

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Re: Facility No. 0250787

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 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, 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"



0250787

Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510 Department of Environmental Protecton 2600 Blair Stone Road Tallahassee, FL 32399-2400

RECEIVED

Bureau of Air Monitoring

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Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerety

Eddie J. Rodriguez

Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL.

1

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COMPLAINT/DISCOVERY

RE-INSPECTION

RECEIVED

JIM 25 1999

Bureau of Air Monitoring

Bureau of Air Monitoring

AIRS IDE: 0250787 DATE: 5/9/99 TIME IN: 2/04 TIME OUT: 2/05 PM FACILITY NAME: Dra Clas USA FACILITY LOCATION: 2855 IS cayne RIVE. RESPONSIBLE OFFICIAL: NOAL SIVEY		
RESPONSIBLE OFFICIAL: NOOL SILVEY	AIRS ID#: 0250787 DATE: 5/19/99 TIME IN: 2194 TIME OUT:	24000
RESPONSIBLE OFFICIAL: NOOL SILVEY PHONE: PHONE: PHONE: PHONE: PHONE: 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:	FACILITY NAME: Dry Clean USA	
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:	FACILITY LOCATION: 20355 Biscyne Blvc	1
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) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification facility qualified for a general permit as numberabove		10700
PART I: NOTIFICATION	RESPONSIBLE OFFICIAL: NOak Silver PHONE: (984) 493-	37TH
(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	CONTACT NAME: PHONE:	
(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		
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2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION	(check appropriate box)	
PART II: CLASSIFICATION Facility indicated on notification form that it is: Check appropriate box	1. New facility notified DARM 30 days prior to startup	
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 $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: [] facility qualified for a general permit as number above	2. Facility failed to notify DARM to use general permit	
Facility indicated on notification form that it is: Check appropriate box Check appropriate box A. Drop store/out of business/petroleum A. Lxisting small area source Chry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source Chry-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 5. This is a correct facility classification Check appropriate classification: Check ap		
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5. This is a correct facility classification If no, please check the appropriate classification: Gracility qualified for a general permit as number above		
If no, please check the appropriate classification:	(constructed octors (279771)	
facility qualified for a general permit as number above	5. This is a correct facility classification Y ON OCan not determine	
	If no, please check the appropriate classification:	
facility exceeds above limits and is not eligible for a general permit		
	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	B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this	s dry cleaning
facility was TDO anthons	B. The total quantity of perchlorocitylene (perc) purchased within the preceding 12 months by thi facility was 220 gallons.	
facility exceeds above limits and is not eligible for a general permit	facility qualified for a general permit as number above	
racing was 7 LO ganons.	ARMS DC	

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Ravised 9/15/97

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

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13.	Has the responsible official of an existing large or new large area source also:	
١.	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?	DN ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DAY
	Is the temperature differential equal to or greater than 20° F?	DY DN DNIA
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,	/
l	if machines are equipped with a carbon adsorber?	DA DN QNIV
	Is the perc concentration equal to or less than 100 ppm?	OY ON ONIA
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 DAYA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON CHIM
6	. Routed airflow to the carbon adsorber (if used) at all times?	אואס אם אם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	ETY ON
3. Maintained leak detection inspection and repair reports for the following:	- 22-
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON CONIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ONIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DAYA
5. Maintained exhaust duct monitoring data on perc concentrations?	אומש משק צם
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	DY DN ZNIK
Problem corrected?	DY DN ZNIX
8. Maintained compliance plan, if applicable?	OY ON WINA

