Dickson

From: March, Marta (DERM) [marchm@miamidade.gov]
Sent: Tuesday, June 02, 2009 4:12 PM
To: Dibble, Dickson
Cc: Gordon, Ray (DERM)
Subject: Mr. Alex Dry Cleaners

Dick,

Please change facility status in ARMS to INACTIVE since this facility is now closed. Thank you.

ARMS # 0250771

Facility Name: MARYNIL INC – Mr. Alex Dry Cleaners

Facility Address: 9401 SW 56 STREET, MIAMI - 33165

Marta March, Engineer I

Air Facilities Section

Department of Environmental Resources Management (DERM)

Tel: (305) 372-6929 Fax: (305) 372-6954

www.miamidade.gov/DERM

"Delivering Excellence Every Day"

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records.

E-mail messages are covered under such laws and thus subject to disclosure.

6/17/10 - Entered

RECEIVED

MAR 11 1999

Bureau of Air Monitoring & Mobile Sources

Monitoring Sources

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0250771 DATE: 2/25/99 TIME IN: 2:10 pm TIME OUT: 2:50 pm
FACILITY NAME: Mr. Alex Dry Cleaners
FACILITY LOCATION: 9401 SW 56 St
Miami, FL 33165
RESPONSIBLE OFFICIAL: Roman Ricardo PHONE: (305)595-1832
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

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 4 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

Hose connections, fittings, couplings, and valves

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?

Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis?

Y N

d. Kept in a clean and secure area when not in use?

Y N

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

Y N

Deborah Griner

Inspector's Name (Please Print)

2/25/1999

Date of Inspection

Deborah J. Griner

Inspector's Signature

2/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine : Multimatie
FDEP calendar given to RO (1999)

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:10 pm TIME OUT: 2:50 pm AIRS ID#: 0280 771
TYPE OF FACILITY: Perc Dry Cleaner
FACILITY NAME: Mr. Alex Dry Cleaners DATE: 2/25/99
FACILITY LOCATION: 9401 SW 516 St
Miami, FL 33145
RESPONSIBLE OFFICIAL: Roman Ricardo PHONE NUMBER: (305) 595-1830

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: Equipment appears to be in good working condition. Good housekeeping.

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

DATE OF NEXT INSPECTION: 2/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

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

Ave

AIR# ID#: 0250771

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Alex Dry Cleaner DATE: 2/25/99
FACILITY LOCATION: 9401 SW 56 St. Miami, FL 33165

Annual Reporting Period: 2 1998 TO 2 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:

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

Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Roman Ricardo Name (Please Print) Roman Ricardo Signature 2/25/99 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

see RECEIVED JUN 12 1997

FACILITY NAME: MR. Alex Dry Cleaners FACILITY LOCATION: 9401 SW 56 ST MIAMI FL. 33165 DATE: 6/6/97 Management Division

Annual Reporting Period: 1/96 - 12/96

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

If NO, complete the following:

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

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

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

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

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

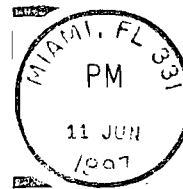
RESPONSIBLE OFFICIAL: Neuris Ricardo Name (Please Print) Signature Date 6/6/97

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

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

ATTN Miss RIVERA

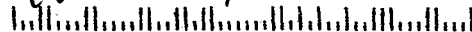
Alex Dry cleaners
9401 SW 56 ST
MIAMI FL. 33165



DEPT OF ENVIRONMENTAL
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 SW SECOND AVE. SUITE 900
MIAMI, FLORIDA 33130-1540

ATTN MISS RIVERA

33130-1540



TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:00pm TIME OUT: 1:43pm AIRS ID#: 0250771
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Mr. Alex Dry Cleaner DATE: _____
 FACILITY LOCATION: 9401 SW 516 St.
Miami, FL.
 RESPONSIBLE OFFICIAL: Neuris Ricardo PHONE NUMBER: _____

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: _____

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

DATE OF NEXT INSPECTION: 2.98
(Approximate)

INSPECTION CONDUCTED BY: Rosana RIVERA
(Please Print)

