

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

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

Re: Facility I.D. No. 0250790

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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:	AIRS ID#:
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Dry Clean USA	DATE: 2.4.97
FACILITY LOCATION: 18515 S. Divie	DATE: 2.4.97 Hwy. Miami FL
	/
RESPONSIBLE OFFICIAL: Sharon Poerschke, M	gr. PHONE NUMBER: 235-7181
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·.	
COMMENTS:	1
:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2.98	
INSPECTION CONDUCTED BY: Rosana K	pproximate) OUERA lease Print)
INSPECTOR'S SIGNATURE: asama	PHONE NUMBER: 372-6942
Page	<u></u>

Perchloroethylene Dry Cleaning Facility Notification

يسادية ۾

Facility Name and Location

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Drictean USA
2. Site Name (For example, plant name or number):
South Dade * 1115
3. Hazardous Waste Generator Identification Number:
FLD 981 031 420
4. Facility Location: Street Address: 18515 S. Dixie Highway
City: Miami County: Dade Zip Code: 33157
5 Facility Identification Number (DFP I Ise)
10250790
Responsible Official
6. Name and Title of Responsible Official:
Eddie Rodriquez, President
7. Responsible Official Mailing Address: 1 Organization/Firm: Dry Clean USA Street Address: 1875 W. Commercial Blvd., Suite 140
Street Address: 18 15 W. COMMETCIAL DIVIDING 1900 Sip Code:
City: County: Zip Code: 33309
8. Responsible Official Telephone Number: Telephone: (954) 443 - 6700 Fax: (954) 493 - 8444
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Jodie Perez, District Mangger
10. Facility Contact Address:
Dryclean USA Street Address: 1875 W. Commercial Blva., Suite 140
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (494)493 -6700 Fax: (494)493 -8444
· · · · · · · · · · · · · · · · · · ·

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Bureau of Air Monitoring & Mobile Sources

#0250790

	# 0250790
	Dryclean USA
P.14	1.(a) add chite control device
	installed 1.10) mark out "X" and initial
	3. Should be new large area
p.15	4. Should be new large area Source W/ refrig. con. 5.(f) required
-	5(f) required
•	

Facility Information

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

-		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Conti
		Initially	Device		Initially	Device		Initially	Devid
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Instal
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-N
Dry-to-Dry Unit									
(1) w/ ref. condenser	*/	6/15/94							1
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•		-			-	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		· <u></u>			·· ·				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total (\(\frac{1}{2}\ext{Q} \) (b) If less than 12 montrol Check why it is less	are roquant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (Y perc)	_] purchased in				[
What is the facility's so (Indicate with an "X". Existing small an	Selec	et one classifi	ication only.)	1	nitions found		3) of	Part [[?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce []		

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What control technology is required (Indicate with an "X".)	uired on machines	pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	ĹX
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	y that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil co	d exclusively by n	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt		
·		·	
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required t	to be kept on-site i	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		
(b) Leak detection inspection and r	repair		[X_] .
(c) Refrigerated condenser tempera	ature monitoring		<u>(X)</u>
(d) Carbon adsorber exhaust perc of	concentration mon	itoring	
(e) Instrument calibration			
Start-up, shutdown, malfunctio	on plan		

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
<u> </u>	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	emptly notify the Department of any changes to the information contained in this notification.					
Signature	11/4/96 Date					

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

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOV	ERY 🗆
AIRS ID#: <u>0250 790</u> DA		TIME IN: <u>10:40am</u> TIME (\[\]
FACILITY LOCATION:/8	1515 S.D	rivie Hwy.	
PART I: NOTIFICATION		•	
(check appropriate box)			
1. Existing facility notified DARI	M by 9/1/96		
2. New facility notified DARM 30	days prior to startu	p .	
3. Facility failed to notify DARM	to use general perm	it	
	·		
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
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)	1	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
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr al/yr ⁄r</td><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=""><td>9</td></x<2,></td></x<2,>) gal/yr al/yr ⁄r	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=""><td>9</td></x<2,>	9
This is a correct facility classific	ation	DY ON	
If no, please check the appropria	te classification:		
☐ facility exceeds		not eligible for a general permit	
B. The total quantity of perchlor facility was 380 gallons.	oethylene (perc) pur	chased within the preceding 12 months l	by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON O'NA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 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 DN DN/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) 1. Equipped all machines with the appropriate vent controls? CY ON ONIA 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 ZY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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 DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON D NA
Is the temperature differential equal to or greater than 20° F?	DY DN END
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	אם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON TONIA
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?	DY ON
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 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 DANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	ON BW
6. Maintained startup/shutdown/malfunction plan?	ON ON
7. Maintained deviation reports?	DY PN
Problem corrected?	DY ON
8. Maintained compliance plan, if applicable?	OY ON ONIA