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PART VI: LEAK DETECTION AND RI	PAIRS		
1. Does the responsible official conduct a w	veckly (for small sources, t	ni-weekly) leak detection ar	nd repair
inspection?			MD VON
2. Has the facility maintained a leak log?			NO NE
3. Does the responsible official check the fo	ollowing areas for leaks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON EN/A
Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY DN ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	ANO NE YES
Solvent tanks and containers	CIY ZIN ON/A	Cartridge filter housings	איאם אם איא
- Water separators	Y ON ON/A		-
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfaces)		8/
Physical detection (airflow felt thr	rough gaskets)		
Odor (noticeable perc odor)		•	
Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)	0
Halogen leak detector			⁻ /
If using direct-reading instru	umentation, is the equipm	nent:	ØN/∧
a. Capable of detecting p	perc vapor concentrations i	in a range of 0-500 ppm?	אס צם
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter each use	OY ON
c. Inspected for leaks an	nd obvious signs of wear or	n a weekly basis?	טע טא
d. Kept in a clean and so	ecure area when not in use	?	חא מא
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	אט עם
LEO SUADO	_	5/19/	99
Inspector's Name (Please Prin	nt)	Date of Inspection	
Inspector's Signature		Approximate Date of	f Next Inspection

Grave R.O. FDEP Colendar

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2 Pm TIME OUT: 240	Pm AIRS ID#: 0250787
TYPE OF FACILITY: Pere Do	y Cleaner
FACILITY NAME: Day Clan	CS A DATE: 5/19/29
FACILITY LOCATION: 20355 13	15 agre Blud.
RESPONSIBLE OFFICIAL FORDIS RODRISCHE	PHONE NUMBER: (954) 493-6700
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	72
,	Bure G
•	
	oile A
	Source T
	Monitoring Sources
<u>-</u>	
COMMENTS: SA 475 factor	~
The Annual Compliance Certification form has been properly certification.	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/7	2000
INSPECTION CONDUCTED BY:	pproximate) Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (355) 372-692
Page A	l of l

JUL 0 6 1999

Air Quality

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERIMITION ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA # 11601	DATE: 6/23/99
FACILITY LOCATION: 20355 BISCAYNE Blvd.	
N. Miami Beach, FL 33180	
Annual Reporting Period: 5 1998 TO	5 1999
Based on each term or condition of the Title V general air permit, my facility has remained in co. 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 t	he reporting period stated above:
Exact period of non-compliance: fromto	
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 t	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	of Air
Method used to demonstrate compliance:	Monito Sources
	oring (7)
As the responsible official, I hereby certify, based on information and belief formed after reason made in this notification are true, accurate and complete. Further, my annual consumption of p upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	erchloroethylene solvent, based by facilities or 1,800 gallons per
ANGELO IZQUIERDO	

^{*}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

FACILITY NAME: Dry Claan			3/34/00
FACILITY LOCATION: 355	Biscayne	ν	
N. Mian	in FL	DEC 1 3 200)U
· · · · · · · · · · · · · · · · · · ·		Air Quality	
Annual Reporting Period: Man	19 <u>99</u>	TO Management Ali	vision 19200
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),	-		vith DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that ha	s not been in continuous	s compliance during the reportir	ng 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 ha	s not been in continuou	s compliance during the reporting	ng 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 of made in this notification are true, accurate and con upon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Ple	nplete. Further, my ann	ual consumption of perchloroet	hylene solvent, based

^{*}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.



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:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

promenade



(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 # 0250787

DRYCLEAN USA
ANGELO IZQUIERDO #7260

7771 W. Oakland Park Blvd. #201 Sunrise, FL 33351

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

BEST AVAILABLE COPY

GRYCLEAN-USA

7771 W. OAKLAND PARK BLVD. • SUITE 201 • SUNRISE, FLORIDA 33351 TELEPHONE: (954) 747-7599 • FAX (954) 747-9878

December 18, 2000

Title V Air General Permits Receipts P.O. Box 3070 Tallahassee, FL 32315-3070

Re: Title V Permits for all Locations

To Whom It May Concern:

Enclosed is a check in the amount of \$1,350.00 representing payment of Title V Air General Permits for 27 of our locations.

Please be advised that the following locations are no longer operating as drycleaning or laundry plants, but have been converted to drop off service locations only:

Store #	Location	AIRS ID #
Store # 11412 11423	931 Village Blvd #901	0990473
√ ₁₁₄₂₃	3013 Yamato Rd #B-4	0990471
·/ 72601	20355 Biscayne Blvd #K5	0250787
√ 71403	11924 Forest Hill Blvd.	0990468

Please delete these locations from your files as stores requiring the Title V Air General Permit. In addition, please update your files with our new mailing address as noted on the attached invoices.

