

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

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

Re: Facility No. 0250796

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

RECEIVED

DRYCLEAN-USA

DEC 1 4 2000

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

December 5, 2000

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

RECEIVED
DEC 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.

Chief Operating Officer

/rf



MIAMI-DADE COUNTY, FLORIDA





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

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

FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo Dryclean USA 1875 West Commercial Blvd., Suite 140 - DLD ADDICSS 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.

Penniu:	Compliance Status	Permit II	Compliance 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.	

BEST AVAILABLE COPY

AIRS ID#: <u>025079.00</u>

DRY CLEANER AIR QUALITY GENIANNUAL COMPLIANCE CERTIFICATION

<u> </u>
FACILITY NAME: Dry Clean USA \$72201
FACILITY LOCATION: 18468 NW 07 Ave.
Miami, FL 33015
Annual Reporting Period:
Based on each term or condition of the Title V general air permit, my facility has re-
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous complia
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous complia
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 made in this notification are true, accurate and complete. Further, my annual consupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Brint) DDILLITT

*This form is made available to you as an aid in order to meet your annual complian

Page _____ of ____.

discretion of the responsible official to use this form.

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

Bureau or Air Monitoring

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

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

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

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

Sincerety

Eddie J. Rodriguez

Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

Perchloroethylene Dry 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 Club *11201
3.	Hazardous Waste Generator Identification Number:
	FLD 981030885
4.	Facility Location: Street Address: 18468 N.W. 67 Ave.
	City: Miami County: Dade Zip Code: 33015
5.	Facility Identification Number (DEP Use):
	200000000000000000000000000000000000000
	Responsible Official
	- 333333333
6.	Name and Title of Responsible Official:
_	Responsible Official Mailing Address: Organization/Firm: DryClean USA State of the
7.	Responsible Official Mailing Address:
	Street Address: 1875 W. COVINVIELLAL BIVA., SOILE HO
	City: Ft. Lauderdale County: Braward Zip Code: 33369
8.	Responsible Official Telephone Number: Telephone: (951)493-6700 Fax: (951)493-8444
	Telephone. (454)445-10700 Tax. (454)445-10445
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Jaime Remond District Manager
10.	Facility Contact Address: Dry Clean USA
	Street Address: 1875 W. Commercial Blud., Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: (954) 443-6700 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

0250796

P.14

- 1. (a) add date control device installed
- 1. (c) Should not be marked
- 3. new large area Source should be marked

P.15

- 4 new large area Source r. c. Should be marked
 - (f) should be marked

Facility Information

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

		TData	Date	1	Date	Date		Data	Date
	Ì	Date Machine	Control		Machine	Control		Date Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	1.0	Turchased	mstaried	1.0	T di ciidasco	mstaried	1.0	T di chased	mstance
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit					_				_
(1) w/ ref. condenser	à L	9195							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						_			
(4) w/ ref. condenser				I					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•			
(7) w/ ref. condenser			1						
(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 (c) No control devices 2.(a) What was the total of the second of the secon	are r	equired to be ity of perchlo ons ow many? [_	installed [perc)	_] purchased in				1
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	•	nitions found		3) of	Part II?	
-,							ı		
Existing large are	ea so	urce []	Ne	ew la	rge area sour	rce []		

4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of I	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			
			·
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired 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	units exempt		
Fauinm	ent Monitoring e	and Recordkeeping Inform	nation
Check all logs which are required t	_		
(a) Purchase receipts and solvent p	•		[X]
(b) Leak detection inspection and r			
(c) Refrigerated condenser tempera	ature monitoring		<u> </u>
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the test 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.
this notif statemen maintain comply w	ication. 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
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the stander 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.

INSPECTION SUMMARY REPORT

BEST	AVAILA	BLE	COP
------	--------	-----	-----

COMPLAINT/DISCOVERY RE-INSPECTION
1/6A-MARSIDH: 2/24/97
DATE:
123479
PHONE NUMBER:
ts evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).
ts evaluated during this inspection, the following compliance
EM FOLLOW-UP ACTION REQUIRED
•
perwork in Complance.
rly certified and submitted to the inspector. YES NO
(Approximate)
(0)
Please Print) = 72.6962 PHONE NUMBER: Revised 10/96