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)	Q
	Physical detection (airflow felt through gaskets)	a
	Odor (noticeable perc odor)	G
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	If using direct-reading instrumentation, is the equipment:	DNA
	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 (PID/FID only)? 	מם עם
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ОУ ОИ
	d. Kept in a clean and secure area when not in use?	מם עם
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN
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 ON Muck cookers	ON ON
	Door gaskets and seating Y ON Stills	dy on
	Filter gaskets and seating Y ON Exhaust dampers	מם עם
	Pumps Diverter valves	dy /on
	Solvent tanks and containers TY ON Cartridge filter housings	OY ON
	Water separators	

Sharon Poerschke	4
Name of Responsible Official	
Rosana Rivera	
Kosana Kivera Inspector's Name (Please Print)	
Casana Li	
Inspector's Signature	

2.4.97

Date of Inspection

2.98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·		
	•		·
	•		
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		•	
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AIRS ID#: 0250790

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY Clean US	SA DATE: 9/5/97
facility location: 18515 S. Divie	Hwy., Miami FL.
Annual Reporting Period: January	1996 TO <u>December</u> 1996
Based on each term or condition of the Title V general air perm 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
	SFP 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 during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements of perchloroethylene solvent, based 1,000 gallons per year far dry to dry facilities or 1,800 gallons per

^{*}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 PERMITE ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250790 SOUTH DADE #11115 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

刀

Do NOT Remove Label

Annual Reporting Period: January 1,	1997	то	December 31, 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (complete the following: #1. Term or condition of the general permit	F.A.C.), during the period co	vered by this statement.	☑yes □no
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 permi	t that has not been in continu	ous compliance during the	ne reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	Further, my annual consumpti	on of perchloroethylene sol	vent, based upon purchase receipts,
	HAEL GAGLIANO me (Please Print)	Signature	2/9/98 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 Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dructean USA
2.	Site Name (For example, plant name or number):
	South Dade. * 11115
3.	Hazardous Waste Generator Identification Number:
	FLD 981 031 420
4.	Facility Location: Street Address: 18515 S. Dixie Highway
	City: County: Zip Code:
	Milami Dade 33151
)).	Facility Identification Number (DEP Use): (1) 257.79()
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddie Rodriquez, President
7.	Responsible Official Mailing Address:
	Organization/Firm: Dry Clean USA Street Address: 1875 W. Commercial Blvd., Suite 140
	City: County: Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (954) 493 - 6700 Fax: (951) 493 - 8444
	Facility Contact (If different from Responsible Official)
	Facility Contact (II different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Jodie Perez District Mangger
10.	Facility Contact Address:
	Street Address: 1875 W. Commercial Blvd., Suite 140
	City: County: Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: (951)493 -6700 Fax: (951)493 -8441

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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	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		_	.,	S	tex -			_	_
(I) w/ ref. condenser	*1	6/15/94	1/5/01	Υ—	1 Ö				
(2) w/ carbon adsorber		GIRA	6/19/14						
(3) w/ no controls							-		
Washer Unit								1	
(4) w/ ref. condenser	 			T					
(5) w/ carbon adsorber								. —	
(6) w/ no controls					1	<u> </u>			
Dryer Unit									
(7) w/ ref. condenser			1	1					
(8) w/ carbon adsorber				ļ					
(9) w/ no controls	-		<u> </u>					 	
Reclaimer Unit		<u>L</u> _	L						
				1	Т	T			
(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 129	are r	equired to be	installed [_	Υ		it has ,			z. Rivera
(b) If less than 12 mon Check why it is less	hs, h	ow many? [_			_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	ource []	No	ew sn	nall area sou	rce [[]] (A	
Existing large ar	ea soi	urce []	N	ew la	rge area sour	ce X		pules	

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* unit has condenser.

