

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. 0250788

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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Dryclean USA 2. Site Name (For example, plant name or number): Miller Square * IIIIII 3. Hazardous Waste Generator Identification Number: FLD984171694 4. Facility Location: Street Address: 13886 SW 5644 Street City: Mami County: Dade Zip Code: 33175 5. Facility Identification Number (DEP Use): Responsible Official Responsible Official Mailing Address: Organization/Firm: Dryclean USA 8. Responsible Official Telephone Number: Telephone: (931) 493 - 6700 Fax: A91) 493 - 84441 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Tacilic Contact Address: Dryclean USA Street Address: 1875 W. Lummer Cial Blva., Suite 140 City: Ft. Lauderdale Facility Contact Relva., Suite 140 County: Telephone: (931) 493 - 6700 Fax: A91) 493 - 84441 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Tacilic Contact Address: Dryclean USA Street Address: 1875 W. Lummer Crial Blva., Suite 140 City: Ft. Lauderdale Street Address: 1875 W. Lummer Crial Blva., Suite 140 County: France County: Broward Zip Code: 33309	
2. Site Name (For example, plant name or number): Miller Square # 1140 3. Hazardous Waste Generator Identification Number: FLD984171694 4. Facility Location: Street Address: 13886 SW 5644 Street City: Miami County: Dade Zip Code: 33175 5. 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. Lommercial Biva., Suite 140 City: Ft. Lauderdale Responsible Official Telephone Number: Telephone: (931) 493 - 6700 Fax: (931) 493 - 8444 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Janic Perez District Manager 10. Facility Contact Address: Dryclean USA Street Address: 1875 W. Lommercial Biva., Suite 140 City: Ft. Lauderdale County: Broward Zip Code: Zip Co	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Miller Sqiare # 11140 3. Hazardous Waste Generator Identification Number: FLD984171694 4. Facility Location: Street Address: 13886 SW 56th Street City: Miami County: Dade Zip Code: 33175 5. 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 Biva: Source 140 City: Ft. Laudeldale County: Braward Zip Code: 33309 8. Responsible Official Telephone Number: Telephone: (931) 493 - 6700 Fax: 931) 493 - 8444 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Jodic Perez District Manager 10. Facility Contact Address: Dryclean USA Street Address: 1875 W. Lommercial Biva: Suite 140 City: Ft. Laudeldale Broward 33309 11. Facility Contact Telephone Number:	
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Telephone: $(954)495 - 6700$ Fax: $(954)495 - 8444$	11. Facility Contact Telephone Number:
	Telephone: $(954)493 - 6700$ Fax: $(954)495 - 8444$

RECEIVED

NOV 8 1996

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Bureau of Air Monitoring & Mobile Sources

02 50 788

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	l	Machine	Control		Machine	Control
		Initially	Device		Initially	Device	l	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					<u>-</u>		_		
(1) w/ ref. condenser	*	7/14/89							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		-							
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls								•	
Dryer Unit		·			-	-		-1	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls		1							
Reclaimer Unit						-			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of 537 (b) If less than 12 mont	are ro	equired to be ity of perchlo	installed [_	y perc)	J	1 the latest 12	? mor	nths?	
Check why it is less 3. What is the facility's so	than	12 months:	New owner: based on the	[e defi					
(Indicate with an "X".	Selec	t one classifi	cation only.))					
Existing small ar	ea so	urce []	Ne	w sn	nall area soui	rce [
Existing large are	ea soi	urce [X]	Ne	w la	rge area sour	ce []		

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

	it control technology is requisition in the control technology is required in the control of the	ired on machines	pursuant to section (5) of I	Part II of this notification form?
	Existing large area source Carbon adsorber		Refrigerated condenser	LX.
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to Rule exempt All stea	62-213.300, F.A.C. Verify tion criteria or that no such am and hot water generating HP or less), and (2) are fire	y that all steam an units exist on-site g units on-site (1) d exclusively by n	d hot water generating unit : have a total heat input of l atural gas except for perio	o use the general permit pursuant is on-site meet the following 10 million BTU/hr or less (298 ds of natural gas curtailment
All stea	which propane or fuel oil c am and hot water generating h units on-site	-	e than one percent sulfur is	jirea.
a	• •	_	and Recordkeeping Inform	
		-	in accordance with the requ	uirements of this general permit:
	chase receipts and solvent p			_X:
(b) Lea	k detection inspection and i	repair		ĹXı
(c) Refi	rigerated condenser tempera	ature monitoring		
(d) Car	bon adsorber exhaust perc	concentration mor	nitoring	
(e) Inst	rument calibration			
(f) Star	rt-up, shutdown, malfunctio	on plan		

