

# 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. 0250793

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

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

### **BEST AVAILABLE COPY**

AIRS ID#: 0250793

# DRY CLEANER AIR QUALITY GENERAL PE ANNUAL COMPLIANCE CERTIFICATION FOR Dry Clean USA #72119

FACILITY NAME:	Dry Ch	ean	USA	<u>#7211</u>	9 110
FACILITY LOCATION: _	13725	SW	152	St.	
	Miami	$\overline{}$	A	6	: K#
-			_		A
Annual Reporting Period:		L	199	9 то _	<del></del>
Based on each term or condit	tion of the Title V	general air ne	rmit my faci	ility has rema	ined in con
52-213.300, Florida Adminis		_			
f NO, complete the following	g:				
1. Term or condition of the	general permit tha	at has not bee	n in continuo	ous complianc	e during th
Exact period of non-complian	rice: from			t	o
Action(s) taken to achieve co	mpliance:				
Method used to demonstrate	compliance:				
2. Term or condition of the	general permit that	at has not bee	n in continuo	ous complianc	e during th
· · · · · · · · · · · · · · · · · · ·	<del></del> -	,		$\overline{}$	
Exact period of non-complian	nce: from		·	to	
Action(s) taken to achieve co	mpliance:				
Method used to demonstrate	compliance:				
As the responsible official, I nade in this notification are upon rolling averages of pur vear for transfer or combinal	true, accurate and chase receipts, doe	l complete. F	urther, my a	nnual consum	<del>ption</del> _of p€
RESPONSIBLE OFFICIAL		(Please Print)	rdo		Signature
<del></del>		101)KIC	NUC-	/	

Page \_\_\_\_\_ of \_\_\_\_.

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification discretion of the responsible official to use this form.

# DRYCLEAN-USA

DEC 1 8 2009

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

December 5, 2000

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

RECEIVED
DEC 1 3 2000

Air Quality

Management Division

Re:

**Annual Compliance Certification Forms** 

Dryclean USA of Florida, Inc.

**Miami-Dade County** 

Dear Ms. Griner:

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

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

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

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

Sincerely.

Eddie J. Rodriguez
Chief Operating/Officer

/rf



### MIAMI-DADE COUNTY, FLORIDA





ENVIRONMENTAL RESOURCES MANAGEMENT AIR QUALITY MANAGEMENT DIVISION 33 S.W. 2nd AVENUE SUITE 900

MIAMI, FLORIDA 33130-1540 TELEPHONE: (305) 372-6925 FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo Dryclean USA 1875 West Commercial Blvd., Suite 140 - いんねかんだい Fort Lauderdale, Florida 33309



Dear Mr. Izquierdo:

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

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

Pursuant to the General Permit for Perchloroethylene Dry Cleaners Part II (3)(a) Administrative Corrections, within 30 days of any changes requiring corrections to information contained in the initial notification form, the responsible official shall notify the Department in writing. Such changes shall include, but are not limited to, any change in name of the designated responsible official as well as change in or removal of perc dry cleaning machines.

If you need additional information on the above please contact me at (305) 372-6925.

Sincerely,

Debbie Griner, Pollution Control Inspector II

Air Facilities Section

Enc: Annual Certification Forms and Inspection Summary Reports

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

Sources of No.

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

# #0250793

	or. → • • • • • • • • • • • • • • • • • •
	Dryclean USA
	· · · · · · · · · · · · · · · · · · ·
D.14	1.1a) add date control device installed
, , ,	installed
	1.1c) mark out "X" and initial 5.1f) required
D.15	5.(f) required
r	, , , , , , , , , , , , , , , , , , ,

### 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):
	Country Walk * 11119
3.	Hazardous Waste Generator Identification Number:
	FLD981619979
4.	Facility Location: Street Address: 13725 S.W. 152 Street
	City: Miami County: Dade Zip Code: 33186
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use): U250793
	Responsible Official
	No. of the control of
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
8.	Responsible Official Telephone Number.
	Telephone: (934) 493 -6700 Fax: (934) 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:
	Dry clean USA Street Address: 1875 W. Commercial Blvd., Suitz 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: (954) 493-6700 Fax: (954) 493-8444