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	3
	units shall not be eligible to use the general permit pursuant
to Rule 62-213.300; F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
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	ĹŽ.
(c) Refrigerated condenser temperature monitoring	ليك
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(x) (xe)

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
ĹŇ	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will prod	mptly notify the Department of any changes to the information contained in this notification. 11496 Date				
Gr.	DATE DATE DATE DATE DATE DISTRICT Manager				

Position

PRINT

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:	ANNUAL	¥	COMPLAINT/DISCO	OVERY OCT 28	1998
·	RE-INSPECTION	<u>'</u>		Bureau of Air N	_
AIRS ID#: 250 790 FACILITY NAME: FACILITY LOCATION:	185155 DX	ue Hw	9	& Mobile So	urges
RESPONSIBLE OFFICIAL	: John Pere , ke Jones sto	re Mayor	PHONE: 305	- 135-718]	-
PART I: NOTIFICATION					
(check appropriate box)	4.20 days prior to startus			П	
New facility notified DARI Facility failed to notify DA			-		
PART II: CLASSIFICATION Facility indicated on notification			☐ No notification fo		
(check appropriate box) A. 1. Existing small area sordry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sordry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,40	al/yr d 'r tr b 1) (c 12,100 gal/yr d	. New large a ry-to-dry only,	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	business/petroleum	
both types, $140 \le x \le 1,80$ (constructed before 12/9/9) 5. This is a correct facility	0 gal/yr b 1) (d	oth types, 140	$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91) Can not determine	•	:
☐ fac ☐ fac B. The total quantity of perch		al permit as nu s and is not elig	ible for a general perr	nit	
facility was <u>260</u> gallor	· · · · ·				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 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? XY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BYMA 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? DA ONIA 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 AMO NO Q 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?	DN ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y ON ON/A
	Is the temperature differential equal to or greater than 20° F?	XY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON DAYA
	Is the perc concentration equal to or less than 100 ppm?	DY DN BYNA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ANIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	AVÁRE NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DN PAC
2. Maintained rolling monthly total of perc consumption?	XXY ON
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/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?	אולאשל אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	AVAK NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN S AN/A
6. Maintained startup/shutdown/malfunction plan?	У МО 3 У С
7. Maintained deviation reports?	OY ON BANA
Problem corrected?	OY ON DAYA
8. Maintained compliance plan, if applicable?	DN ON/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? DΝ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, TY ON ON/A couplings, and valves Muck cookers Y ON ON/A ØY □N □N/A ZY ON ON/A Stills Door gaskets and seating GAY ON ON/A ON ON/A Filter gaskets and seating Exhaust dampers ON ON/A Pumps Diverter valves Y ON ON/A Solvent tanks and containers Cartridge filter housings Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: ŌN/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use OY ON (PID/FID only)? \square Y \square N c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? NO YO

Inspector's Name (Please Print)

Oute of Inspection

Oute of Inspection

Oute of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
Gave DEP Calendar Gave DERM P2 Bookket	
Gave DERM P BOKET	-
Aerotach 650	
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			DEST AVAILABLE CUPT
YPE OF INSPECTION:	ANNUAL OM	PLAINT/DISCOVERY []	RE-INSPECTION
IME IN: 10:40	TIME OUT:	MIRS ID#:	0250790
YPE OF FACILITY:	Dry to pry		
ACILITY NAME: 19	1 Clean USH A	11115	DATE: 9/29/9/
ACILITY LOCATION:	18515 S. DIYIE	Huy. Store marage	
ESPONSIBLE OFFICIAL:	Judie Perez Dos Marage	Huy. Thes Store manager PHONE NUMBER	(200) 235 7/21
	f the compliance requirements evaluate Rule 62-213.300, Florida Administra		facility is found to be in
	f the compliance requirements evalua		following compliance
·	QUIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
	·		
	, , , , , , , , , , , , , , , , , , , 		
			· · · · · · · · · · · · · · · · ·
COMMENTS:	1. 16.	keatan side	
HOI Al	Receipt must be	region or sin	
	:		
		·	
The Annual Compliance Cert	ification form has been properly certi	fied and submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECT			
NCDDOTTON OOM	$\sim M M \sim 2$	pproximate) 5 hk ND	
NSPECTION CONDUCTI		Clease Pelint)	, 6
NSPECTOR'S SIGNATUI	(1)//2 / 1/4/1 / 1	MAN PHONE NUMI	-308 BER: 372-6
•	Pagc_	of	Revised 10/96