AIRS 10#: 025 0796

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY 0/8 FACILITY LOCATION: 1846	AN USA	•	DATE: 2/24/9
FACILITY LOCATION: 1846	8 NW 6-	AUE	
MIAMI FI	33018	-	
Annual Reporting Period:	19 /4 19	990 TO 70 \$	2/2× 1997
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.2)			
If NO, complete the following:			
#1. Term or condition of the general permit t	hat has not been in conti	nuous compliance during the repo	orting 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 conti	nuous compliance during the repo	orting 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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, of year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nan	nd complete. Further, m	y annual consumption of perchlo	roethylene solvent, based
14911	io (1 icase i iiii)	Pignature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	E	COMPLAINT/DISCO	OVERY	
AIRS 10#: 0750796	DRY CLES	7 TIME	IN: 10 00 TIM	е оит <i>:/<mark>2</mark></i>	130
FACILITY NAME:	ery Cress	_)4		
FACILITY LOCATION:	18468	NW_	67 AVE	_	·
	MAMI	, 33	67 AVE 018		
PART I: NOTIFICATION					
(check appropriate box)					<u>_</u>
1. Existing facility notified DA	PM by 9/1/96				
2. New facility notified DARM	•	ın			
3. Facility failed to notify DAR		-			
2. Tability lands to holdy 27th					
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificati (check appropriate box)	on form that it is:				
1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr		
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	00 gal/yr gal/yr l/yr	transfer only, both types, 14	area source y, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td><td></td></x<2,>		
This is a correct facility classif	ication	OY ON			
If no, please check the appropr	iate classification:		,		
	ied for a general perm ds above limits and is		above a general permit		
B. The total quantity of perchl facility was 403 gallons		rchased withir	the preceding 12 month	hs by this dr	y 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?	DY ON NO
2. Examining the containers for leakage?	DY NO NO
3. Closing and securing machine doors except during loading/unloading?	MY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MC YE
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON WN/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
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?	DY ON ON/A
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?	DY 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?	DY 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 PA
	Is the temperature differential equal to or greater than 20° F?	OY ON
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 DAN/A
	Is the perc concentration equal to or less than 100 ppm?	□У □И
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 N A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONIA
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
ш	as the responsible official: heck appropriate boxes)	
(c	•	MY ON
(c	heck appropriate boxes)	ay on
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased?	
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	d y □n
(c 1. 2. 3.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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	ey on NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt?	MY ON OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON NA OY ON DANA OY ON DANA OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON NA OY ON ON/A OY ON NA OY ON
(c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON NA OY ON ON/A OY ON NA OY ON NA OY ON NA
(c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	OY ON NA OY ON ON/A OY ON NA OY ON NA OY ON NA
(c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON NA OY ON ON/A OY ON NA OY ON NA OY ON NA

2.	. Which method of detection is used by the responsible official?						
	Visual examination (condensed s	surfaces)	ed .				
	Physical detection (airflow felt th	rough gas	kets)		ø,		
	Odor (noticeable perc odor)				Ø		
	Use of direct-reading instruments						
	If using direct-reading instrum	entation,	is the eq	uipment:			
	a. Capable of detecting	perc vapo	r concen	trations in a range of 0-500 ppm?	ΠY	□N	
	b. Calibrated against a (PID/FID only)?	standard g	gas prior	to and after each use	ΟY	⊓א	
	c. Inspected for leaks a	wear on a weekly basis?	ΩY	ПN			
	d. Kept in a clean and s	secure area	a when n	ot in use?	QY	□N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПИ	
3. Has the facility maintained a leak log?						ПИ	
4.	r leaks?						
1	Hose connections, fittings, couplings, and valves	™ Y	□N	Muck cookers	ΟY	ON NA	
	Door gaskets and seating	Q Y	ПИ	Stills	GY	מם	
	Filter gaskets and seating	П¥	ПN	Exhaust dampers	OZYY	DИ	
	Pumps .	ďΥ	ПИ	Diverter valves	MY	ВИ	
	Solvent tanks and containers	ďy	ПΝ	Cartridge filter housings	ZY	DИ	
	Water separators	ĞY.	ПИ				

Name of Responsible Official

THING MAZARO

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		
	•	
		·

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250796

COUNTRY CLUB #11201 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD, SUITE 140 FT LAUDERDALE FL 33309 Bureau of Air Monitoring & Mobile Sources

70

Do NOT Remove Label

Annual Reporting Period: January 1, 1997	то	December 31, 1997
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.), of the NO, complete the following: #1. Term or condition of the general permit that has	during the period covered by this state	ement. YES INO
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	s not been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on inf notification are true, accurate and complete. Further, n does not exceed 2,100 gallons per year for dry-to dry fac	ny annual consumption of perchloroethy	vlene solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: MICHAEL GA	GLIANO MAR & e	2/9/98
Name (Pleas	se Print) Si	ignature 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.