RECEIVED

NOV 8 1996

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

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control	l	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
	W (	12/11/85							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		_				•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									"
(9) w/ no controls									
Reclaimer Unit						- <u>-</u>			
(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 of the control devices  (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".	Selec	et one classifi	cation only.)	)	nitions found		3) of	Part II?	
Existing small ar	ea so	urce []	Ne	-w 211	ian area sour		I		
Existing large are	ea so	urce [X]	Ne	w la	rge area sour	ce [	]		

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

<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	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  []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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 mon	itoring []
(e) Instrument calibration	[]
Start-up, shutdown, malfunction plan	

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

### Surrender of Existing Air Permit(s)

Please indicat	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)
L	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.    1/4/96   Date

### INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:55 pm TIME OUT: 2:45p	omAIRS ID#: <u>0250 793</u>
TYPE OF FACILITY: And Cleaner	
FACILITY NAME: Dry Clean USA	DATE: 2. 4.97
FACILITY NAME: Dry Clean USA FACILITY LOCATION: 13725 SW 152 D	d. Miani Il
,	
RESPONSIBLE OFFICIAL: CORTOS Vega, MgR.	PHONE NUMBER:
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evaluat discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No etait up shutdown plan	must keep one ox site.
	·
COMMENTS:	
:	
The Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2.98	<u> </u>
	proximate)  v EPEA
	ease Print)
INSPECTOR'S SIGNATURE: Jasana	PHONE NUMBER: 372 - 6942

Page  $\underline{\hspace{0.1cm}}$  of  $\underline{\hspace{0.1cm}}$ .

Revised 10/96

# $\times$

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISCOVE	RY 🗆
		TIME IN: _ /: 55pm TIME O	<b>'</b>
FACILITY LOCATION:	725 SU	152 St.	
PART I: NOTIFICATION			
(check appropriate box)	· <u>=</u>		
1. Existing facility notified DARM b	y 9/1/96		9
2. New facility notified DARM 30 da	ays prior to startup		
3. Facility failed to notify DARM to	use general permit		۵
PART II: CLASSIFICATION  Facility indicated on notification for	rm that it is:		
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dr trz bo	New small area source y-to-dry only, x<140 gal/yr ensfer only, x<200 gal/yr th types, x<140 gal/yr constructed on or after 12/9/91	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y="" yr=""><td>l/yr dr r tr: bo</td><td>New large area source y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	l/yr dr r tr: bo	New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	on 🖸	Y ON	l
If no, please check the appropriate of	classification:		
facility qualified for facility exceeds ab	•	as number above ot eligible for a general permit	·
B. The total quantity of perchloroet facility was $\cancel{4(\rho)}$ gallons.	hylene (perc) purcl	nased within the preceding 12 months by	y this dry cleaning

2/19/97

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 B NA			
2. Examining the containers for leakage?	DY DN WA			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מם אם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואים אם עם			
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?	DY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AINO NO RE			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	CY ON			

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ENA
	Is the temperature differential equal to or greater than 20° F?	OY ON BNA
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 BYNA
	Is the perc concentration equal to or less than 100 ppm?	DA DN
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON PINIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON DAVIA
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
=		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, .
1. Maintained receipts for perc purchased?	ON CN
2. Maintained rolling monthly averages of perc consumption?	GY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	ON 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 EIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON 1910A
6. Maintained startup/shutdown/malfunction plan?	OY ON .
7. Maintained deviation reports?	א לו מם צם
Problem corrected?	DY ON CONA
8. Maintained compliance plan, if applicable?	DY ON ONIA

