

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Jose Salazor Clean Master Cleaners 4305 Northwest 97 Avenue Miami, Florida 33178

Re: Facility No.: 0250816

Dear Mr. Salazor:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 14, 1997.

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/iw

cc: Mr.Ewart Anderson, Dade County

4305 NW 97th Avenue Miami, FL 33178 Phone:(305) 418-4900 Fax: (305) 406-3797 Email: chapoexel@aol.com

Millenium ... of South Florida, LLC

DERM C/O Debbie Griner 33 SW 2nd Avenue Suite 900 Miami, FL 33130-1540 Bureau of Air Monitoring & Mobile Sources

Air Quality Management Division

Dear Debbie:

I would like to take this opportunity to formally thank you for your help. As per our conversation, please find attached the application that you requested.

If you should have any questions concerning this matter, please feel free to contact me at 305-418-4900 Ext. 12.

Sincerely,

Charlie Exelbirt

Manging Partner

Millenium Cleaners of South Florida, LLC

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

2. Site Name (For example, plant name or number): Compared Manager Clear Clear Clear Clear Clear Manager Clear	2. Site Name (For example, plant name or number): Continue	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
3. Hazardous Waste Generator Identification Number: 4. Facility Location: 430 \$ rw 97 th AVE Street Address: City: MIAM County: Zip Code: 33178 5. Facility Identification Number (DEP-Use): Responsible Official 6. Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number: Telephone: (30) 418 - 49c0 Fax: (305) 406 - 3747 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address:	3. Hazardous Waste Generator Identification Number: THE OCO ZTROS 4. Facility Location: 4305 RW 97+11 AVE Street Address: City: MIAM County: File Zip Code: 33178 5. Facility Identification Number (DEPUse): Responsible Official 6. Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number: Telephone: (36) 418-49 RESPONSIBLE Official) 9. Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: 10. Facility Contact Address: City: County: Zip Code:		Clean Master Trobustnes
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City: County: Zip Code:			City: Zip Code:
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -	11.	Facility Contact Telephone Number:
Telephone: () - Fax: () -			Telephone: () - Fax: () -

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

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	1D	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-
Dry-to-Dry Unit	1	EW F	A CILIT		Z DAY	CLEAR	$\overline{}$	MAGA	 _
(1) w/ ref. condenser	11.1	Sep 1916	50196	# フ	Sime	5-996		1	i
(2) w/ carbon adsorber -	11 1	5. 01916	50196		San 1996	SPAG		 	1
(3) w/ no controls	// /_	327	7	11'2-	4-3-4				
Washer Unit		L			1			_	
(4) w/ ref. condenser									T
(5) w/ carbon adsorber									1
(6) w/ no controls				_				 	
Dryer Unit		· .		·					
(7) w/ ref. condenser									
(8) w/ carbon adsorber				_					1
(9) w/ no controls									
Reclaimer Unit						•			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	t one classifi	ication only.)	initions found	•	3) of	Part II?	
Existing large ar	ea so	urce []	N	ew la	rge area sour	ce]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser [Stale of And Dryd Closed Loop ratigorald
•	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicat	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)
Δ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in action. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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. Imptly notify the Department of any changes to the information contained in this notification.
Signature	Date 4/3/97

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			(D) 5 (C) 5	
FACILITY NAME: Clean Ma	isters			3/5/47
FACILITY LOCATION: 4305		·	MAR 1	9 1997
	, FL 33178		Air Q Manageme	uality nt Division
Annual Reporting Period: 5	۹:	19ТО	5 17	
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (•	<u>-</u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in co	ntinuous compliance	during the reporting pe	riod stated above:
LACK OF PAPERWOR	C PERL CO	NECMPTION)/LEAK INS	P. 206)
Exact period of non-compliance: from	5 96			·
Action(s) taken to achieve compliance:	WILL MAIN	TAING L	t (m.g	
Method used to demonstrate compliance:	LOGS 1~	Foros	ر -	
#2. Term or condition of the general perm		_		riodestated above:
Exact period of non-compliance: from			3/5/77	
Action(s) taken to achieve compliance:	•		ECORN TEMP	
Method used to demonstrate compliance:	WILL KEEP	LUG.		
•				
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.	e and complete. Further, s, does not exceed 2,100	my annual consump	otion of perchloroethylen	e solvent, based

Name (Please Print)