INSPECTOR'S SIGNATURE: Rosana R PHONE NUMBER: 372-6942

#0250771

P.14

1. (a) add date control
device installed

1. (c) should not be marked

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | |
|--|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | NEURIS RICARDO |
| 2. Site Name (For example, plant name or number): | MR ALEX DRY CLEANERS |
| 3. Hazardous Waste Generator Identification Number: | FLD 980840086 |
| 4. Facility Location: Street Address: City: | 9401 SW 56 ST County: MIAMI FLA - Zip Code: 33165 |
| 5. Facility Identification Number (DEP Use): | 02507M1 |

Responsible Official

| | |
|--|---------------------------------|
| 6. Name and Title of Responsible Official: | NEURIS RICARDO |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: | SAME ABOUT County: Zip Code: |
| 8. Responsible Official Telephone Number: Telephone: | (305) - 5951832 Fax: () - |

Facility Contact (If different from Responsible Official)

| | |
|---|--|
| 9. Name and Title of Facility Contact (For example, plant manager): | NEURIS RICARDO |
| 10. Facility Contact Address: Street Address: City: | 9401 SW 56 ST MIAMI FLA 33165 County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: | (305) 5951832 Fax: (305) 5951832 |

RECEIVED

SEP 17 1996

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | X | 11-95 | | | | | | | |
| (2) w/ carbon adsorber | X | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed

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

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

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

- Existing small area source New small area source
 Existing large area source New large area source

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

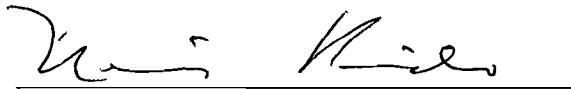
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

I will promptly notify the Department of any changes to the information contained in this notification.


Signature

9-12-96
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>NEURIS RICARDO</i> |
| 2. Site Name (For example, plant name or number): <i>MR ALEX DRY CLEANERS</i> |
| 3. Hazardous Waste Generator Identification Number: <i>FLD 980840086</i> |
| 4. Facility Location: Street Address: City: <i>9401 SW 56 ST</i> County: <i>MIAMI FLA</i> - Zip Code: <i>33165</i> |
| 5. Facility Identification Number (DEP Use): <i>0250771</i> |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: <i>NEURIS RICARDO</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>SAME AS ABOVE</i> City: County: Zip Code: |
| 8. Responsible Official Telephone Number: Telephone: <i>(305) 5951832</i> Fax: () |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): <i>NEURIS RICARDO</i> |
| 10. Facility Contact Address: Street Address: <i>9401 SW 56 ST MIAMI FLA 33165</i> City: County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: <i>(305) 5951832</i> Fax: <i>(305) 5951832</i> |

RECEIVED

SEP 17 1996

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|-----------|----------------------------------|-------------------------------|-------------|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|
| <i>Example</i> | <i>#1</i> | <i>03-OCT-93</i> | <i>12-NOV-93</i> | <i>#2</i> | <i>08-DEC-91</i> | | <i>#3</i> | <i>02-MAR-92</i> | <i>02-MAR-92</i> |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | <i>x</i> | <i>11-95</i> | <i>11-95</i> | <i>N.A.</i> | | | | | |
| (2) w/ carbon adsorber | <i>x</i> | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed *N.A.*

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: New store: Did not keep records:

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

- Existing small area source New small area source
- Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

n.h.

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

I will promptly notify the Department of any changes to the information contained in this notification.

Neuris Ricardo
Signature

9-12-96
Date

Neuris Ricardo
SIGNATURE

2-25-97

Neuris Ricardo
PRINT

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAR 20 1997

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY Bureau of Air Monitoring & Mobile Sources
RE-INSPECTION

AIRS ID#: D250771 DATE: 2.25.97 TIME IN: 1:00pm TIME OUT: 1:43
FACILITY NAME: Mrs. Alex Dry Cleaners
FACILITY LOCATION: 9401 SW 56 St.
Miami, FL. 33145

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 4 above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 156 gallons.