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

2.	2. Which method of detection is used by the responsible official?								
	Visual examination (condensed solvent on exterior surfaces)	<b>3</b> /							
	Physical detection (airflow felt through gaskets)	<b>~</b>							
	Odor (noticeable perc odor)	9							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
	If using direct-reading instrumentation, is the equipment:								
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	מם צם							
	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?	מם עם							
	d. Kept in a clean and secure area when not in use?	ОУ ОИ							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ОУ ОЙ							
3. Has the facility maintained a leak log?									
4.	. Does the responsible official check the following areas for leaks?								
ļ.	Hose connections, fittings, couplings, and valves $\Box Y$ $\Box N$ Muck cookers	OY ON							
l L	Door gaskets and seating OY ON Stills	OY ON							
	Filter gaskets and seating	DY ON							
	Pumps' DN Diverter valves	OY ON							
	Solvent tanks and containers DY DN Cartridge filter housings	OX ON							
	Water separators DY DN	·							

Name of Responsible Official

Resana Rivera

Inspector's Name (Please Print)

Date of Inspection

2.4.97

Date of Inspection

2.98

Approximate Date of Next Inspection

DITIONAL SITE INFORMATION:	
·	
·	
	,

### AIRS ID#: <u>0250793</u>

### **BEST AVAILABLE COPY**

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# DRY CLEANER AIR QUALITY GENERAL PERMIT

	ECEIVE	
$\mathcal{U}$	SEP 2 3 1997	

FACILITY NAME: DRY Clean USA		Air Quality  DMERagement Division
FACILITY LOCATION: 13725 SW 152 ST		
Annual Reporting Period: <u>January</u> I	996 TO <u>Necember</u>	19 <i>96</i>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	,	<b>k</b> ⊷i
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in cont	inuous compliance during the report	ing period stated above:
No startup/shutaown plan.		
Exact period of non-compliance: from January 2	0,1997 to Februa	ry 6,1997
Action(s) taken to achieve compliance: Had Muny made	le from same mad	hine.
Method used to demonstrate compliance: Woy of start	tup/shutdown plan 1	n Complance
•		11 Iano
#2. Term or condition of the general permit that has not been in con		
	R	ECEIVED
Exact period of non-compliance: from	to	SEP 2 9 1997
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		Bureau of Air Monitoring  & Mobile Sources
As the responsible official, I hereby certify, based on information an made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 go year for transfer or combination facilities.	ny annual consumption of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIAL: EDDIE J. Rodliguez  Name (Please Print)	Signature	7/5/77 Date
	<del></del>	<del></del>

\*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):
	Country Walk * 11119
3.	Hazardous Waste Generator Identification Number:
	FLD981619979
4.	Facility Location: Street Address: 13725 S.W. 152 Street
	City: Miami County: Dade Zip Code: 33186
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use): D350793
	Responsible Official
6.	Name and Title of Responsible Official:
0.	•
	Eddie Rodriquez President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blud., Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (984)493-6700 Fax: (984)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 Addless:
	Dry Clean USIT Street Address: 1875 W. Commercial Blvd., Suitz 140
	City: Zip Code:
1 1	
11.	Facility Contact Telephone Number:  Telephone: (954) 493-6700 Fax: (954) 493-8444

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NOV 8 1996

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

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
	ļ	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	in -			<del>-</del>	
	e [	12/11/85	12/11/85	Y		T		<u> </u>	1
(2) w/ carbon adsorber		14/11/03	1211102	γ				1	
(3) w/ no controls								-	<del>                                     </del>
Washer Unit	_	l					l		
(4) w/ ref. condenser		I			1	1	Ī	<del></del>	
(5) w/ carbon adsorber	_			<del>-</del>			<del> </del>	· -	1
(6) w/ no controls				-	1				
Dryer Unit		<u> </u>	L	L	J	<u> </u>		L	
(7) w/ ref. condenser			1		T	T		1	1
(8) w/ carbon adsorber				-				<del>                                     </del>	
(9) w/ no controls				<del>  -</del>	<del>                                     </del>			<del> </del>	<del>                                     </del>
Reclaimer Unit	<u> </u>				1	L	1	1	<u> </u>
(10) w/ ref. condenser			Τ	Ţ		1	}		
(11) w/carbon adsorber				<del> </del>	<del> </del>		<del> </del>	<del>                                     </del>	
(12) w/ no controls				-		<u> </u>		}	
(12) Willo Collifols		l	<u></u>	L .		L	L		
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are re quanti gallo	equired to be ity of perchlons ons	installed [	(perc)	purchased in				بِ
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.	)	nitions foun		3) of ]	Part II?	
Existing large ar	ea soi	arce [X]	И	ew la	rge area sour	rce [	]		