RESPONSIBLE OFFICIAL: JUST SALAZAR

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

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPO

TYPE OF INSPECTION:	ANNUAL X	COM	PLAINT/DIS	SCOVERY _	RE-INSPE	CTION
TIME IN: 12:45 pm	TIME OUT:	1:45	pm	AIRS ID#:	0250811	0
TYPE OF FACILITY: Dry						
FACILITY NAME: <u>Clean</u>		ries			DATE:3/	5/97
FACILITY LOCATION: 430						
	ami, FL 3317	<i>8</i>				-4900
RESPONSIBLE OFFICIAL: <u>Ju</u>	ise Salagar	· -		PHONE NUMB	er: <u>(305)407</u>	-3777
compliance with DEP Ru Based on the results of th	ne compliance requiremen ule 62-213.300, Florida Ad ne compliance requiremen	dministra	tive Code (F	.A.C.).		
discrepancies were noted COMPLIANCE REQU		icinat	FOI	I OW TIP AC	CTION REQUI	orn
No measurement		CIVI			-	
temp of the outle of the refuidg conden	et exhaust	stuam isis)	tacce and,	ucording	begin me temp. on a u	reckly bas
No perc. consum	ption log.		Must 108.	mainta	in a pero	puichas
No weekly leak.	inspection log.		Must weekt weekt	uispect y basis. y uispec	for leaks Must docus tion -	on a next lack
				0. '		
	.					
·						
COMMENTS: Equip	pment + f	Paci	lity	Satisp	Pactory	•
The Annual Compliance Certifica	ation form has been prope	rly certifi	ed and subm	itted to the inspe	ctor. YES	ио[Х
DATE OF NEXT INSPECTION	v:3/9	8	· ·		. <u> </u>	
INSPECTION CONDUCTED I	BY: Debk	re !	proximate) <u>T</u> ÎN ease Print)	W.		
INSPECTOR'S SIGNATURE:	Silmas	Tien		PHONE NUME	ber: <u>(305)3</u>	<u>72-1934</u>
		Page_/	_of			Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
CLEAN MASTER INDUSTRIES	
2. Site Name (For example, plant name or number):	
Clean Master Cleaners	
3. Hazardous Waste Generator Identification Number:	
FLR 0000 27805	
4. Facility Location: 4305 NW 97 th AVE Street Address:	
City: MIAMI County: DADE Zip Code:	
Responsible Official	
5. Name and Title of Responsible Official:	
JOSE SALAZAR	
6. Responsible Official Mailing Address:	
Organization/Firm: SAME AS ABOUE Street Address:	
City: County: Zip Code:	
2.p 3.1	
7. Responsible Official Telephone Number:	
Telephone: (305) 407 - 3797	
11.0 1100	
- 418-4900 - Facility Contact (If different from Responsible Official)	
racinty Contact (if different from Responsible Official)	
8. Name and Title of Facility Contact (For example, plant manager):	
SAME AS ABOVE	
9. Facility Contact Address:	
Street Address:	•
City: County: Zip Code:	
Zip cout.	
10. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

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

(

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.

Type of Machine	ID	Date Machi Initial Purcha	ly.	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-0	CT-93	12-NOV-93	#2	08-DEC-91		#3.	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	Ne	س:	F4	11170	- 2	2 1)ny c	leawine	ζ: - /	MACHIN	<u>Ç</u>
(1) w/ ref. condenser	 -	Sec	1990	J00 1996	半っ	5401996	Sep 1396	1		
(2) w/ carbon adsorber	34 1	Sip	1996	SEPANC	#2	50196	S. p. 199C	1		
(3) w/ no controls		i				j	† '			
Washer Unit	9°.	· 📆 🗟	1. 12	ga algelje.		, Jan S.			are established	* * * * * * * * * * * * * * * * * * * *
(4) w/ ref. condenser				-						
(5) w/ carbon adsorber										
(6) w/ no controls			1			1 7.5				
Dryer Unit	7 (* *	H-1		Tabanto del		a vivilia rejudi	Aprileon di	gradia.	±	1000
(7) w/ ref. condenser			7		· _]			
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit	3	i ya safi			ان المارية المارية الماري	Suraffa #4	YEAR THE LAND	1	etarre Junio Acce	g to switch
(10) w/ ref. condenser					}		·	1		
(11) w/carbon adsorber				ŀ						
(12) w/ no controls]
(b) Control devices are										
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 5.20 EFF gallons (FNITIAL FILL OF 2 MACHINES. (b) If less than 12 months, how many? 2 months Check why it is less than 12 months: New owner: N										
3. What is the facility's source classification based on the definitions found in section (3) of Part II?										
(Indicate with an "X". Select one classification only.)										
Existing small area source [] Existing large area source [] New small area source [] New large area source []										

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser [X] (New STATE of THE ANT Day To Day Refrigerated condenser (10SE) Loop Refrigerated System
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicate	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)	
	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
this notifi statement maintain comply w	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 a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Defartment of any changes to the information contained in this notification. Date	
	SIGNATURE 3/5/97 DATE MARCH. HAHP PRINT	

METROPOLITAN DADE COUNTY, FLORIDA





April 09, 1997

ENVIRONMENTAL RESOURCES MANAGEMENT ENVIRONMENTAL MONITORING DIVISION SUITE 900 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6925

RECEIVED

APR 1 4 1997

Bureau of Air Monitoring & Mobile Sources

Ms. Marnie Brynes
Mobile Source Control Section
Bureau of Air Monitoring and Mobile Sources
Division of Air Resources Management
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400

RE.: Clean Master Facility Notification Form

Dear Ms. Marnie Brynes:

With reference to our recent telephone conversation regarding Clean Master Industries General Permit Facility Notification, please find enclosed the completed form.