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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)
ىك ا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL D COMP	PLAIN I/DISCOVERY RE-INSPECTION				
TIME IN: 11:30 am TIME OUT: 12:10	AIRS ID#: 0250788				
TYPE OF FACILITY: <u>Ary Cleaner</u>	·				
FACILITY NAME: Dry Clean USA	DATE: 2.6.97 +. Miami H.				
FACILITY LOCATION: 13886 SW 56 A	t., Miani Il.				
RESPONSIBLE OFFICIAL: ALba Saldarriaga,	DUONE MIMPER. 287 1277				
RESPONSIBLE OFFICIAL: MLBA SGIAGYFIAGO,	May . PHONE NUMBER: 387-1311				
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat					
Based on the results of the compliance requirements evaluat					
discrepancies were noted:	and the mapped and the second mapped and the				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
•.					
	•				
	· · · · · · · · · · · · · · · · · · ·				
COMMENTS:					
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 2.98					
-: ()	proximate)				
	ERA ease Print)				
INSPECTOR'S SIGNATURE: Jasana	PHONE NUMBER: 372 - 6942				

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	12 /	COMPLAINT/DIS	SCOVERY	
	RE-INSPECTION				
AIRS 1D#: <u>0250788</u>	DATE: 2.6.97	TIME I	N: <u>//:30am</u> T	IME OUT: <u>&</u>	2:10 pm
FACILITY NAME:	Clean USA				
FACILITY LOCATION:	13886 SU).	5681.			
4	Mianu Il	-	·		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified Da	ARM by 9/1/96				Q .
2. New facility notified DARN	1 30 days prior to starts	ıp			
3. Facility failed to notify DA	RM to use general perm	uit			О
PART II: CLASSIFICATIO					
Facility indicated on notifica (check appropriate box)	tion form that it is:				
A.					
1. Existing small area soundry-to-dry only, x<140 gall transfer only, x<200 gal/yr both types, x<140 gal/yr	/ут	 New small dry-to-dry only transfer only, > both types, x 	', x<140 gal/ут :<200 gal/yr		
(constructed before 12/9/9)			or after 12/9/91	and the second	
3. Existing large area sord dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</td><td>transfer only, 2 both types, 140</td><td>area source v, 140<x<2, 100="" <br="" gal="">200<x<1,800 gal="" yr<br="">o>x<1,800 gal/yr n or after 12/9/91)</x<1,800></x<2,></td><td>U Jyr</td><td></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	transfer only, 2 both types, 140	area source v, 140 <x<2, 100="" <br="" gal="">200<x<1,800 gal="" yr<br="">o>x<1,800 gal/yr n or after 12/9/91)</x<1,800></x<2,>	U Jyr	
This is a correct facility class	ification	DY ON	•		
If no, please check the appropriate the control of	priate classification:				
	ified for a general permeds above limits and is		above a general permit	;	
B. The total quantity of perchagallo		rchased within	the preceding 12 m	onths by this d	Iry cleaning

(check appropriate boxes) 1. Storing perchloroethylene in tightly sealed 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 sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ONA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ON ON/A 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MO YO 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B.	Has the responsible official of an existing large or new large area source also:	
l.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer maclines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
	Is the temperature differential equal to or greater than 20° F?	DY DN WNA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON BYNIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN BNA
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 BYA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואים אם צם