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

4. What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	) of Part II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated conden	ser [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 eligit to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	units on-site meet the following
All steam and hot water generating units on-site (1) have a total heat inpu boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulp	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping I	
Check all logs which are required to be kept on-site in accordance with the	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <u>}</u>
(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	4 Deg

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

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
ĹĹ	No air permits currently exist for the operation this notification form.	ion of the facility indicated in			
	Responsible Official	Certification			
this notific statements maintain t comply wi	cation. I hereby certify, based on information s made in this notification are true, accurate a the air pollutant emissions units and air pollut	tion control equipment described above so as to mit as set forth in Part II of this notification form.			
Jan	ignaruse.	DATE  DISTRICT Manager  Position WT. Company			
	PRINT Name	Position WT. Company			

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCS OF 1998 TYPE OF INSPECTION: ANNUAL Bureau of Air Monitoring **RE-INSPECTION** & Mobile Sources AIRS ID#: 250793 TIME IN: 1030 TIME OUT: 1118 **FACILITY LOCATION:** Dominica Me ENCIONO PHONE: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2,100 gal//vrdry-to-dry only, 140 < x < 2.100 gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr both types, 140 < x < 1.800 gal/yr both types, 140 < x < 1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification ΠN □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit

1 of 5

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

facility was 340 gallons.

Revised 9/15/97

# Is the responsible official of the dry cleaning facility: (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 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/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?

В.	Has the responsible official of an existing large or new large area source also:	***
ł.	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?	ON ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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?	DY DN ANA
	Is the perc concentration equal to or less than 100 ppm?	אלאל אם צם אם אם אלא
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 ONTA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ANYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	איאל אם עם

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:						
(check appropriate boxes)	<b>A</b>					
Maintained receipts for perc purchased?	CA ON					
2. Maintained rolling monthly total 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;	DNY DN XX					
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 AMIA					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN (MA)A					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DOWNA					
6. Maintained startup/shutdown/malfunction plan?	MA ON					
7. Maintained deviation reports?	ANAD! NO CKO					
Problem corrected?	DY ON MIA					
8. Maintained compliance plan, if applicable?	DAY ON ON/A					

PA	PART VI: LEAK DETECTION AND REPAIRS						
١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			AY ON			
2.	Has the facility maintained a leak log?			DN DN			
3.	Does the responsible official check the	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	DO ON ON/A			
	Door gaskets and seating	AND NO YA	Stills	TY ON ON/A			
	Filter gaskets and seating	AND NO THE	Exhaust dampers	DA ON ON/A			
	Pumps	ON ONIA	Diverter valves	Y ON ON/A			
	Solvent tanks and containers	SP ON ON/A	Cartridge filter housings	DN ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed se	olvent on exterior surface	es)	90 90 80 80			
	Physical detection (airflow felt th	rough gaskets)		Ø.			
	Odor (noticeable perc odor)			<b>X</b>			
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)				
	Halogen leak detector		•	ØF.			
	If using direct-reading instr	umentation, is the equip	oment:	□N/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON			
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?						
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON			

M. Fche // Fishking 9/28/98
Inspector's Name (Please Print) Date of Inspection

Matural Manual 9/99
Inspector's Signature Approximate Date of Next Inspection

	ADDITIONAL SITE INFORMATION:
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	in the second

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clea FACILITY LOCATION: 137	N USA	11/19	r	ATE: 9/28	8 BR
ACILITY LOCATION:	25 SU	1152nd 5	7-		<del></del>
Annual Reporting Period:	9			9	19 ZZ
Based on each term or condition of the Title V 2-213.300, Florida Administrative Code (F.A.	•	•		vith DEP Rulc	
1. Term or condition of the general permit	that has not been in	n continuous complian	∝ during the reporting	ng period stated a	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 i	n ∞ntinuous ∞mplian		ng period-stated	
Exact period of non-compliance: from		t	o REC	<u>, L   V                                 </u>	
Action(s) taken to achieve compliance:			0	CT 2 7 1998	
Method used to demonstrate compliance:	<del></del>		Burea &	u of Air Monito Mobile Sources	ring
	and complete. Fur	ther, my annual consu 100 gallons per year J	mption of perchloroe	thylene 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.