3/14/97
MB

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

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

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

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

Hose connections, fittings, couplings, and valves Y N

Door gaskets and seating Y N

Filter gaskets and seating Y N

Pumps Y N

Solvent tanks and containers Y N

Water separators Y N

Muck cookers Y N

Stills Y N

Exhaust dampers Y N

Diverter valves Y N

Cartridge filter housings Y N

NEURIS RICARDO

Name of Responsible Official

ROSANA RIVERA

Inspector's Name (Please Print)

Rosana Ri

Inspector's Signature

2-25-97

Date of Inspection

2-98

Approximate Date of Next Inspection

RECEIVED
MAIL ROOM

FEB -9 93

all ✓

302122

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250771

NEVRIS RICARDO
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

Bureau of Air Monitoring
& Mobile Sources

FEB 11 1993

RECEIVED

Do **NOT** Remove Label

Annual Reporting Period: 1-97 19 TO 12-1997 19

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: NEVRIS RICARDO *[Signature]* 2-2-98
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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

| | | | | | | | |
|-----------------------|------------------------------|--------|---------------------|----------|-------------|-----------|-------------|
| AIRS ID#: | <u>250771</u> | DATE: | <u>8-27-98</u> | TIME IN: | <u>1400</u> | TIME OUT: | <u>1430</u> |
| FACILITY NAME: | <u>MR. ALEX DRY CLEANERS</u> | | | | | | |
| FACILITY LOCATION: | <u>9401 SW 56 ST.</u> | | | | | | |
| | <u>MIAMI, 33165</u> | | | | | | |
| RESPONSIBLE OFFICIAL: | <u>ROMAN RICARDO</u> | PHONE: | <u>305 251-1830</u> | | | | |
| CONTACT NAME: | <u>"</u> | PHONE: | <u>"</u> | | | | |

RECEIVED

SEP 28 1998

Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

| | |
|---|--------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

| |
|---|
| <input type="checkbox"/> No notification form |
| <input type="checkbox"/> Drop store/out of business/petroleum |

A.

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

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

If no, please check the appropriate classification:

| |
|---|
| <input type="checkbox"/> facility qualified for a general permit as number _____ above |
| <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit |

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

M3

9/17/98
ARMS

M3

9/13/98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

M. ENRIQUE FLORES

Inspector's Name (Please Print)

M. Enrique Flores

Inspector's Signature

8-27-98

Date of Inspection

8/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- * STATE'S INSPECTION CALENDAR AND DERM'S POLLUTION CONTROL FOR DRY CLEANERS BOOKLET WERE GIVEN TO MR. RICARDO.
- INSTRUCTIONS ON HOW TO PROPERLY KEEP RECORDS OF LEAK INSPECTIONS AND HOW TO MAINTAIN A ROLLING LOG OF PERC PURCHASES WERE GIVEN IN SPANISH.
- DRY-TO-DRY MACHINE WAS IN GOOD WORKING ORDER.

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1400 TIME OUT: 1430 AIRS ID#: 250771
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: M. ALX 34Y CLEANERS DATE: 8-27-98
 FACILITY LOCATION: 7401 SW 56 ST.
 MIAMI 33165
 RESPONSIBLE OFFICIAL: ROMAN RICHARDO PHONE NUMBER: 305-545-1852

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|--|
| FAILURE TO MAINTAIN A ROLLING LOG OF PERC PURCHASES FOR LAST 12 MONTHS. | WILL UTILIZE CALENDAR TO KEEP ROLLING TOTAL |
| NO RECORD KEEPING OF LEAK INSPECTIONS | WILL RECORD LEAK INSPECTIONS IN SINTIS CALENDAR. |
| FAILURE TO MAINTAIN RECORDS OF TEMP. READINGS OF THE CONDENSER | START RECORDING TEMP. READINGS OF THE CONDENSER |
| | |
| | |
| | |

COMMENTS: EQUIPMENT IN SATISFACTORY WORKING ORDER.
 SHOP IN (GENERAL) GOOD HOUSE KEEPING.
 INSTRUCTIONS ON HOW TO KEEP RECORDS/LOGS WERE GIVEN IN SPANISH.