Please feel free to contact me directly with any questions at 954/747-7599. Thank you for your help.

Sincerely,

Ruth Fultz

Real Estate Administrator

Cc Eddie J. Rodriguez Sandy Bowman (pypod WWW Sephrate Mour to above P.D. B.)

DRYCLEAN USA

A member of the DCI Management Group

RECEIVED

DRYCLEAN-USA

DEC 1 9.2009

7771 W. OAKLAND PARK BLVD. • SUITE 201 • SUNRISE, FLORIDA 33351 TELEPHONE: (954) 747-7599 • FAX (954) 747-9878

December 5, 2000

Ms. Debbie Griner
Pollution Control Inspector II
Environmental Resources Management
Air Quality Management Division
33 SW 2nd Av., Suite 900
Miami, FL 33130

RECEIVED
DEC 13 2000

Air Quality
Management Division

Re:

Annual Compliance Certification Forms

Dryclean USA of Florida, Inc.

Miami-Dade County

Dear Ms. Griner:

We received your letter dated November 21, 2000 regarding Annual Compliance Certification forms today, December 5, 2000. This letter requests that we sign and return these forms to you within 15 days of receipt.

Please be advised that these forms were mailed to an incorrect address. Since July 2000, we have been at the address shown on this letterhead. In order to ensure that future correspondence reaches us in a timely manner, we request that your files be updated with our new address.

In addition, please accept this letter as our authorization to change the designated Responsible Official from Angelo Izquierdo to Eddie J. Rodriguez. I have signed and am enclosing the Annual Compliance Certification Forms. Please be assured that it is Dryclean USA's policy to keep our stores in compliance with the State of Florida in all matters. All minor non-compliance issues will be settled immediately.

Please feel free to contact my assistant Ruth Fultz at 954/747-7599 with any questions.

Sincerely

Eddie J. Rodriguez

Chief Operating Officer

/rf



MIAMI-DADE COUNTY, FLORIDA





ENVIRONMENTAL RESOURCES MANAGEMENT AIR QUALITY MANAGEMENT DIVISION 33 S.W. 2nd AVENUE

SUITE 900 MIAMI, FLORIDA 33130-1540

TELEPHONE: (305) 372-6925 FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo
Dryclean USA
1875 West Commercial Blvd., Suite 140 - DLD ADDRESS
Fort Lauderdale, Florida 33309



Dear Mr. Izquierdo:

As the designated Responsible Official (R.O.), please complete and sign the enclosed Annual Compliance Certification forms and mail them to this office within fifteen (15) days of the receipt of this notice. Failure to submit said forms within the stipulated time frame may result in enforcement action. You may keep the pink copy for your records. A copy of the Inspection Summary Report was issued during the most recent facility inspection of these sites and a copy is also enclosed.

Pennii#	Compliance Status	Permitti	:Complance Status
0250786	Minor Non-Compliance.	0250794	Minor Non-Compliance.
·3890 Bird Rd.	Improper keeping of rolling log of perc purchases.	1401 Sunset Dr.	Not properly draining cartridge filters for at least 24 hours & not conducting temp. monitoring after the cool-down period and after verifying the coolant has been completely recharged.
0250787	IN	0250795	IN ·
20355 Biscayne Blvd.		13025 SW 112 St.	
0250788	Minor Non-Compliance.	0250796	IN .
13886 SW 56 St.	Checking the wrong temp. gauge to record the outlet stream of refrigerated condenser	18468 NW 67 Ave.	
0250791	IN	0250805	IN .
14097 SW 88 St.		6685 NW 169 St.	
0250792	IN ·	0250806	IN
9069 SW 107 Ave.		9525 NW 41 St.	
0250793	IN	0250807	IN .
13725 SW 152 St.		1101 SW 22 St.	·