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

cc Later

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DISCO	VERY <sup>-</sup>	<u> </u>
AIRS ID#: 0250 793 D	ATE: 3 31 99	TIME I	N: 11:00 am time	оит: <u>[[</u>	15am
FACILITY NAME: DY					
FACILITY LOCATION: 12	7725 SW	152	St		
	iami F		53186		
RESPONSIBLE OFFICIAL :	ddie Kodri	guez	PHONE: (954)	1493-	0700
CONTACT NAME:	me Mas	<u> </u>	phone: (305)	385-	8392
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30	days prior to startup		•		
2. Facility failed to notify DARM	2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification	form that it is:		☐ No notification form		
(check appropriate box)			☐ Drop store/out of bu		oleum
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)	dry- trans both		x < 140 gal/yr < 200 gal/yr 40 gal/yr		
			or arter 1219191)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gala (constructed before $12/9/91$ )	0 gal/yr dry- gal/yr trans yr both	lew large an to-dry only, efer only, 20 types, 140	,	: ∴	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gala	0 gal/yr dry- gal/yr trans /yr both (con	lew large an to-dry only, efer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ב	
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 gal. (constructed before 12/9/91)</li> <li>5. This is a correct facility class</li> <li>If no, please check the appropriate of the present the source of the source</li></ul>	o gal/yr dry- yal/yr trans yr both (con ification Y  propriate classification: qualified for a general p	lew large and to-dry only, after only, 20 types, 140 structed on the large and large a	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 $12/9/91$ ) $\square \text{ Can not determine}$		

3/31/99 APSG

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? 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? A/AD AD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DN DN/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 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?	X <sub>Y</sub>	MD
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N XN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ПΥ	ON DINA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	AINTA NO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. <b>Q</b> Y	ON KINIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ON XN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XX ON
2. Maintained rolling monthly total of perc consumption?	, 20х ои
3. Maintained leak detection inspection and repair reports for the following:	, · ·
a. documentation of leaks repaired w/in 24 hrs? or;	אואל אם אם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איאל אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אאל אם אם
6. Maintained startup/shutdown/malfunction plan?	X(Y DN
7. Maintained deviation reports?	DY DN DNA.
Problem corrected?	□Y □N ØN/A
8. Maintained compliance plan, if applicable?	DY DN DXN/A

1,4	ART VI: LEAK DETECTION AND	REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	. 9		AY ON	
2.	Has the facility maintained a leak log	<i>;</i> ?		, Мл. Пи	
3.	Does the responsible official check th	ne following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	MY ON ON/A	
	Door gaskets and seating	AND NO THE	Stills	AND ND YA	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	AND NO AND	
	Pumps	DAY ON ON/A	Diverter valves	AVA ON ON/A	
	Solvent tanks and containers	איום אם צוער	Cartridge filter housings	AV ON ON/A	
	Water separators	AND NO SEE		,	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	:s)	×	
	Physical detection (airflow felt t	through gaskets)	. · · · · · · · · · · · · · · · · · · ·	×	
	Odor (noticeable perc odor)			Þ	
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	ment:	DN/A	
	a. Capable of detecting	3 perc vapor concentrations	s in a range of 0-500 ppm?	$\Box Y \cdot \Box N$	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	מם צם	
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in use	e?	OY ON	
	e. Verified for accurac	y by use of duplicate samp	les (calorimetric only)?	OY ON	
			·		