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

DATE OF NEXT INSPECTION: 8/99 (Approximate)

INSPECTION CONDUCTED BY: M. ENRIQUE FLORES (Please Print)

INSPECTOR'S SIGNATURE: *M. Enrique Flores* PHONE NUMBER: 305-572-6975

Acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MR. ALEX DRY CLEANERS DATE: 8-27-98
FACILITY LOCATION: 9401 SW 56 ST. MIAMI, FL 33165

Annual Reporting Period: 8/97 19 TO 8/98 19

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

If NO, complete the following:

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

DID NOT MAINTAIN A ROLLING LOG OF PERC PURCHASES FOR LAST 12 MONTHS.

Exact period of non-compliance: from 8/97 to 8/98

Action(s) taken to achieve compliance: WILL USE STATE'S INSPECTION CALENDAR TO KEEP ROLLING TOTAL

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:

NO LEAK INSPECTION REPORT LOG KEPT AND/OR CONDENSER'S TEMP. READINGS.

Exact period of non-compliance: from 8/97 to RECEIVED

Action(s) taken to achieve compliance: WILL USE INSPECTION CALENDAR SEP 28 1998

Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

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

RESPONSIBLE OFFICIAL: 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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAR 13 2000

TYPE OF INSPECTION: ANNUAL
RE-INSPECTION

COMPLAINT/ ^{Bureau of Air Monitoring} DISCOVERY & Mobile Sources

AIRS ID#: 025077 DATE: 2/25/00 TIME IN: 1:25pm TIME OUT: 2:00pm
 FACILITY NAME: Mr. Alex Dry Cleaners
 FACILITY LOCATION: 9401 SW 56 St
Miami, FL 33165
 RESPONSIBLE OFFICIAL: Nervis Ricardo PHONE: (305)595-1832
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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 4 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 300 gallons.

ARMS
3/2/00
DB

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y N N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

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

Deborah Griner
Inspector's Name (Please Print)

2/25/00
Date of Inspection

Deborah Griner
Inspector's Signature

2/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine was not in operation at time of inspection.

Temp. gauge on front right panel of machine.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|---|-------------------------------------|--------------------------|
| TIME IN: <u>1:25 pm</u> | TIME OUT: <u>2:00 pm</u> | AIRS ID#: <u>0250771</u> |
| TYPE OF FACILITY: <u>Perc Dry Cleaner</u> | | |
| FACILITY NAME: <u>Mr. Alex Dry Cleaners</u> | DATE: <u>2/25/00</u> | |
| FACILITY LOCATION: <u>9401 SW 56 St</u> <u>Miami, FL 33165</u> | | |
| RESPONSIBLE OFFICIAL: <u>Nervis Ricardo</u> | PHONE NUMBER: <u>(305) 595-1832</u> | |

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: Need to be more consistant with record-keeping.

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

DATE OF NEXT INSPECTION: 2/01 (Approximate)

INSPECTION CONDUCTED BY: Deborah Griner (Please Print)

INSPECTOR'S SIGNATURE: *Deborah Griner* PHONE NUMBER: (305) 372-6934

ACC

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

FACILITY NAME: Mr. Alex Dry Cleaners DATE: 2/25/00
 FACILITY LOCATION: 9401 SW 56 St
Miami, FL 33165

Annual Reporting Period: 2 1999 TO 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Norris Ricardo [Signature] 2/25/00
 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.

8
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259474 ✓

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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MAIL ROOM

JAN 31 97

Do NOT Remove Label

AIRS ID# 0250771
MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Received by (Please Print Clearly) <i>Nevis Ricardo</i> B. Date of Delivery <i>8/28/01</i></p> <p>C. Signature <i>[Signature]</i> AUG 28 2001</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0250771001AG NEVRIS RICARDO MR ALEX DRY CLEANERS 9401 SW 56TH STREET MIAMI FL 33165</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Copy from service label) <i>70000600002641302638</i></p> | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p> | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i> | | | | | | | | | | | | |
|--|--|---------------|----|---------------|---------------|--|---|--|--|--|---------------------------------|----|
| 7000 0600 0026 4130 2638 | <table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="5" style="vertical-align: middle; text-align: center;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table> <p>Re 10 AIRS ID # 0250771001AG St NEVRIS RICARDO Ci MR ALEX DRY CLEANERS 9401 SW 56TH STREET MIAMI FL 33165</p> <p style="text-align: right;"><i>Nevis Ricardo</i></p> <p style="text-align: right;">for instructions</p> | Postage | \$ | Postmark Here | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees | \$ |
| Postage | \$ | Postmark Here | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | | |
| Total Postage & Fees | \$ | | | | | | | | | | | |