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

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ON ON	

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)	0
	a l	
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON
3.	Has the facility maintained a leak log?	DY ON
4.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves DY Nuck cookers	ON CH
	Door gaskets and seating	DY DN
i i	Filter gaskets and seating	DN DN
	Pumps Diverter valves	DY DN
	Solvent tanks and containers DY DN Cartridge filter housings	DX DN
L	Water separators ON ON	<u></u>

Alba Saldarriaga, managu	
Name of Responsible Official	
Rosana Rivera	2.6.97
Inspector's Name (Please Print)	Date of Inspection
Lasana .	2.98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
	•			
			·	
				·
·		•		
4°	• .			
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· • • • • • • • • • • • • • • • • • • •				
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		:		
		,••		
1				

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Mobiler Source AIRS ID#0250788 DRYCLEAN USA # 11140 GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

70

Do NOT Remove Label

Annual Reporting Period: January 1, 1997	December 31, 1997
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance dur	ring the reporting period stated above:
Exact period of non-compliance: fromto	
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 reasonal notification are true, accurate and complete. Further, my annual consumption of perchloroethyle does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer	ne solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: MICHAEL GAGLIANO Name (Please Print) Sig	nature 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.

AIRS ID#: <u>0250788</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY Clean USA	DATE: 9/5/97
FACILITY LOCATION: 13886 SW 56 St., Miami	
Annual Reporting Period: January 19 94 TO Dec	19 <u>96</u>
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem	\-\ \-\ \-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
	RECEIVED
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	SEP 2 9 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: fromtoto	
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 r made in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Si	n of perchloroethylene 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.

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):
,	Miller Savare * 11140
3.	Hazardous Waste Generator Identification Number:
	FLD984171694
4.	Facility Location: Street Address: 13886 SW 56th Street
	City: Miami County: Dade Zip Code: 33175
5.	Facility Identification Number (DEP Use):
	0250788
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddie Rodriquez President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USit Street Address: 1875 W. Cummercial Biva., Suite 140
,	City: Ft. Lauderdale County: Braward Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (951) 493 - 6700 Fax: (951) 493 - 8444
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Jodie Perez, District Manager
10.	Facility Contact Address: DryClean USA
	Street Address: 1875 W. Commercial Blva. Suitc 140
	City: Ft. Lavaerdale County: Brownerd Zip Code: 33309
11.	Facility Contact Telephone Number:
ı	Telephone: (954) 493 -6700 Fax: (954) 493-8444

RECEIVED

NOV 8 1996

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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	#]	03-OCT-93	12-NOV-98)#2 0 X	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			X	7					-
(1) w/ ref. condenser	* 1	1 1 wi 180	7/14/69) 				Γ	
(2) w/ carbon adsorber	/ *	1/14/89	1114164						
(3) w/ no controls		 				<u> </u>			
Washer Unit				_				<u> </u>	<u> </u>
(4) w/ ref. condenser			1	-		1		· · · · · ·	T
(5) w/ carbon adsorber		 	_	-		 			
(6) w/ no controls		ļ. <u> </u>							ļ
Dryer Unit		L		<u> </u>	<u> </u>				l
(7) w/ ref. condenser			T	· · · · ·	1			T	T
(8) w/ carbon adsorber									
` '								<u> </u>	
(9) w/ no controls					<u>] </u>				
Reclaimer Unit			·	1	1				T
(10) w/ ref. condenser						ļ <u>.</u>			!
(11) w/carbon adsorber			_						
(12) w/ no controls				L.,					
(b) Control devices are (c) No control devices 2.(a) What was the total of 537 (b) If less than 12 mont Check why it is less	are ro quant gallo	equired to be ity of perchlo ons ow many? [_	installed [y perc)	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	ication only.) Ne	ew sn	initions foun nall area sou rge area sou	гсе []	Part II?	
Existing raige an	- La 30	<u>/</u>		14	-5- 44 5-4		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated 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 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 propage 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

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

Surrender of Existing Air Permit(s)

Please indicate	cate 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.	1
	Responsible Official Certification	
this notific statements maintain t	undersigned, am the responsible official, as defined in Part II of this form, of the titication. I hereby certify, based on information and belief formed after reast ents made in this notification are true, accurate and complete. Further, I agree the air pollutant emissions units and air pollution control equipment description with all terms and conditions of this general permit as set forth in Part II of the second conditions of this general permit as set forth in Part II of the second conditions of the second conditions of the second conditions of this general permit as set forth in Part II of the second conditions of this general permit as set forth in Part II of the second conditions	onable inquiry, that the ee to operate and ibed above so as to
I will pron	promptly notify the Department of any changes to the information contained in the information contained	this notification.
1	Dung 02/06/97	
	Part TISTRIOT N	langoer.