ACC Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USH # FACILITY LOCATION: 18515 S. DYIE H	(1115 DATE: 9/29/98
FACILITY LOCATION: 18515 ST DIVINE H	luy
Annual Reporting Period: 9/97	19 TO
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period	A /
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in con	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in co	ntimuous compliance during the reporting period-stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	* RECEIVED
Method used to demonstrate compliance:	OCT 2 7 1998
	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information of made in this notification are true, accurate and complete. Further upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	and belief formed after reasonable inquiry, that the statements, my annual consumption of perchloroethylene solvent, based

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

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

Catch The 95 Magic Diamond Ride!

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCOVER	Υ ロ
AIRS ID#: 0250790 I	ате: <u>3 31 99</u> ч Clean		1:40 am TIME OUT	r: 12:00pm
	. •		·	
FACILITY LOCATION: \int	5515 S.D	ixie Hn	14	
<u> </u>	liami, Fl	- 331	<u>57</u>	
RESPONSIBLE OFFICIAL :	Eddie Rod	Insuen	PHONE (954) 493	-6700
CONTACT NAME: ROW	2 Mas		PHONE: (305)38	5-8392
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 3	0 days prior to startu	p .		
2. Facility failed to notify DARM	to use general perm	it	<u></u>	
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	ı form that it is:		☐ No notification form ☐ Drop store/out of busines	s/petroleum
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)	d ti b	e. New small ar dry-to-dry only, x ransfer only, x < both types, x < 14 constructed on o	c < 140 gal/ут 200 gal/ут 40 gal/ут	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,16$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr d gal/yr ti l/yr b	ransfer only, 200	$ 40 \le x \le 2,100 \text{ gal/yr} $ $ 0 \le x \le 1,800 \text{ gal/yr} $ $ x \le 1,800 \text{ gal/yr} $	
5. This is a correct facility clas	sification 5	Ж ои	□Can not determine	
	qualified for a gener	al permit as num	aboveabove ole for a general permit	
B. The total quantity of perchloro facility was 260 gallons.	ethylene (perc) purch	nased 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) 1. Storing perchloroethylene in tightly sealed and impervious containers? ANYE NO YO 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? ĎY 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 condenser upon opening the door? □N □N/A 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 DY ON XONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after Y QN verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Y ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DANA
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	מועל מם עם אות אם עם אות אינה אינה אינה אינה אינה אינה אינה אינה
	Is the perc concentration equal to or less than 100 ppm?	אוואל אם צם
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 ANIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ANIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY 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;	DA DU AUNV
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 DN DYVA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DXIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	. מועלם אם צם
Problem corrected?	DY DN DENIA
8. Maintained compliance plan, if applicable?	OY ON XVIA

DA	ART VI: LEAK DETECTION AND	DEDATE			
1.1	TRI VI: LEAR DETECTION AND	REPAIRS			
١.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair	
	inspection?			XY DI	1
2.	Has the facility maintained a leak log	?		DN 01	1
3.	Does the responsible official check th	e following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y ON O	N/A
	Door gaskets and seating	DAY ON ON/A	Stills	DAY DN D	N/A
	Filter gaskets and seating	AND NO YES	Exhaust dampers	JOIN ON O	N/A
	Pumps	AINO NO YE	Diverter valves	DY ON O	N/A
٠.	Solvent tanks and containers	AVID NO YEAR	Cartridge filter housings	: ON ON O	N/A
	Water separators	ANO NO YOU			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)	×	
	Physical detection (airflow felt t	hrough gaskets)	•	X	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	_ 	
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	ment:	A/N/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	□У □И	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and s	secure area when not in us	e?	OY ON	
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON	