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403377

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TOTAL AMOUNT DUE: \$50.00

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| |
|---|
| AIRS ID # 0250771 |
| MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165 |

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

1-22-01 P2
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 JAN 20 01



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412430

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

~~412430 DECEMBER 2001~~
X

TOTAL AMOUNT DUE: \$50.00

~~412430 DECEMBER 2001~~

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AIRS ID # 0250771
MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL
33165

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

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459401 FEB272006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 250771 1st
MR ALEX DRY CLEANERS
9401 SW 56th Street
MIAMI, FL 33165

Bureau of
Mobile Sources
At: MIAMI/OTM

MAR 01 2006

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FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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FUND: 20-2-035001
OBJECT: 002273

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449636 MAR23 2005

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AIRS ID#0250771.....2nd Cert 05
MR ALEX DRY CLEANERS
9401 SW 56th Street
MIAMI, FL 33165

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EEO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Mail
& Mobile Services

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| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | | |

Sent To AIRS ID#0250771.....2nd Cert 05
 MR ALEX DRY CLEANERS
 Street, Apt. No., or PO Box No. 9401 SW 56th Street
 City, State, ZIP+4 MIAMI, FL 33165

PS Form 3800

7004 2510 0002 3939 3196

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0250771.....2nd Cert 05
 MR ALEX DRY CLEANERS
 9401 SW 56th Street
 MIAMI, FL 33165

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

[Signature]

B. Received by (Printed Name) C. Date of Delivery

Neunis Ricard *3/4*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 3196

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 & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 15 2005

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448091 MAR 22 2005

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TOTAL AMOUNT DUE: \$50.00

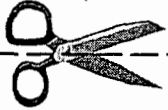
Do **NOT** Remove Label

AIRS ID# 250771 1stC
MR ALEX DRY CLEANERS
9401 SW 56th Street
MIAMI, FL 33165

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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MAR 7 2005
Mobile Sources
Monitoring



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435572 JAN22 2004

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NEVRIS RICARDO
MR ALEX DRY CLEANERS
9401 SW 56TH STREET
MIAMI FL 33165

Bureau of Air Monitoring
& Mobile Sources

~~JAN 26 2004~~

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Fund: 20-2-035001
Obj.: 002273



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422852 FEB12 2003

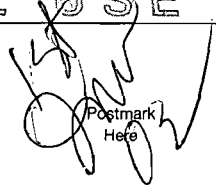
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0250771
MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL
33165

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

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|---|
| OFFICIAL USE | |
| Postage \$ |  Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees € | |
| Sent To MR ALEX DRY CLEANERS Street, Apt. No., or PO Box No. NEVRIS RICARDO 9401 SW 56TH STREET City, State, ZIP+4 MIAMI FL 33165 | |
| AIRS ID#0250771 | |
| PS Form 3800, Jan 01 | |

7001 0320 0001 7975 5458

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

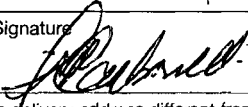
1. Article Addressed to:

MR ALEX DRY CLEANERS
 NEVRIS RICARDO
 9401 SW 56TH STREET
 MIAMI FL
 33165

AIRS ID#0250771

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **FEB 7 2003** Date of Delivery

C. Signature **X**  Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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)