Effective: 6-25-96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	۵	COMPLAIN	T/DISCOVERY	
AIRS 1D#: 250788	DATE: 9-10-9	7 TIME	IN: 1445	ME OUT:	: /530
FACILITY NAME:	DRY CLEAN USA			- K	
FACILITY LOCATION:	13886 SW 56 S	<i>T.</i>	Q ₁	Se Ch	
-	MIAMI, 331	75	\$ 31, Ox	2 1	
RESPONSIBLE OFFICIA			_ PHONE:	315-387-	907
CONTACT NAME:	(_ PHONE:	Urces of the	
PART I: NOTIFICATION	\		urean in Was	A Fixehille	
(check appropriate box)			TREADULES AND A AREA	te Cleanup	
New facility notified DA	RM 30 days prior to start	up	SEP 25	(19 33	
2. Facility failed to notify D	OARM to use general perr	nit	Hazardous		
			- Greanap Ge	CLION	
PART II: CLASSIFICAT	ION .				
Facility indicated on notifi	cation form that it is:			cation form	
(check appropriate box) A.			☐ Dro p sto	re/out of busines	s/petroleum
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9	gal/yr Vyr vr	transfer only, both types, x	ly, x < 140 gal/y x < 200 gal/yr		
3. Existing large area of dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le x$ both types, $140 \le x \le 1$, (constructed before $12/9$)	≤2,100 gal/yr 1,800 gal/yr 800 gal/yr	transfer only, both types, 14	e area source ly, $140 \le x \le 2$, $200 \le x \le 1,800$ g $10 \le x \le 1,800$ g on or after $12/9/6$) gal/yr gal/yr	
5. This is a correct facili	ity classification	dy ON	□Can not	determine	·
	the appropriate classific facility qualified for a ger facility exceeds above lin	neral permit as nits and is not o	eligible for a ger	neral permit	,
B. The total quantity of pe facility was 380 gal		rchased withir	the preceding	12 months by thi	s dry cleaning



Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN BYNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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? MY ON ON/A 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 MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

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?	DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ONJA
Is the temperature differential equal to or greater than 20° F?	DY DN WN/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?	DY DN DN/A
ls the perc concentration equal to or less than 100 ppm?	DY ON DANIA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	/
or expansion; and downstream from no other inlet?	DY DN ØN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

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

PART VI: LEAK DETECTION AND R	EPAIRS	**	
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection an	d repair
inspection?			MY ON
2. Has the facility maintained a leak log?			MY ON
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and scating	MY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ONA
Solvent tanks and containers	WY ON ONA	Cartridge filter housings	DY ON ONIA
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		/
Visual examination (condensed s	solvent on exterior surfac	es)	d
Physical detection (airflow felt the	nrough gaskets)		d
Odor (noticeable perc odor)			
Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	
Halogen leak detector			
If using direct-reading inst	rumentation, is the equi	ipment:	DAN/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	אם אם
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	and obvious signs of wea	r on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in t	use?	OY ON
e. Verified for accurac	y by use of duplicate san	aples (calorimetric only)?	OY ON
M. ENRIQUE FLORES		9-10.91	*
Inspector's Name (Please Pr	rint)	Date of Inspection	
manique Horas		9/29	
Inspector's Signature		Approximate Date o	f Next Inspection

ADDITIONAL SITE INFORMATION:

- * DERM'S BOOKLET ON POLLUTION CONTROL FOR DRY CLEANERS WAS GIVEN TO MS. PEREZ.
- I EXCELLENT RECORD KEEPING / VERY CLEAN SHOP