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:		
		•	
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			;
			-
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11: 40am TYPE OF FACILITY: Per FACILITY NAME: DM FACILITY LOCATION: 15	Clean USA	e Hwy	DATE: 3/31/99
RESPONSIBLE OFFICIAL:	iami, FC 33 Eddie Rodrige	157 PHONE NUMBER:	(954)493-6700
compliance with DEP Ru	ıle 62-213.300, Florida Administ	ated during this inspection, the facil rative Code (F.A.C.). ated during this inspection, the follo	
discrepancies were noted	-	FOLLOW-UP ACTION	
<u> </u>		·	
	· -		
	· · · · · · · · · · · · · · · · · · ·	·	
COMMENTS: Excel	lent Recor	dkeeping	
The Annual Compliance Certifica DATE OF NEXT INSPECTION	v: 3/31/99	fied and submitted to the inspector.	YES NO
INSPECTION CONDUCTED E	x. Debora	pproximate) 3 (JVINL) Tease Print)	
INSPECTOR'S SIGNATURE:	Page_	PHONE NUMBER:_ 	(305) 372 - 6125 Revised 10/96

AIRS 1D#: <u>0250790</u>



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				Air Qual			
FACILITY NAME: Ory	Clean US	SA #III	15 Mar	nagement	D DATE:	0/23	199
FACILITY LOCATION:/86	515 S 2	<u>)ixie</u>	HWY		_		
Mi	ami, FL 3	33157					
	·						
Annual Reporting Period:	<u> </u>	<u>3</u> 19 <u>98</u>	≯то			<u>3</u>	19 <u>49</u>
Based on each term or condition of the 62-213.300, Florida Administrative Co				3 <u>−</u> ∠	_	Rule INO	
If NO, complete the following:							
#1. Term or condition of the general p	ermit that has not beer		-	uring the repor	ting period	stated ab	жve:
Exact period of non-compliance: from		·	to		 		
Action(s) taken to achieve compliance							70_
Method used to demonstrate compliance	ce:	_			urez &	ے	
#2. Term or condition of the general p					u of Mobi	<u>—</u>	
4.1 / A				iring the repor	And Monitor	stated at	00 ve
•					Monitorir Sources		111
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·		to		<u> </u>		
Action(s) taken to achieve compliance							
Method used to demonstrate compliance	ce:						
As the responsible official, I hereby ce made in this notification are true, accupon rolling averages of purchase recyear for transfer or combination facili	rate and complete. Fi cipts, does not exceed	urther, my anni	ual consumption	n of perchlore	ethyl <mark>ene s</mark> o	lvent, ba	ised
ANGE	LO IZQUIE	200	וט	Pristrife		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 COMPLIANCE I

X

TYPE OF INSPECTION: ANNUAL RE-INSPE	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
AIRS ID#: 0250790 DATE: 3	30/00 TIME IN: 12:35pm TIME OUT: 12:45pm
FACILITY NAME: <u>Dry Clca</u>	un USA
FACILITY LOCATION: 18515	S Dixie Hwy
	i, FL 33157
RESPONSIBLE OFFICIAL: Angelo	Izginerdo PHONE: (954) 493-6700
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	77
(check appropriate box)	to startup
1. New facility notified DARM 30 days prior	to startup Nobile 2 5
2. Facility failed to notify DARM to use gener	ral permit P S
	OUT S FT
PART II: CLASSIFICATION	ces
Facility indicated on notification form that i	
(check appropriate box)	Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
(constructed before 12/3/31)	(constructed on of arter 12/7/71)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2$; 100 gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y DN DCan not determine
If no, please check the appropriate cla	
	a general permit as number above
☐ facility exceeds abo	ve limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (pe	