Debora Griner	3/31/99
Inspector's Name (Please Print)	Date of Inspection
Deborel (Tr	3/2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:	· · ·	
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	-		
			·.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	AL X COM	1PLAINT/DISCOVERY	RE-INSPECTION
TYPE OF FACILITY: Perc D FACILITY NAME: Dry Claraction: 13725 Mian	- 12/ \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St. 3186	DATE: 3 31 9
RESPONSIBLE OFFICIAL: CACIO	e Rodrigue	PHONE NUMBER: (	9134)413-0700
Based on the results of the complication compliance with DEP Rule 62-21.	· ·	ated during this inspection, the facilitative Code (F.A.C.).	y is found to be in
Based on the results of the compli discrepancies were noted:	ance requirements evalua	ated during this inspection, the follow	ving compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			*
			••
COMMENTS: Excellen	t Recon	dkeeping	
The Annual Compliance Certification form	n has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	3 3000	)	
INSPECTION CONDUCTED BY:	)ebora (-	ease Print)	
INSPECTOR'S SIGNATURE:	oref G		(305) 372-6925
	Page	of)	Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry C	lean USA #11119	Air Qual DATE: 4/23/99
FACILITY LOCATION: 1372	5 SW 152 St	Management Division .
Miam		
Annual Reporting Period:	3 1998 то	31999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>
If NO, complete the following:		•
/	that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	4	to
Action(s) taken to achieve compliance:		eau e & Mo
Method used to demonstrate compliance:		UL 1 4 Mobile 8
1/4	t that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	<u>.                                    </u>
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Na	and complete. Further, my annual consui	mption of perchloroethylege 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.

Page \_\_\_\_ of \_\_\_\_.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	. )					
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY					
V	<b>/</b> \					
RE-INSPECTION	JN L					
00-0000 111-1						
AIRS ID#: 0250'193 DATE: 41010	D TIME IN: 3:15pm TIME OUT: 3:45pm					
FACILITY NAME: Dry Clean	n USA					
	115051					
FACILITY LOCATION: 13725 St	N 104 ST					
Miami, F2 33186						
RESPONSIBLE OFFICIAL: Angelo T	20110 rdo PHONE (954) 492-10701)					
CONTACT NAME:	PHONE:					
	$\mathcal{P}$					
PART I: NOTIFICATION	<u>~</u>					
(check appropriate box)	BLI J					
1. New facility notified DARM 30 days prior to sta	artup $\varphi$					
2. Facility failed to notify DARM to use general pe	ermit OFF 5					
PART II: CLASSIFICATION						
	3					
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	2. New small area source					
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$					
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr					
both types, x < 140 gal/yr	both types, x < 140 gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
3. 70.141 12	- A. No. 15					
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, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr					
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
5. This is a correct facility classification	Y ON OCan not determine					
If no, please check the appropriate classific	cation:					
•	eneral permit as number above					
· II	mits and is not eligible for a general permit					
· · · · · · · · · · · · · · · · · · ·	C P					

100 De 100

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 200 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DYNA 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 AND UD YA 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? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) May □N 1. Equipped all machines with the appropriate vent controls? DY DN DYN/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 AYA UN UN/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 ANAX NO YO condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

	The state of the s			
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?	ΠY	ПN	
2	Measured and recorded the washer exhaust temperature at the condenser	-	•	F .
<b> </b> 2.	inlet and outlet weekly?	ΠY	. Пи	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ПΥ	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A

#### 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: DY DN a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN and parts installed w/in 5 days of receipt? OY ON 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? DY DN 7. Maintained deviation reports? Problem corrected? $\square$ V $\square$ N

PART V: RECORDKEEPING REQUIREMENTS

8. Maintained compliance plan, if applicable?

DY DN

PART VI: LEAK DETECTION AND	) REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			X ON			
2. Has the facility maintained a leak log	;?		XIY DN			
3. Does the responsible official check the	ne following areas for leak	s?	<b>A.</b> 10 M.			
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON MIN/A			
Door gaskets and seating	אוחם וום אל	Stills	Y ON ON/A			
Filter gaskets and seating	AND NO YA	Exhaust dampers	Y ON ON/A			
Pumps	AY ON ON/A	Diverter valves	DN DNA			
Solvent tanks and containers	DY ON TIN/A	Cartridge filter housings	AY ON ON/A			
Water separators	THY ON ONIA		,			
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 ins	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	DY DN			
<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	a standard gas prior to and a	after each use	□Y □N			
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 us	se?	OY ON			
e. Verified for accurac	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

Inspector's Name (Please Print)