			-++ UZ	50110			
· ,			•	·	(**)	BEST AVAILABLE C	OPY
	Per	P.14				DECE	ME
				ate con			,03
1. F:	acility Owner/Con		device	instal	lled	DEC 17	1996
1. 1.	2	1. (c)	Should	d not	be	Air Qua	ality
2. Si	DTV CLEO ite Name (For exa		mark	ed		Management	Division
2 77	Country	3. nei	u larg	e area	1		
3. H	azardous Waste G			hould	be		
4. F	FLD9 acility Location:	mc	ar Ked				
S	treet Address: \S	P.15					
C	ity: Miami	4 ne	vlarg.	e area	1 2 1 1	115	
	acility Identificati	5 t	ource 2 mar	e area r.c.s Ked	hourd	6	
		(4) 5	should	be ma	rked		
6. N	ame and Title of						
E	Eddie R						
7. R	esponsible Officia	Date of The Marian I	ŠA			•	
	rganization/Firm:	75 W. Com	mercial Bl	iva., Suite			
C	ity: Ft, La	uderdale	County:	Braward	Zip	Code: 33369	
	esponsible Officia elephone: (९५	I Telephone Nun H)403-67	ber:		1493-84	44	
		Facility Conta	ict (If different f	róm Responsible	Official)		

Name and Title of Facility Contact (For example, plant manager):							
Jaime Remond District Manager							
10. Facility Contact Address: Dryclean USA							
Street Address: 1875 W. Commercial Blud., Suite 140							
City: Ft. Lauderdale County: Broward Zip Code: 33309							
11. Facility Contact Telephone Number: Telephone: 何分)443-6700 Fax: (951)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

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 Club 411201					
3.	Hazardous Waste Generator Identification Number:					
	FLD981030885					
4.	Facility Location: Street Address: 18468 N.W. 67 Ave.					
	City: Miami County: Dade Zip Code: 33015					
5.	Facility Identification Number (DEP Use):					
2 - 122 2 - 122						
Responsible Official						
	·					
6.	Name and Title of Responsible Official:					
	Eddie Rodriguez, President Responsible Official Mailing Address: Organization/Firm: Dryclean USA Second Address: Agreem a Rich Blyd Suite 140					
7.	Responsible Official Mailing Address: Organization/Firm: DTYCLEAN USA					
	Street Address: 18 15 W. Covinnercial Siva. 1 30112 113					
	City: Ft. Landerdale County: Braward Zip Code: 33369					
8.	Responsible Official Telephone Number:					
	Telephone: (951)493-6700 Fax: (951)493-8444					
<u> </u>	Facility Contact (If different from Responsible Official)					
	racinty Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
	Jaime Remond District Manager					
10.	Facility Contact Address: Dryclean USA					
	Street Address: 1875 W. Commercial Blud., Suite 140					
	City: Ft. Lauderdale County: Broward Zip Code: 33309					
11.	Facility Contact Telephone Number:					
	Telephone: (9-74) 443-6700 Fax: (9-74) 493-8444					

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NOV 8 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					<u> </u>	<u> </u>		-	
(1) w/ ref. condenser	ÀΙ	9/95	9/05					1	
(2) w/ carbon adsorber		-1	/						
(3) w/ no controls									
Washer Unit			•					<u></u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are r quant gallo	equired to be ity of perchlo ons ow many? [installed [_ oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small an	Selec ea so	et one classif	ication only.) Ne	ew sn	initions foun nall area sour	rce []	Part II?	
Existing large ar	Ca 50	ا نیالت	146	cw id	ige area sour	2	J		

 What control technology is required on machines p (Indicate with an "X".) 	oursuant 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 []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural 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 an	nd 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	<u> </u>
(d) Carbon adsorber exhaust perc concentration monit	toring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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)						
۲	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain t	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 promptly notify the Department of any changes to the information contained in this notification. Signature Date							
×	× 2/24/97						



Department of **Environmental Protect**

Lawton Chiles Governor

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

Air Quality Management Divisionry

January 29, 1997

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

Facility No. 0250796

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Perchloroethylene Dry Cleaning Facility Notification

SEP 2 9 1997

Facility Name and Location

	Tuenty Name and Doubles	Air Quality
1.	Facility Owner/Company Name (Name of corporation, agency, or in	ndividual owner)!VIanagement Division
	Dructean USA	
2.	Site Name (For example, plant name or number):	;
	Country Club *11201	,
3.	Hazardous Waste Generator Identification Number:	,
	FLD 981030885	
4.	Facility Location:	
	Street Address: 18468 NW 67 Ave.	
	City: Miami County: Dade.	Zip Code: 33015
15.	Facility Identification Number (DEP Use):	是的。对土土安全一种经验证明
1639		