AIRS ID#: 0350787

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Dry Clo	as USA		01 II	FCEIV		3/34/00
FACILITY LOCATION:	J033	T Bisa	- my no	Blud			•
	N. M	iami, Fl	<u>(</u>		DEC 1 3 200	00	
		<u> </u>			Air Quality		
Annual Reporting Period:	·	larel	19_ <i>9?</i>	то	Management Al	yizion	19 2000
Based on each term or condition 62-213.300, Florida Administra			-			_	Rule INO
If NO, complete the following:	:						
#1. Term or condition of the g	general permit tha	at has not been in	continuous c	ompliance	during the reporting	ng period s	tated above:
Exact period of non-compliance	ce: from			to_	/	-	
Action(s) taken to achieve con	npliance:				,		
Method used to demonstrate co	ompliance:				·		
#2. Term or condition of the g	general permit tha	at has not been in	continuous c	compliance	during the reporting	ng period s	tated above:
Exact period of non-compliance	ce: from		<u>/</u>	_ to			
Action(s) taken to achieve com	npliance:						·
Method used to demonstrate co	ompliance:						
As the responsible official, I had made in this notification are to upon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	rue, accurate and hase receipts, does on facilities.	i complete. Furth	ner, my annua 00 gallons pe	al consumpt r year for a	tion of perchloroet	hylene solv	vent, based

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

Perchloroethylene Dry Cleaning Facility Notificat

SEP 2 9 1997

Facility Name and Location

·	
1. Facility Owner/Company Name (Name of corporation, agency, or	individual owner): Air Quality
1. Facility Owner/Company Name (Name of corporation, agency, or	Wanagement Division
2. Site Name (For example, plant name or number):	
	;
3. Hazardous Waste Generator Identification Number:	
	·
FLD 983 084 147 4. Facility Location:	
Street Address: 20355 BISAYNE BIVA, K-5	
City: N. Miami County: Dade.	Zip Code: 33180
S Facility Identification Number (DEP Use)	
	2 250787
Responsible Official	
6. Name and Title of Responsible Official:	
Arch Silver President	
7. Responsible Official Mailing Address:	
Organization/Firm: DryClean USA Street Address: 1875 W. Commercial Blug. St. 1	40
City: Ft. Laucherdal County: Brawa	701 Zip Code: 33309
8. Responsible Official Telephone Number:	
Telephone: (954) 493-6700 Fax: (8	454) 493-8444
Facility Contact (If different from Respons	sible Official)
9. Name and Title of Facility Contact (For example, plant manager):	
Sylvester Price District	Manager
10. Facility Contact Address:	· · · · · · · · · · · · · · · · · · ·
Street Address: 1875 W. Cummercial Blva, Ste	luc
City: The Louisia County: County: Royal County:	Zip Code:
FT, Cauderacite 151 culty	· 33309
11. Facility Contact Telephone Number:	•

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Fax: (954)493-8444

NOV 5 1997

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

Telephone:

(954)493 -6700

Page 13 of 16

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.

Example # Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser		1					ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit	1 03-OCT-93	12-NOV-93	#2	08-DEC-91		,	#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit	_								<u> </u>
(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	1 10/6/88								
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									
(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									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit		•							•
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit								,	
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit		•		•				•	•
(9) w/ no controls Reclaimer Unit									
Reclaimer Unit									
(10) w/ ref. condenser	•.			-	1		-		1
(11) w/carbon adsorber									
(12) w/ no controls							_		
(b) Control devices are re (c) No control devices are 2.(a) What was the total qua [e required to be untity of perchlallons , how many? [e installed [_oroethylene ()O (perc)	_]) purchased in					
3. What is the facility's source (Indicate with an "X". Se Existing small area Existing large area				initions foun	d in sectio	on (I	3) of	Part II?	

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source Carbon adsorber Refrigerated condenser Y						
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 pursuan 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						
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						
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit						
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						
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						
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						

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this noti statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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.						