Inspector's Signature

13

Date of Inspection

Approximate Date of Next Inspection

Machine not operating at time of inspection.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 3:15pm	_тіме оит: 3:25	pm _airs id#: 02	50793
TYPE OF FACILITY: Per	c Dry Clea	ener	
FACILITY NAME: An	1 Clean US	4	DATE:4/0/00
FACILITY LOCATION: 1372	35 SW 152	St	
U / A	ami		
RESPONSIBLE OFFICIAL: And	relo Izquierd	PHONE NUMBER	954) 493-6700
<b>/_3</b>	, ompliance requirements evalu 52-213.300, Florida Administi	ated during this inspection, the facilitative Code (F.A.C.).	lity is found to be in
Based on the results of the co	ompliance requirements evalu	ated during this inspection, the follo	owing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			<del></del>
	$\overline{}$	<u> </u>	
•	•		
COMMENTS: Detrict	Taulor	<u>, L , </u>	
Excellent Ho	ouse keepin	g /Recordkee	ping
The Annual Compliance Certification	n form has been pyoperly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:_	4/01	navovimete)	
	No.	pproximate)	
INSPECTION CONDUCTED BY:	Jepora	lease Print)	
INSPECTOR'S SIGNATURE:	Joul Th	PHONE NUMBER:	(305)372-693Lp
	Page	of	Revised 10/96

Dec

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA #72119 DATE: 410/00
FACILITY LOCATION: 13725 SW 152 St. DEC 13 2000
Miami, FL 33184 Management Division
Annual Reporting Period: 4 199 TO 4 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
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: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:    Name (Please Print)   Signature   Date   Date

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



# Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

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





(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 # 0250793

DRYCLEAN USA # 72119
ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

# DRY CLEANER AIR QUALITY GENERAL PERMITE ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250793 COUNTRY WALK #11119 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

#### Do NOT Remove Label

•		Kemove Laber		
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 (F	-	-		le NO
If NO, complete the following:		<b>`</b>		
#1. Term or condition of the general permit	that has not been in cont	inuous compliance	e during the reporting period stat	ed above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in cont	inuous compliance	e during the reporting period stat	ed 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. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consum	ption of perchloroei	thylene solvent, based upon purcha	
RESPONSIBLE OFFICIAL:	CHAEL GAGLIANO	Dur.	2	2/9/98
	me (Please Print)	- H	Signature ]	Date

<sup>\*</sup>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.

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# 0250793

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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 # 0250793

DRYCLEAN USA # 7219 ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351 0/16/01/4

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

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Do NOT Remove Label

AIRS ID # 0250793

DRYCLEAN USA #11119
MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



(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 # 0250793
ANGELO IZQUIERDO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

302656

" 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#0250793

COUNTRY WALK #11119 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.		I also wish to receive the following services (for an	. `\
on the reverse	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ipt Service.
ADDRESS completed	AIRS ID 0250793 COUNTRY WALK #11119 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery	k you for using Return Receipt
Is your RETURN	Received By: (Print Name)      Signature: (Addresses of Agent)      Name	and fee is	,	Thank
ļ <b>—</b>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	ì

US Postal Service	
Receipt for Cer	rtified Mail
	AIRS ID 0250793
COUNTRY WALK #11	
MICHAEL GAGLIANO 1875 W COMMERCIAI	DIVIN SHITE 140
1875 W COMMERCIAL FT LAUDERDALE FL	33309
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#### **BEST AVAILABLE COPY**



on the reverse side?	Ol adolanua to dol Jano auti to plod  SENDET:  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:	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	sceipt Service.
N ADDRESS completed	AIRS ID#: 0250793 COUNTRY:WALK #11119 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service 1  Registere  Express I	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Re
Is your RETURN	5. Received By: (Print Name)  6. Signature (Addressed by Agent)  **TO Suppose the Address of th	8. Addressee and fee is	e's Address (Qhly if requested paid)	Thank
	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	}

# · · · P 265 302 453 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0250793 COUNTRY WALK #11119 **EDDIE RODRIGUEZ** 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, \$ TOTAL Postage & Fees Postmark or Date