Responsible Official

6.	Name and Title of Responsible Official:		_
	Mach Silver		
7.	Responsible Official Mailing Address:		
	Organization/Firm: Dryclean USA		
	Street Address: 1875 W. Commerce	cal Biva, Sto 140	
	Street Address: 1875 W. Commerce City: Ft. Lauderdale	County: Broward	Zip Code: 33309
8.	Responsible Official Telephone Number:		
	Telephone: 994) 443-6700	Fax: (454) 493	- 8444

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):							
	Rene Flores, District Manager							
10.	Facility Contact Address:							
	Street Address: 1875 W. Commercial Blvd, Ste 140 City: Ft. Lauderdale County: Broward Zip Code: 33309							
11.	Facility Contact Telephone Number: Telephone: (954) 443-6700 Fax: (954)443 -8444							

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(2) Page 13 of 16 Bureau of Air Monitorin & 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	;		lnitially	Device
Type of Machine	ID	Purchased	lnstalled	ID	Purchased	Installed	•	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91			#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit										
(1) w/ ref. condenser	A)	995								
(2) w/ carbon adsorber			-							_
(3) w/ no controls										_
Washer Unit					•	<u> </u>			1	1
(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	٠,									
(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 the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (X (perc)	purchased in					
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	ct one classif	ication only.))	initions foun		on (3) of	Part II?	

 What control technology is required on machines pur (Indicate with an "X".) 	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] R	efrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	•
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	ts shall not be eligible to use the general permit pursuant of water generating units on-site meet the following
All steam and hot water generating units on-site (1) has boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>} </u>
	•
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	[<u>X</u>]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitor	ring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form.				
Ľ					
	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 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	omptly notify the Department of any changes to the information contained in this notification.				



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

PERO	CHLOROETHYLI	ENE D	RY CLEANERS			
	TITLE V GENE COMPLIANCE INSPE			1/2		
TYPE OF INSPECTION:	ANNUAL	Œ	COMPLAINT/DISCOVERYOR DI	1		
	RE-INSPECTION		Objean Monie	· O		
AIRS 1D#:075 0796	DATE: 2-/7-95	_ TIME	IN: <u>/30</u> TIME OUT: <u>/5</u> 3			
FACILITY NAME:	Rychenn	US	A			
FACILITY LOCATION:	18468 N	W 6	TAVE			
			· · · · · · · · · · · · · · · · · · ·	_		
RESPONSIBLE OFFICIAL: NOAH SILVER PHONE: 954-493-,6700						
CONTACT NAME: Sonia Trujulo PHONE: 822-3479						

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	 0

Facility indicated on notification form tha	at it is:		☐ No notification	1 form
(check appropriate box)			☐ Drop store/out	of business/petroleum
À.			•	•
1. Existing small area source	2.	lew small	area source	
dry-to-dry only, x < 140 gal/yr	dry	o-dry only	y, x < 140 gal/yr	
transfer only, x < 200 gal/yr	trai	sfer only, x	: < 200 gal/yr	
both types, x < 140 gal/yr	bot	types, x <	140 gal/yr	
(constructed before 12/9/91)	(co	structed or	or after 12/9/91)	
	/			
3. Existing large area source	4.	lew large	area source	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry	to-dry only	x , $140 \le x \le 2,100 \text{ ga}$	ıl/yr
transfer only, $200 \le x \le 1,800$ gal/yr	trai	sfer only, 2	$200 \le x \le 1,800 \text{ gal/y}$	/r
both types, $140 \le x \le 1,800$ gal/yr	bot	types, 140	$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(co	structed or	or after 12/9/91)	
	7			•
5. This is a correct facility classification	5	\square N	□Can not determ	nine
·				
If no, please check the appropriate				
☐ facility qualified				oove
☐ facility exceeds a	ibove limits a	d is not eli	igible for a general p	ermit

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	באלאם אם צם
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY 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.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	<u> </u>
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
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?	MO NO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY 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 ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Иу □и

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?	NO A
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY 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 UN/A
٠٠.	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?	OY ON UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON CN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN CON/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DNA VY ON ON/A Muck cookers couplings, and valves AND NO YO MY ON ON/A Stills Door gaskets and seating DY DN DN/A Y ON ONA Filter gaskets and seating Exhaust dampers MY ON ON/A □N □N/A Diverter valves **Pumps** LY ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers MY ON ON/A 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 □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

Inspector's Name (Please Print)