BEST AVAILABLE COPY PRECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12.45 TIME OUT: 12	AIRS ID#: 0250787
TYPE OF FACILITY: PLICE HICKOFTHYIC	ENCE My / ICANER
FACILITY NAME: Day (16nd USA	DATE:
FACILITY LOCATION: 2035 P2/50/1	GNE BIVD
N. Minne Dench	1,66, 32/80
RESPONSIBLE OFFICIAL: 54/185122 Price	PHONE NUMBER: 933/9/4
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
COMMENTS: PHENLIPY IS GERATTI.	ng in Companice.
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/95	oproximate)
P	lease Printy
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of/. Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Dryclean USA				
2.	Site Name (For example, plant name or number):				
	tromenade * 11601				
3.	Hazardous Waste Generator Identification Number:				
	FLD 982 084 147				
4.	Facility Location: Street Address: 20355 Riccausa Rivol K-5				
	Street Address: 20355 Biscayne Blvd., K-5 City: Dade Zip Code: 33180				
. 5	1001/11				
.	Facility Identification Number (DEP Use):				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	Eddie Rodriquez, President				
7.	Responsible Official Mailing Address:				
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Polva, Suite 140				
	City: Ft. Landerdale County: Broward Zip Code: 33309				
0					
8.	Responsible Official Telephone Number: Telephone: (954) 493 - 6760 Fax: (954) 493 - 8444				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
	Jaime Remond, District Manager				
10.	Facility Contact Address: Dryclean USA				
	Street Address: 1875 W. Commercial Blud., Buite 140				
	City: Ft. Laucherdale County: Broward Zip Code: 33309				
11.	Facility Contact Telephone Number:				
	Telephone: (954) 493-6700 Fax: (954) 493-8444				
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Bureau of Air Monitoring & Mobile Sources

#0250787

P.14

1.(a) add date control device installed

1 (c) should not be marked

&. ...

P.15
(f) should be marked

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	ΙD	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	*1	10/6/88					_		
(2) w/ carbon adsorber	Ì	7.0							
(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			1						
(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									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	1	nitions found		3) of	Part II?	
Existing large are	ea so	urce [V	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to (Indicate with an "X".) 	section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerate	ed condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water gexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total boiler HP or less), and (2) are fired exclusively by natural gas exduring which propane or fuel oil containing no more than one per	cept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Records	seeping Information
Check all logs which are required to be kept on-site in accordance	e with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>X</u>]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	<u> </u>
(d) Carbon adsorber exhaust perc concentration monitoring	
(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 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)					
À	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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. 1/4/96 Date					

4

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS 10#: 025 0787	DATE: 2/3/97	7 TIME	in: <u> 2:4 </u> time out: <u>/</u>	1./

FACILITY LOCATION: /2

PART I: NOTIFICATION	
(check appropriate box)	,
1. Existing facility notified DARM by 9/1/96	Ø
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	0

PART II: CLASSIFICATION					
Facility indicated on notification form that it is (check appropriate box)					
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)				
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>				
If no, please check the appropriate classification: facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.					

2 | 10 | Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,				
1. Storing perchloroethylene in tightly sealed and impervious containers?	מם עם				
2. Examining the containers for leakage?	אם אָצם				
3. Closing and securing machine doors except during loading/unloading?	MA DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	CAY 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 refri (complete A below).	gerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a 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?	אם צום				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם. אמ				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ONA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	GIY ON				

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?	J _Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		□и	
	Is the temperature differential equal to or greater than 20° F?	ØΥ	ΩИ	
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?	ПΥ	ΠΝ	J _{N/A}
	Is the perc concentration equal to or less than 100 ppm?			-14/V
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY		φA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	D N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ĽΥ	ΠИ	UN/A

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO VE

VAILABLE COPY	# UZ5	0/0/) [)हिल्हात	ארפו
P	P14			الم	[5]
	1.(a) add da device	te contro	1	DEC 1 7 19	96
1. Facility Owner/C	device	ins+alled		— <u>Air Qualit</u> Management D	/ ivision
2. Site Name (For	1. (c) should	not be			141910[[
Home 3. Hazardous Wast	marked				
FLD	& .	•			
4. Facility Locatio Street Address: City:	P.15 (f) should	he mar	-Ked		
5. Facility Identifi	(4) 3/100/0		- C.C. (C)	3180	
The state of the s				8/	
6. Name and Title					
7. Responsible Office	cial Mailing Audiess.				
Organization/Firm	n: Dryclean USA) 72 le 1 - Secto	1117		
City: Ft. L	375 W. Commercia auderdale County	Bravard	Zip Cod	e: 33309	
8. Responsible Office Telephone: (C	sial Telephone Number: 35() 493 - 67(X)	Fax: (954) 4	93-8444		
	Facility Contact (If differen	nt from Responsible Off	īcial)		
9. Name and Title o	f Facility Contact (For example, p	plant manager):			
Jaime 7	Remond Distri	ct Manager	···		
10 Facility Contact A	ddress:				