ARS 10#: 250 788

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

CACILITY NAME: DRYCLEAN U	SA			DAT	TE: 9-10-98
FACILITY LOCATION: 13886	SW 56 ST.				
	, 33175				
				1.0	
Annual Reporting Period:	9/97	19	_ то	9/98	19
Based on each term or condition of the Tit		=	-	/	DEP Rulc
62-213.300, Florida Administrative Code ((F.A.C.), during the	period cover	ed by this stater	nent UYES	ОиО
If NO, complete the following:					
#1. Term or condition of the general perm	ut that has not been	in continuou	s compliance di	uring the reporting p	period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:			<u> </u>		
Method used to demonstrate compliance:					
#2. Term or condition of the general per	nit that has not been	ı in continuo	ıs compliance d	uring the reporting	period-stated above:
				90	$\mathcal{C}_{\mathbf{c}}$
Exact period of non-compliance: from			to	Modific Sources	1
Action(s) taken to achieve compliance:				Olighi	184 M
Method used to demonstrate compliance:				Source	
				8 1	į.
			* * *		
As the responsible official, I hereby certimade in this notification are true, accura					
upon rolling averages of purchase receip	ots, does not exceed				
year for transfer or combination facilitie		<u>′</u>		<u>,</u>	- 1 105
RESPONSIBLE OFFICIAL:	LODIE TER		Du	e Z	9/10/9.8
	Name (Please Print)) / :	<i>y</i> ?	Signature	Date

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

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

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TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1495 TIME OUT: /	53CAIRS 10#:	
TYPE OF FACILITY: PERC DRY CLEHNER	6.10.68	
ACILITY NAME: DAY CITAN USA	DATE:	
FACILITY LOCATION: 15886 SW 56 ST.	,	
iniami, 33175	206.50-	
RESPONSIBLE OFFICIAL: 1617 PEREZ	PHONE NUMBER: 30 32 7-1977	
Based on the results of the compliance requirem compliance with DEP Rule 62-213.300, Florida	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).	
Based on the results of the compliance requirem discrepancies were noted:	ents evaluated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED	
· .		
	ALLE SEB CE MONTH	
	Out of the state o	
COMMENTS: EXCELLENT RECOLDINEED IN	NG /VERY CLEAN SHOP	
The Annual Compliance Certification form has been pr		O
)ATE OF NEXT INSPECTION:	9 99	
Not be from compacted by.	(Approximate) M. ENRIGUE FLURES	
NSPECTOR'S SIGNATURE: MEMIZIUF	PHONE NUMBER: 365-372.66	j25

Page__of__

Revised 10/96

Catch The 95 Magic Diamond Ride!