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

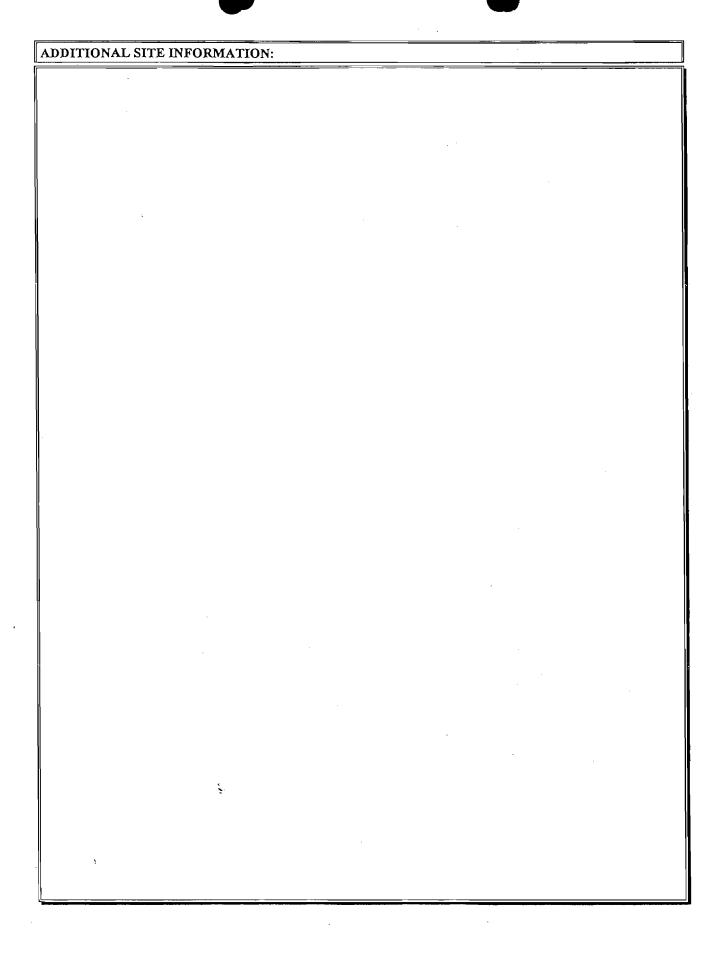
e. Verified for accuracy by use of duplicate samples (calorimetric only)?

 $\frac{2-17-98}{\text{Date of Inspection}}$

DY DN

DY DN

Approximate Date of Next Inspection



1.,







DRY CLEANER AIR QUALITY GENERAL PERMIT MAY 0 6 1998 ANNUAL COMPLIANCE CERTIFICATION FORM

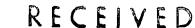
AIIIUA		CERTIFI		Air Qua	ality
FACILITY NAME: DE CLEA	IN USA #	11201	·	Management	18198ion
FACILITY LOCATION: 18468	NW 67 Ave				
MIAMI	, FL 33015			· · · · · · · · · · · · · · · · · · ·	
			,		
Annual Reporting Period: 1/1/9	8	19	ro <u>12</u>	31	19 98
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (·· /	ile NO
If NO, complete the following:					
#1. Term or condition of the general perm	uit that has not been in c	continuous co	mpliance during t	P.	
Exact period of non-compliance: from	<u> </u>		to	•	1/99g
Action(s) taken to achieve compliance:				Sur OFC	
Method used to demonstrate compliance:				& Mobiliar	1999
Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general perm	uit that has not been in o	continuous co	ompliance during t	he reporting period st	Onio Boga Apove:
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 made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities. RESPONSIBLE OFFICIAL: NOTE:	te and complete. Furthers, does not exceed 2,100	er, my annual	consumption of p	erchlorpethylene solv y facilities or 1,800 g	ent, based
	Vame (Please Print)		Signatur		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.

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

TITLE V AIR QUALITY GENERAL PERMIT INSTITUTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	RE-INSPECTION
TIME IN: /30 TIME OUT: /57)	AIRS ID#: 0250796
TYPE OF FACILITY: DEST DE LA	1 / 201018-11 C
FACILITY NAME: The Colonia	DATE: 2-17-95
	7 112
FACILITY LOCATION: 184(013 NW (0)	/ /1/ -
	2-1 1102
RESPONSIBLE OFFICIAL: NOAH, SIVER	PHONE NUMBER 954- 493-6700
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	8
	Bureau of & Mobil
	Man DE
	DEC 2 1 1998 The sources of the sour
	e <u>S</u>
	199 Moni ource
	2 1 1998 Air Monitoring ile Sources
•	ing
	·
COMMENTS.	
COMMENTS: FACILITY 15 IN COMP	MANCE.
·	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4-6 199	9
	pproximate)
INSPECTION CONDUCTED BY: (19172)	MZARCO
	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 2726922
$(/\overline{A(Y)})/\overline{A(Y)}$	
Page	/ of / . Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

FACILITY NAME:

CONTACT NAME:

FACILITY LOCATION:

RESPONSIBLE OFFICIAL:

ANNUAL

Bureau of Air Monitoring COMPLAINT/DISCOVE& Mobile Sources

RE-INSPECTION

AIRS ID#: 0250796 DATE: 76 25, 1999 TIME IN: 12 3Pm TIME OUT: 1 PHONE: (305) 822-34 PHONE:

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(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, $x \le 140 \text{ gal/yr}$
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	
both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ 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	□N □Can not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a ger	neral permit as number above
☐ facility exceeds above lim	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 350 gallons.	rchased within the preceding 12 months by this dry cleaning

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS	<u> </u>
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 ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DANIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
THE ALCOHOL.	
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 refrigation (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	0
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	DV DN
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 condenser upon opening the door?	ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	BY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON BANA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	

7				
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?	Q/Y	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	υY	ΠN	Su.
	•			EDY W
	Is the temperature differential equal to or greater than 20° F?	υY	ПN	W/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	ПΝ	DX/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	AMA
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?	ΟY	□и	CDM/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	, □Y	ПΝ	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	VOAT/A

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

PART VI: LEAK DETECTION AND REPAIRS

u					
1.	Does the responsible official conduct a	weekly (for small sour	ces, bi-weekly) leak detection a	nd repai	ŗ
	inspection?			ON.	ПN
2.	Has the facility maintained a leak log?		•	WY	ПN
3.	Does the responsible official check the	following areas for lea	ks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers		DN DN/A
	Door gaskets and seating	DY ON ON/A	Stills	DAY C	אותם מנ
	Filter gaskets and seating	מאם אם אם	Exhaust dampers	DAY C	א/אם אנ
	Pumps	DY ON ON/A	Diverter valves	ØY C	N/A □N/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ZY C	N □N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	olvent on exterior surfa	ces)		/
	Physical detection (airflow felt th	rough gaskets)	•	4	
	Odor (noticeable perc odor)			2	
	Use of direct-reading instruments	ation (FID/PID/calorime	etric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equ	ipment:	ØN/A	
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?		אנ
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	d after each use		NE
	c. Inspected for leaks ar	nd obvious signs of wea	r on a weekly basis?	OY C	NE
	d. Kept in a clean and s	ecure area when not in	use?		И
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?		N
			•		

7e5 25, 1999

Date of Inspection

Good House Reepong Record heepong

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 12:30 PM AIRS IDII: 0250796
IME IN: 12:30 PM TIME OUT: 130 Pm AIRS IDII: 0250796
ME OF FACILITY: Yere Day Cleaner
CILITY NAME: DOG CLEAS WED DATE:
CILITY LOCATION: 18468 NW 455 G7th Ave.
ESPONSIBLE OFFICIAL: PHONE NUMBER: C 305) 1822 -3
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
·
DMMENTS:

ne Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION: 7/7000
(Approximate)
(Approximate)
SPECTION CONDUCTED BY: (Approximate)

ARS DH: 02 40796

pro

BEST AVAILABLE COPY

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Dry	Clean (15	大村11201 01	TE: 3-6 25.19
facility location:	18468 V	300 67+6	<u> 4uc.</u>	Patricks and the State of Stat
Annual Reporting Period:	Feb	19 <i>9</i> % 70	7es	19 97
Based on each term or condition 62-213,300, Florida Administra	_			DEP »
If NO, complete the following:				
#1. Term or condinent of the g	eneral permit that has not be	cen în c ontinue us comp lis	nce during the reporting 1	period stated above;
Exact period of non-compliano	e; from		to	The state of the s
Action(s) taken to achieve com	pliance:		Apparation of the control of the con	Scalar Microsoft and the State of the State
Method used to demonstrate co	mpliance:		and the second s	the standard of the standard o
#2. Term or condition of the g	eneral permit that has not be	cen in continuous complia	nce during the reporting p	period-mated above:
Exact period of non-compliance	c. from			نیوان دادهاس در بیان ۱۹۹۸ داده که په موسودیدی در داده در ۱۹۹۸ داده در ۱۹۸۸ داده این در ۱۹۸۸ داده این در ۱۹۸۸ داده داده داد
Action(s) taken to achieve com	pliance;		······································	gradi a 1 on through the because and district $q_{i,j}$, where
Method used to demonstrate or	mplians.			To security comment of the security of the sec
As the responsible official, I he made in this notification are in upon rolling averages of purch year for transfer or sambination	ue, accurate and complete, use receipts, does not excee n facilities.	Further, my annual consult 2,100 gallons per year f	mption of perchiamethyli	ene solvent, based
BESPONSIBLE OFFICIAL:	PANGETO ZA	outers &	Signature	5/14/19 Dako
		*		7-7