9. Name and Title of Facility Contact (For example, plant manager):
Jaime Remond, District Manager 10. Facility Contact Address: Dryclean USA
Street Address: 1875 W. Commercial Blud., Buita 140
City: Ft. Laucherdale County: Broward Zip Code: 33309
11. Facility Contact Telephone Number: Telephone: (954) 493-6700 Fax: (954) 493-8444

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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):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	Promenade, *11601
3.	Hazardous Waste Generator Identification Number:
	FLD 982 084 147
4.	Street Address: 20355 Biscayne Blvd., K-5
	City: N. Miami County: Dade Zip Code: 33180
5.	Facility Identification Number (DEP Use):
	U35 0787
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddle Rodriguez, President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: Douglass A.B.A.
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blud., Suite 140
	City: Ft. Lauderdale County: Braward Zip Code: 33309
8.	Responsible Official Telephone Number: Telephone: (954) 493 - 6760 Fax: (954) 493 - 8444
	Telephone: (454) 445 - 6165
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Jaime Remond, District Manager
10.	Facility Contact Address: Dryclean USA
	Street Address: 1875 W. Commercial Blue Quity IIIA
	City: F-t. Laucherdale County: Broward Zip Code: 33309
11.	Facility Contact Telephone Number: Telephone: (954) 493-6700 Fax: (954) 493-8444

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

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-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	*	10/6/88	10/6/83						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		1	•		·				1
(4) w/ ref. condenser							Γ.		
(5) w/ carbon adsorber							<u> </u>		
(6) w/ no controls	Ė			† · · · · ·					
Dryer Unit			. <u>.</u>						
(7) w/ ref. condenser		[T			Γ		
(8) w/ carbon adsorber				 			1		
(9) w/ no controls					† <u>-</u> -		 	-	
Reclaimer Unit	_							J	
(10) w/ ref. condenser							T		
(11) w/carbon adsorber						<u> </u>		<u> </u>	
(12) w/ no controls					i		-		
					- L.				1
(b) Control devices are	requ	ired, but not	yet installed	[1				
	•	,	,						
(c) No control devices	are r	equired to be	installed []				
,			_		. .				
						•			
2.(a) What was the total of	quant	ity of perchlo	oroethylene (perc)	purchased i	n the latest 1	2 moi	nths?	
[510]	gallo	ons	•	•	•				
	Ū								
(b) If less than 12 mont	hs, h	ow many? [months	i					
Check why it is less] New store	e: [] Did	not k	eep records:	
•					_ .			•	
3. What is the facility's so	urce	classification	based on the	e def	initions foun	d in section ((3) of	Part II?	
(Indicate with an "X".									
•			• •						
Existing small ar	ea so	urce []	Ne	ew sr	nall area sou	rce []		
Existing large ar	ea so	urce [V]	Ne	ew la	rge area soui	rce [_]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	at control technology is requicate with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
	Existing large area source Carbon adsorber		Refrigerated condenser	(X)
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to Rule		that all steam an	d hot water generating unit	o use the general permit pursuant ts on-site meet the following
boiler i		d exclusively by n	atural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
	am and hot water generating th units on-site	g units exempt		
	• •	_	and Recordkeeping Infor	
Check	all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Pur	chase receipts and solvent p	ourchases		<u>\\</u>
(b) Lea	ak detection inspection and	repair		X
(c) Ref	rigerated condenser temper	ature monitoring		(X)
(d) Car	bon adsorber exhaust perc	concentration mor	nitoring	
(e) Inst	rument calibration			
(f) Sta	rt-up, shutdown, malfunctio	on plan		