CC later

ACV

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	×	COMPLAINT/DISCOVE	ERY 🗖
•	RE-INSPECTION			
			_	· · ·
AIRS ID#: 02 50 7 88 D.	ate: <u>2/23/99</u>	TIME II	ч: <u>Д∶ОД<i>рт</i></u> тіме о	UT:2 ¹²⁵ Pm
FACILITY NAME: Dry	Clean US	A		·
FACILITY LOCATION: 13	886 SW 5	36 St		·
<u>M</u>	iami, Fi	33175	<u> </u>	
responsible official : 1	Eddie Kodri	gue Z	PHONE: (954) 49	3-6700
CONTACT NAME: TOC	lie Pere?	<i></i>	PHONE: (954)49	13-6700
Ka	w Mas		(305) 38	5-8392
PART I: NOTIFICATION				
(check appropriate box)	<u> </u>		<u> </u>	
1. New facility notified DARM 30	0 days prior to startup			
2. Facility failed to notify DARM				
A				·
PART II: CLASSIFICATION			· · · · · · · · · · · · · · · · · · ·	
TARTII. CLASSIFICATION				
Facility indicated on notification	form that it is:		☐ No notification form	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form☐ Drop store/out of busing	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	2. 1	New small a	☐ Drop store/out of busin	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. dry	-to-dry only,	☐ Drop store/out of busing the source ☐ x < 140 gal/yr	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry.	-to-dry only, asfer only, x	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	dry tran	-to-dry only, asfer only, x h types, x < l	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (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	2. dry tran boti (con	-to-dry only, asfer only, x h types, x < l nstructed on New large an	□ Drop store/out of busing rea source □ x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	dry tran both (con on gal/yr dry.	-to-dry only, asfer only, x on types, x < look instructed on New large auto-dry only,	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g	dry tran both (con day) dry dry dry dry gal/yr tran	-to-dry only, asfer only, x on types, x < li>l nstructed on New large and to-dry only, asfer only, 20	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	dry. tran botl (con 2. 1 dry. tran botl (con 2. 1 dry. tran botl (ry. dry. gal/yr tran botl	-to-dry only, asfer only, x of types, x < li>l nstructed on New large and to-dry only, asfer only, 20 types, 140 types, 140	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	dry tran boti (con)0 gal/yr gal/yr tran boti dry dry tran boti (con)0 gal/yr tran boti	-to-dry only, asfer only, x h types, x < l nstructed on New large au-to-dry only, asfer only, 20 h types, 140 enstructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class	dry tran both (con a sification 2. I dry tran both (con a sification 2. I dry tran both (con a sification 2. I dry tran a dry tran a sification 2. I dry tran a dry t	to-dry only, asfer only, x h types, x < 1 nstructed on New large and to-dry only, asfer only, 20 h types, 140 nstructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the second of t	dry tran both (con a sification 2. I dry tran both (con a sification 2. I dry tran both (con a sification 2. I dry tran a dry tran a sification 2. I dry tran a dry t	-to-dry only, a sfer only, x h types, x < l nstructed on New large an -to-dry only, asfer only, 20 h types, 140 enstructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	ness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the second of t	dry tran both (con)0 gal/yr gal/yr tran (con)1/yr both (con)2. 4. 1 dry dry dry gal/yr tran (con)2. 4. 1 dry dry dry dry tran (con)2.	-to-dry only, x steer only, x sh types, x < li>h types, x < li>nstructed on New large au -to-dry only, asfer only, 20 th types, 140 nstructed on \(\square \s	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	ness/petroleum

ARLIS 2/24/99

Revised 9/15/97

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

р	Has the responsible official of an existing large or new large area source also:			
D.	Has the responsible official of an existing large of new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ХĮY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПN	X IN/A
	ls the temperature differential equal to or greater than 20° F?			XN/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,			distra
	if machines are equipped with a carbon adsorber?	ЦY	ПN	X/N/A
i	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	XN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	□и	X N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	ПN	DN/A DXI/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	Ď K i/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	Y DN				
2. Maintained rolling monthly total of perc consumption?	XY DN				
3. Maintained leak detection inspection and repair reports for the following:	, ,				
a. documentation of leaks repaired w/in 24 hrs? or;	A/N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XVA				
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N MEN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DÝ DN ∭XN/A				
6. Maintained startup/shutdown/malfunction plan?	XY □N				
7. Maintained deviation reports?	OY ON XN/A				
Problem corrected?	ANA K NO YO				
8. Maintained compliance plan, if applicable?	OY ON XVIVA				

PART VI: LEAK DETECTION AND REPAIRS

		=	=				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					XY	□N ·
2.	Has the facility maintained a leak log?					XΥ	□N
3.	Does the responsible official check the f	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	Y	ПN	□N/A	Muck cookers	ΠY	ON DIN/A
	Door gaskets and seating	OYY	DN	□N/A	Stills	OTY.	□N □N/A
	Filter gaskets and seating	¥Υ	ПN	□N/A	Exhaust dampers	ØY.	□N □N/A
	Pumps	ØY	ПN	□N/A	Diverter valves	DY	□N □N/A
	Solvent tanks and containers	₩ Y	ПΝ	□N/A	Cartridge filter housings	Ø Y	□N □N/A
	Water separators	ΔY	ΩΝ	□N/A			
4.	Which method of detection is used by th	ie resp	onsib	le official?		,	
	Visual examination (condensed solvent on exterior surfaces)					ছ∕	
	Physical detection (airflow felt through gaskets)						,
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentati	tion (F	ID/PI	D/calorimetric t	ubes)		
	Halogen leak detector					ر ا	
	If using direct-reading instru	ıment	ation	, is the equipme	ent:	⊠ N/	/A
	a. Capable of detecting pe	erc va	ipor c	oncentrations in	a range of 0-500 ppm?	\Box Y	□N
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 						ПN
	c. Inspected for leaks and	d obvi	ous si	gns of wear on a	a weekly basis?	\square_{Y}	□N
	d. Kept in a clean and sec	cure a	rea w	hen not in use?		\Box Y	□и
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	□N	