"This form is made available to you as an aid in order to meet your annual camplianes cortification 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 AIRS ID#: 0250796





Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Air Quality

		Monadamant Hillielda
FACILITY NAME: Dry Clea	an USA #11201	date: <u>U/23/9</u> 9
FACILITY LOCATION: 184108	NW 07 Ave	
Miam	1 FL 33015	
Annual Reporting Period:	2 19 <u>98</u> to	2 1999
Based on each term or condition of the Title V ge	eneral air permit, my facility has remained ir	compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.	.), during the period covered by this statemen	nt. XYES DNO
If NO, complete the following:		•
#1. Term or condition of the general permit that		ng the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		444
#2. Term or condition of the general permit that	has not been in continuous compliance during	ng the reporting period stated above
Exact period of non-compliance: from	to	Mob
Action(s) taken to achieve compliance:		Air A
Method used to demonstrate compliance:		4 1999 Monitor Sources
······		
As the responsible official, I hereby certify, based made in this notification are true, accurate and cupon rolling averages of purchase receipts, does year for transfer or combination facilities.	complete. Further, my annual consumption c	of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL:	silver Grelo	1-1-99
ANGELO Name (P	Please Print) Signi IZQUIERDO /	ature Date

Page _____ of _____.

^{*}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.



Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

Bureau of Air Monitoring

& Mobile Sources

70

JUL 0 6 1999
Air Quality

Management Division

June 25, 1999

Department of Environmental Resources Management Air Quality Management Division 33 SW 2nd Ave., Suite 900 Miami, FL 33130-1540

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, or any other individual, 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 for all Dryclean USA of Florida, Inc. retail stores.

Sincerely

Eddie J. Rodriguez Chief Operating Office

/rf

cc Angelo Izquierdo

MIAMI-DADE COUNTY, FLORIDA





33 S.W. 2nd AVENUE

MIAMI, FLORIDA 33130-1540

SUITE 900

(305) 372-6925

AIR QUALITY MANAGEMENT DIVISION

ENVIRONMENTAL RESOURCES MANAGEMENT

June 18, 1999

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

Dear Mr. Rodriguez:

Please have the designated Responsible Official (R.O.) 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 yellow copy for your records. A copy of Inspection Summary Report was issued during the most recent facility inspection of these sites. Please be advised that the following Responsible Officials and Facility Contacts were indicated in the Initial Notification Forms:

	Permit #	Address	Responsible Official (Required Signature)	Facility Contact
,	√ ₀₂₅₀₇₉₁	14097 SW 88 St.	Eddie Rodriguez	Rene Flores
	v 0250793	13725 SW 152 St.	Eddie Rodriguez	Raul Mas
	∠ 0250795	13025 SW 112 St.	Eddie Rodriguez	Jodie Perez
	~ 0250790	18515 S Dixie Hwy	Eddie Rodriguez	Jodie Perez
	0250788	13886 SW 56 St.	Eddie Rodriguez	Jodie Perez
	√0250794	1401 Sunset Drive	Eddie Rodriguez	Rene Flores
	~ 0250792	9069 SW 107 Ave. (Forms for above facility already		
	√ 0250806	9525 NW 41 St.	Michael Gagliano	Sharon Poerschke
	V0250805	6685 NW 67 Ave.	Michael Gagliano	Edward Jackson
1	V 025080 7	1101 SW 22 St.	Michael Gagliano	
	√0250786	3890 Bird Rd.	Noah Silver	Sylvester Price
	√0250 7 8 7	20355 Biscayne Blvd	Noah Silver	Sylvester Price
	V0250796	18468 NW 67 Ave.	Noah Silver	Rene Flores

If any changes to Responsible Official and/or Facility Contact need to be made, please write a letter indicating the new designations. If you need additional information on the above please contact Debbie Griner of the Air Facilities Section of this Department at (305)372-6925.

Sincerely,

Ewart Anderson, PE, Chief

Air Facilities Section

Annual Certification Forms and Inspection Summary Report Enc:

Bureau of Air Monitoring & Mobile Sources

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY
•	100 тіме ін: <u>3: 05 рм</u> тіме оит: <u>3:15 рм</u>
FACILITY NAME: Dy Ckar	
FACILITY LOCATION: 18468 1	VW 07Ave
Miani,	FL 33015
	[Zquirdo PHONE: (954) 4936700
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	P
(check appropriate box)	g m
1. New facility notified DARM 30 days prior to sta	artup EN C
2. Facility failed to notify DARM to use general pe	
	S N S
PART II: CLASSIFICATION	rcs 5 M
Facility indicated on notification form that it is: (check appropriate box)	Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y DN Can not determine
B. The total quantity pf perchloroethylene (perc) p	cation: eneral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning
facility was 274 gallons.	