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

				121
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?	ΩY	ПN	
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?	ПY	ПN	□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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	XEL	ИП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection	n?		:	\Box Y	□N	
2. Has the facility maintained a leak log?				ΠY	□и	
3. Does the responsible official check the following areas for leaks?						
l	se connections, fittings, uplings, and valves	OY ON ON/A	Muck cookers	ΠY (DN/A	
Door gaskets and seating		OY ON ON/A	Stills	□Y □N □N/A		
Filter gaskets and seating		OY ON ON/A	Exhaust dampers	□Y □N □N/A		
Pum	nps	OY ON ON/A	Diverter valves		A/N	
Solv	vent tanks and containers	AND NO YES	Cartridge filter housings		אותם אב	
Wate	i ter separators	DY DN DN/A				
4. Which me	4. Which method of detection is used by the responsible official?					
Visu	ual examination (condensed solv	vent on exterior surfaces)				
Phys	Physical detection (airflow felt through gaskets)					
Odo	or (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halo	ogen leak detector					
If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				אב	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					NE	
c. Inspected for leaks and obvious signs of wear on a weekly basis?					אכ	
d. Kept in a clean and secure area when not in use?					Jh	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					אנ	

Inspector's Name (Please Print)

Inspector's Signature

3/30/00 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:					
	·				
	·				
	•				
1	·				
,					
·					

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XX COM	APLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 12:35 pm TIME OUT: 12:	45 pm AIRS ID#: 0250790						
TYPE OF FACILITY: Perc Dry Clear	ner						
FACILITY NAME: 18515 S DIXIE HWY 5 DATE: 3/300							
FACILITY LOCATION: Dry Clean USA	· · · · · · · · · · · · · · · · · · ·						
RESPONSIBLE OFFICIAL Angelo Itaquero	PHONE NUMBER (954) 493-6700						
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administr							
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:							
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
COMMENTS: Site un langue anavation	AS A MARK STATE ASISTAN						
machine still on site. Perc hold	ing tanks below machine anno						
to be empty. Bo needs to sex	nd a copy of receipt for						
Proper waste disposal of perc	ing tanks below machine appeared a copy of receipt for from machine tanks.						
The Annual Compliance Certification form has been properly certification.							
DATE OF NEXT INSPECTION:	1						
	oprovinate)						
INSPECTION CONDUCTED BY:	(7) Debora Griner						
Na land	leasdPrint)						
INSPECTOR'S SIGNATURE:	<u> </u>						
Page	of Revised 10/96						

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

Cources oring

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.

Sincerely.

Eddie J. Rodriguez Chief Operating Officer

/rf

cc

Angelo Izquierdo Art Pennetta, Natural Resource Specialist I, Broward County

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# 0250790

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 Obj.: 002273



(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

DRYCLEAN USA AIRS ID # 0250790 ANGELO IZQUIERDO

1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03500; Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250790

DRYCLEAN USA *IIII5
MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250790

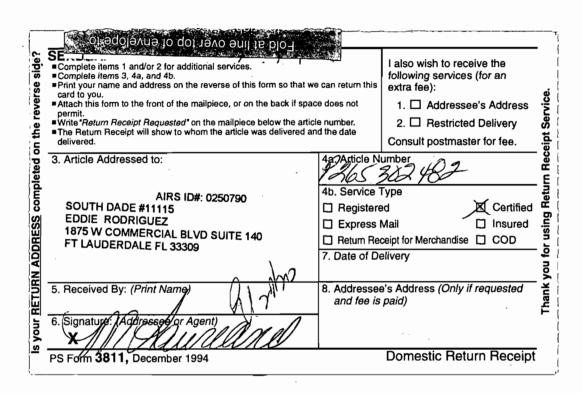
SOUTH DADE #11115 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Z 333 PF3 33P US Postal Service Receipt for Certified Mail AIRS ID 0250790 SOUTH DADE #11115 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date



	P 265	302 482			
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to					
AIRS ID#: 0250790 SOUTH DADE #11115 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309					
	Certified Fee				
	Special Delivery Fee				
2	Restricted Delivery Fee)			
199	Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to W Date, & Addressee's Address				
800	TOTAL Postage & Fees \$				
PS Form 3800 , April 1995	Postmark or Date A/1/9/	1			