Inspector's Name (Please)Print)

Inspector's Signature

2 23 (99)
Date of Inspection

Approximate Date of Next Inspection

DUSA 400 Machine

AIRS ID#: 0250788

pu Deceivi

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMING ANNUAL COMPLIANCE CERTIFICATION FORM

	<u>_</u>	Air Oughiy	
FACILITY NAME:	n USA +11140	Management Div	ATE: U /23/99
FACILITY LOCATION: 13886	8w 56 St		
	FL 33175		
Annual Reporting Period:	2 1998 то		2 1999
Based on each term or condition of the Title V ger 62-213.300, Florida Administrative Code (F.A.C.)	_	· \	th DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that h	as not been in continuous complia		g period stated above:
Exact period of non-compliance: from	<u> </u>	_ to	
Action(s) taken to achieve compliance:		· 	
Method used to demonstrate compliance:			70
			Burez
#2. Term or condition of the general permit that h	has not been in continuous compli	ance during the reporting	period stated allove:
N/ A			of Air
Exact period of non-compliance: from	to		1959 Momito Sources
Action(s) taken to achieve compliance:			VED (959) Monitoring
Method used to demonstrate compliance:		_	
As the responsible official, I hereby certify, based made in this notification are true, accurate and compon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	omplete. Further, my annual cons	sumption of perchloroeth	ylene solvent, based
Name (Pl	ease 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

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	ОИ			
AIRS ID#: 0250788 DATE: 3/23/	100 TIME IN: 12:45 PM TIME OUT: 1:15 PM			
FACILITY NAME: Dry Clean	USA			
FACILITY LOCATION: 13886 Se				
_	FL 33175			
RESPONSIBLE OFFICIAL: Angelo I	Fquierdo PHONE: (954) 493-6700			
CONTACT NAME:	PHONE:			
	8° 2 Pr			
PART I: NOTIFICATION	5 P. C.			
(check appropriate box)	Sources Control of the structure of the			
1. New facility notified DARM 30 days prior to sta	artup rc388			
2. Facility failed to notify DARM to use general pe	- 1			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box) A.	☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr			
transfer only, $x < 140$ gal/yr	transfer only, $x < 140$ gallyr			
both types, x < 140 gal/yr	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/y}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1,800$ gallyr	transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	□Y □Can not determine			
lf no, please check the appropriate classific	cation:			
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) perchloroethylene (pe	urchased within the preceding 12 months by this dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON DINA 1. Storing perchloroethylene in tightly sealed 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 sealed 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 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DYNA 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?

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?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	DИ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	·OY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A -
PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)				
1. Maintained receipts for perc purchased?	XV DN			
2. Maintained rolling monthly total of perc consumption?	MO AM			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XIN/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?	DY ON XW/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MYA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MN/A			
6. Maintained startup/shutdown/malfunction plan?	XQY ON			
7. Maintained deviation reports?	OY ON MIN/A			
Problem corrected?	OY ON XON/A			
8. Maintained compliance plan, if applicable?	DY DN XN/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? $\square N$ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, LY ON DN/A DYY DN DN/A Muck cookers couplings, and valves Y ON ON/A ØY □N □N/A Stills Door gaskets and seating XY ON ON/A XY ON ON/A Exhaust dampers Filter gaskets and seating AND ND YA Y ON ON/A **Pumps** Diverter valves MY ON DN/A DIY ON ON/A Solvent tanks and containers Cartridge filter housings Water separators AND ND YEX 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? אם "צם d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Namo (Please Print)

Inspector's Signature

3/23/00 Date of Inspection

Approximate Date of Next Inspection

manager

Machine operator said she was checking the temperature on the machine larly in the morning when she arrived at work. When I asked her to show me which gauge she was checking, she indicated the wrong gauge.