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

Surrender of Existing Air Permit(s)

Please indica	te 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)
ĽŽ)	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. 1/4/96 Date

AIRS ID#: 0

0250787





DRY CLEANER AIR QUALITY GENERAL PERMANTI 6 1998 ANNUAL COMPLIANCE CERTIFICATION FORM Air Quality

	Warran Quality
FACILITY NAME: DRY CLEAN USA # 11601	Management Divis @前 48
FACILITY LOCATION: 20355 BISCAYNE BLVD.	K-5
MIAMI, FL 33180	
Annual Reporting Period: 1/1 / 9 8 19	то 12/31 19 98
If NO, complete the following:	P
#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	toto
Action(s) taken to achieve compliance:	Oile Son Monie
Method used to demonstrate compliance:	*TCes Oring
#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:	
mual Reporting Period:	
made in this notification are true, accurate and complete. Further, my annu	ual consumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date
1	

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

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S. SECOND AVENUE, SUITE 90
MIAMI, FLORIDA 33130-1540



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250787 PROMENADE #11601 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Do NOT Remove Label

Annual Reporting Period: <u>January 1</u>		19 <u>97</u> _	TO	December, 31	19_97_
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I					DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in c	ontinuous c	omplia	ance during the reporting po	eriod 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 c	ontinuous co	omplia	ance during the reporting po	eriod stated above:
Exact period of non-compliance: from				to	
Action(s) taken to achieve compliance:					٠,
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	further, my annual cons	umption of p	erchlo	roethylene solvent, based upo	on purchase receipts,
RESPONSIBLE OFFICIAL: MIC	HAEL GAGLIANO		<u></u>	a les	2/9/98
	me (Please Print)		D	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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302656

Elease 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#0250787

PROMENADE #11601 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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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 # 0250787

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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 L'abel

AIRS ID # 0250787

DRYCLEAN USA
ANGELO IZQUIERDO #1260

7771 W. Oakland Park Blvd. #201

Sunrise, FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

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# 0250787

DRYCLEAN USA
EDDIE RODRIGUEZ
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

DRYCLEAN-USA FL CHECK NO. 15036680 VENDOR: 000000006705 DEPT. ENVIRONMENTAL PROTECTION ÎNVOICE NO. INVOICE DATE INVOICE AMOUNT AMOUNT PAID DISCOUNT TAKEN NET CHECK AMOUNT TITLEVAIRPERMIT 01/20/00 1,500.00 1,500.00 1,500.00 .00 Check Total 1,500.00



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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

DRYCLEAN USA AIRS ID # 0250787
ANGELO IZQUIERDO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

BEST AVAILABLE COPY

card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
AIRS ID#: 0250787 PROMENADE #11601 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service 7 Registere 1 Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	Joan 101 months incoming
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811. December 1994		paid)	.
	SENI 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered adelivered. AIRS ID#: 0250787 PROMENADE #11601 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	SENI 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. 3. Article Addressed to: AIRS ID#: 0250787 PROMENADE #11601 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Addressee or Agent) S. Received By: (Print Name) 8. Addressee and fee is	SENT 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 Mill show to whom the article was delivered and the date delivered. AIRS ID#: 0250787 PROMENADE #11601 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 AIRS ID#: 0250787 Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)

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	Restricted De	livery Fee			
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PS Form 3800 , April 1995	Postmark or E) ate		_	

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to refollowing service extra fee): 1. Addres 2. Restrict	es (for an see's Address
ADDRESS completed	3. Article Addressed to: AIRS ID 0250787 PROMENADE #11601 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article N 4b. Service Registere Express Return Rec 7. Date of De	7336/3 Type ad Mail ceipt for Merchandis	Certified Insured to COD Local District Property 19 10 10 10 10 10 10 10 10 10 10 10 10 10
Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only paid) Domestic Re	Than

	ceipt for Certified Mail			
. AIRS ID 0250787 PROMENADE #11601				
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FT LAUDERDALE FL	33309			
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Restricted Delivery Fee				
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Return Receipt Showing to Whom, Date, & Addressee's Address				

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