7001 0320 0001 7975 5458

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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| For delivery information visit our website at www.usps.com | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | |
| <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table> | Postage | \$ | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees | \$ | Postmark Here |
| Postage | \$ | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | |
| Total Postage & Fees | \$ | | | | | | | | | | |
| <table border="1"> <tr> <td style="width: 30%;"><i>Sent To</i></td> <td>AIRS ID# 250771 1stC</td> </tr> <tr> <td></td> <td>MR ALEX DRY CLEANERS</td> </tr> <tr> <td><i>Street, Apt. No., or PO Box No.</i></td> <td>9401 SW 56th Street</td> </tr> <tr> <td><i>City, State, ZIP+4</i></td> <td>MIAMI, FL 33165</td> </tr> </table> | | <i>Sent To</i> | AIRS ID# 250771 1stC | | MR ALEX DRY CLEANERS | <i>Street, Apt. No., or PO Box No.</i> | 9401 SW 56th Street | <i>City, State, ZIP+4</i> | MIAMI, FL 33165 | | |
| <i>Sent To</i> | AIRS ID# 250771 1stC | | | | | | | | | | |
| | MR ALEX DRY CLEANERS | | | | | | | | | | |
| <i>Street, Apt. No., or PO Box No.</i> | 9401 SW 56th Street | | | | | | | | | | |
| <i>City, State, ZIP+4</i> | MIAMI, FL 33165 | | | | | | | | | | |
| PS Form 3800, Ju | | | | | | | | | | | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse, so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 250771 1stC
 MR ALEX DRY CLEANERS
 9401 SW 56th Street
 MIAMI, FL 33165

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2/7/05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Transfer from service label) 7003 0500 0004 0144 6781

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 & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2005

RECEIVED

01



ON MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390370

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 # 0250771

MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

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

JAN - 4 00
RECEIVED
MAIL ROOM

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302172 ✓

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

NEVRIS RICARDO
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

AIRS ID#0250771

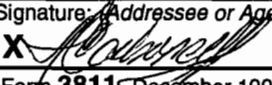
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj: 002273

Fold at line over top of envelope

| | | | | |
|---|---|--|---|--|
| Is your RETURN ADDRESS completed on the reverse side? | SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| | 3. Article Addressed to: AIRS ID # 0250771 MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165 | | 4a. Article Number 2333 660 478 | |
| | | | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | |
| | | | 7. Date of Delivery 2/13/99 | |
| | 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent)  | | | | |

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 478

1999

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

AIRS ID # 0250771

MR ALEX DRY CLEANERS
 NEVRIS RICARDO
 9401 SW 56TH STREET
 MIAMI FL 33165

| | |
|---|-----------|
| 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 | |

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID 0250771

NEVRIS RICARDO
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

4a. Article Number
Z 333 660 276

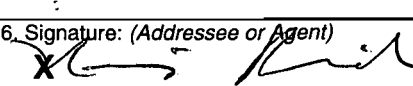
4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)


PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Domestic Return Receipt

Z 333 660 276

US Postal Service
Receipt for Certified Mail
AIRS ID 0250771

NEVRIS RICARDO
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

| | |
|---|-----------|
| 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 | |

PS Form 3800, April 1995



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390369

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

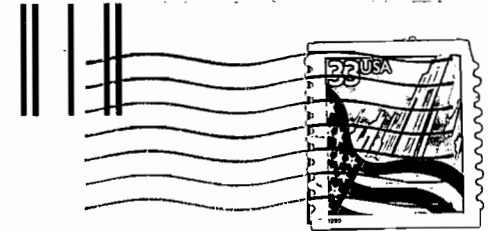
Do NOT Remove Label

| |
|--|
| AIRS ID # 0250980 |
| ONE LOW PRICE CLEANERS GUAROA ASECIO 6171 6171 SW 110 AVENUE MIAMI FL 33123 |

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

RECEIVED
 MAIL ROOM
 JAN - 4 90

OLPC
970 W 49th ST
Hialeah FL 33012



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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361550

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
MAIL ROOM

FEB 23 99

Do **NOT** Remove Label

AIRS ID # 0250771

MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

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

Fold at line over top of envelope to return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0810176

A1 CLEANERS AND LAUNDRY
 DOROTHY MCCLELLAN
 3813 MANATEE AVE W
 BRADENTON FL 34205

4a. Article Number
 P 174 052 678

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 2-27-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X Barbara A. Pawush

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 174 052 678

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250771

MR ALEX DRY CLEANERS
 NEVRIS RICARDO
 9401 SW 56TH STREET
 MIAMI FL 33165

1999

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250771

MR ALEX DRY CLEANERS
NEVRIS RICARDO
9401 SW 56TH STREET
MIAMI FL 33165

4a. Article Number
P174052678

Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery
03-01-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.