I noticed that the source went from using 435 gallons last year to 120 gallons this year. The manager said the chiller was replaced last year. It appears that a problem with the "chiller" was not suspected by our dept. because of the temp. reading of ~360 taken by the manager (under the required 450),

The manager also indicated that they will be setting a new machine in a couple of weeks. I informed her that she needs to notify us.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	СОМ	PLAINT/DI	ISCOVERY		RE-INSPE	CTION [
TIME IN: 12:45 pr	TIME OUT:	:250	m	AIRS II	D#: 025	50788		<u> </u>
TYPE OF FACILITY:	Kerc Dny Cl	ean	er_		•			_
FACILITY NAME:	3886 SW	50	St 1	`	1	DATE: 3/2	<u> 13/00</u>	<u> </u>
FACILITY LOCATION:	In Clean U	'SA_				<u> </u>		
	Miami, Fl	- 33	175					_
RESPONSIBLE OFFICIAL:	ngelo Itaju	erdi	9	_PHONE NU	JMBER: <u>[</u>	954) 4	13-670	
	the compliance requirement Rule 62-213.300, Florida A		-		i, the facilit	y is found to b	e in	
Based on the results of discrepancies were not	the compliance requirement	nts evaluat	ed during tl	his inspection	, the follow	ing complian	ce	
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FO	LLOW-UF	ACTIO	N REQUIF	ŒD	
Not monitoring temp	· of the outlets	side	Begi	n mon	itorin	9 the to	emp o	<u></u>
ob refrig. Conder	rsei after an a	ppiop	- the	conder	nser o	gthe to	ekly	bas
uate woldean.	period.	•						
	,							
		_						—
•				·				
		-				. •		
COMMENTS: ()					•			
COMMENTS. (100d	Recordke	eni	n A					
9000	7(0000000000000000000000000000000000000	90	8					
The Annual Compliance Certifi	cation form has been prope	erly certific	ed and subn	nitted to the i	nspector.	YES	ио Д	
DATE OF NEXT INSPECTION	on: 3/0/	•					/ \	
		(App	proximate)	-	_			_
INSPECTION CONDUCTED	RY: Lebor	a 1	7rin	en				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Ple	ase Print)				-0 (0	_
INSPECTOR'S SIGNATURE	:/ Norch	1-		PHONE NU	imber: <u>/</u>	305/37	12-693	<u> </u>
		<i>Pa :: -</i>	- 6				n 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	V0.6
	1 /	Page	of				Revised 10.	/ '' '



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



(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 # 0250788

MILLER SQUARE #11140 ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that 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	can return this e does not e number.		Receipt Service.
3. Article Addressed to: AIRS ID#: 0250788 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4b. Service 1 Registere Express I Return Rec	Type ad	you for using Return Rec
5. Received By: (Print Name) 6. Signature (Addressee or Agent)		e's Address (Only if requested paid)	Thank
	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. 3. Article Addressed to: AIRS ID#: 0250788 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	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. 3. Article Addressed to: AIRS ID#: 0250788 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 5. Received By: (Print Name) 6. Signature Addressee or Agent) 8. Addressee and fee is	■ 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#: 0250788 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 ARE EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 Addressee's Address (Only if requested and fee is paid) 8. Addressee's Address (Only if requested and fee is paid)

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	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sant to	Provided.	
EDI 1879	AIRS ID: (CLEAN USA DIE RODRIGUEZ 5 W COMMERCIAL BL\ AUDERDALE FL 33309	#: 0250788 /D., STE 140	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
 PS Form 3	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		

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IN ADDRESS completed on	AIRS ID 0250788 DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4a. Article Number 2 333 6/3 334 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery			
ls your RETURN	S G. Signatere (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt		
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	Postage	\$
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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SUITE 201

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ROBERT WENDEROTT
7771 W OAKLAND PARK BLVD #201
SUNRISE FL
33351

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