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)

l.	Equipped all machines with the appropriate vent controls?	X Y 0	N.
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY 0	N □N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ם אם	N KN/A
1.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XY O	N
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ay a	N XN/A
ó.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?		N

B.	Has the responsible official of an existing large or new large area source also:			<u>-</u>
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	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□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	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

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

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1. 1	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			XY DN	
2. 1	Has the facility maintained a leak log?			XX □N	
3. I	Does the responsible official check the	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	DY DN MINA	
	Door gaskets and seating	AY ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	XY ON ON/A	
	Pumps	Y ON ON/A	Diverter valves	DY DN N/A	
	Solvent tanks and containers	DIY ON TIN/A	Cartridge filter housing	gs XY ON ON/A	
	Water separators	DY ON ON/A		/	
4. \	Which method of detection is used by	the responsible official?		•	
	Visual examination (condensed s	solvent on exterior surfac	es)	X	
	Physical detection (airflow felt th	rough gaskets)		A .	
	Odor (noticeable perc odor)			A	
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector			ر ۵	
	If using direct-reading instr	umentation, is the equi	pment:	AN/A	
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם אם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN	
	d. Kept in a clean and s	ecure area when not in us	se?	מם קם	
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON	

Inspector's Name (Please Print)

John Grand Holling Signature

3/29/00

Date of Inspection

4/0/

Approximate Date of Next Inspection

Machine operating at time of inspection.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:05 pm TIME OUT: 3:1	5 pm _airs id#: 0250796
TYPE OF FACILITY: Perc 13my Clea	ner
FACILITY NAME: Dy Clean US	DATE: 3/29/00
FACILITY LOCATION: 18468 NW UT	1 Ave
Miami, Fl 3	3015
RESPONSIBLE OFFICIAL: Angelo Inquis	rdo phone number: (954)493-6700
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	luated during this inspection, the facility is found to be in
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
·	
	·

COMMENTS: Excellent Recorde	keeping Housekeeping
O X CALLET (CELLET	
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES N
DATE OF NEXT INSPECTION: 4/0/	
	Approximate)
INSPECTION CONDUCTED BY: Debora	Griner
	Please Print)
INSPECTOR'S SIGNATURE:	
Page	of Powered 10/06

AIRS ID#: 0250790

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA #7220	DECEIVE 3/29/00
FACILITY LOCATION: 18468 NW 07 AVE	DEC 1.3 2000
Miami, FL 33015	Air Quality
	Menagement Division
Annual Reporting Period: 3 1999 TO	3 200
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	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from	2
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	1, 4
As the responsible official, I hereby certify, based on information and belief form made in this notification are true, accurate and complete. Further, my annual coupon rolling averages of purchase receipts, does not exceed 2,100 gallons per ye year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	onsumption of perchloroethylene solvent, based

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



Department of **Environmental Protection**

leb 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

C.Club



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 # 0250796

DRYCLEAN USA 72201 ANGELO IZOUIERDO

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

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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# 0250796

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

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

Obj.: 002273



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 # 0250796

DRYCLEAN USA 7220) ANGELO IZQUIERDO

7771 W. Oakland Park Blvd. #201 Sunrise, FL 33351 0 1-16-0188

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 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 # (130 1 ...)
ANGELO IZQUIERDO
1875 W COMMERCIAL BLVD, SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 # 0250796

DRYCLEAN USA
MICHAEL GAGLIANO # //201
1875 W COMMERCIAL BLVD, SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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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#0250796

COUNTRY CLUB #11201 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

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name:and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):	
Attach this form to the front of the mailpiece, or on the back if space	e does not	1. 🗆 Addressee's Address 🕏	Ì
		1. ☐ Addressee's Address 2. ☐ Restricted Delivery	H
white 'Heturn Heceipt Hequested' on the maripiece below the article The Return Receipt will show to whom the article was delivered an delivered.	d the date	Consult postmaster for fee.	-
3. Article Addressed to: AIRS ID#: 0250796 COUNTRY CLUB #11201 WEDDIE RODRIQUEZ 1875 W COMMERCIAL BLVD, SUITE 140 THE FT LAUDERDALE FL 33309	4a. Article N 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed Certified Mail Insured Desipt for Merchandise COD Delivery	
5. Received By: (Print Name) 6. Signature: Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested	
PS Form 3811 , December 1994		Domestic Return Receipt	ł

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0250796 COUNTRY CLUB #11201 EDDIE RODRIQUEZ 1875 W COMMERCIAL BLVD, SUITE 140 FT LAUDERDALE FL 33309 Cerunea ree Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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			7. Date of De	elivery 2	1-1798
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