If you have any question regarding the above, please feel free to call me at (305)372-6944.

Sincerely,

Marcelo Barros Inspector II

MB

Attachments

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) X	COMPLAINT/DISCOVER	xy 🗅		
AIRS ID#: <u>0250816</u> FACILITY NAME: <u></u>			<u>•</u>	T: 1:45pm		
FACILITY LOCATION:	4305 NW 97	Ave.				
	Miami, Fi 3	3178	· · · · · · · · · · · · · · · · · · ·			
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DA	ARM by 9/1/96			M		
2. New facility notified DARN	1 30 days prior to startup					
3. Facility failed to notify DAI	RM to use general permit					
PART II: CLASSIFICATIO	N					
Facility indicated on notifica (check appropriate box)	tion form that it is:					
A. 1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr dr tra bo	ansfer only, x oth types, x<1	x<140 gal/yr <200 gal/yr	·		
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr dr 0 gal/yr tra al/yr bo</td><td>ansfer only, 2 oth types, 140</td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr dr 0 gal/yr tra al/yr bo	ansfer only, 2 oth types, 140	140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>			
This is a correct facility classi	ification	iy □n				
If no, please check the appropriate classification:						
II 7 -	ified for a general permit eds above limits and is no		above a general permit	·		
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 530 gallons.						

Revised 10/28/96 3 17

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?	OY ON √ NA					
2. Examining the containers for leakage?	□Y □N \ NA					
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?	o√y □n					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	dy on on/a					
D. D. W. D. ODGO VIDAN GOVIDO V.						
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).	crated 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						
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?	MA □N					
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?	AND NO YA					
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY QN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON √NA					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON √NA					

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?	ΟY	qи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	√ N/
	Is the temperature differential equal to or greater than 20° F?	ΩY	Πи	√ NA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	⊉ N	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	√ √ 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?	ΟY	И <mark>Ю</mark>	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	WN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	₫Y	ΩΝ	□N/A
P.	ART V: RECORDKEEPING REQUIREMENTS			
	(as the responsible official: check appropriate boxes)			
۱ ۱) faintained and sinte for more associated as	ஸ்ல	CAT	

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MY ON				
2. Maintained rolling monthly averages of perc consumption?	OY MY				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ∤W				
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 ✓NA				
4. Maintained calibration data? (for direct reading instruments only)	OY ON OMNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY UN VAA				
6. Maintained startup/shutdown/malfunction plan?	DAY □N .				
7. Maintained deviation reports?	OY ON √ NA				
Problem corrected?	OY ON √NA				
8. Maintained compliance plan, if applicable?	OY ON MINA				

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

2. W	hich method of detection is used by the	e respons	sible official?			
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt thro		₩	'		
	Odor (noticeable perc odor)		ø			
	Use of direct-reading instrumentati	tubes)	0			
	If using direct-reading instrumen	ıtation, i	is the equipment:			
	a. Capable of detecting po	erc vapoi	concentrations in	a range of 0-500 ppm?	ΩY	ПΝ
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and	obvious	signs of wear on a	a weekly basis?	ΩY	ПΝ
	d. Kept in a clean and sec	cure area	when not in use?		ΩΥ	□и
	ΩΥ	ПΝ				
3. E	ΩΥ	₽N				
4. Does the responsible official check the following areas for leaks?						
Hose connections, fittings, couplings, and valves \square Y \square N Muck cookers						ПN
	Door gaskets and seating DY DN Stills				ΦY	ПN
	Filter gaskets and seating					
Pumps						ПN
Solvent tanks and containers DY DN Cartridge filter housings						□N
Water separators $\mathbf{\Phi}_{\mathbf{Y}}$ $\mathbf{\Box}_{\mathbf{N}}$						

Jose Salanar	
Name of Responsible Official	•
Debbre Griner	3/5/97
Inspector's Name (Please Print)	Date of Inspection
Jeldie Giner	3/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SIT	E INFORMATION:		
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KECHIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250816
CLEAN MASTER INDUSTRIES
JOSE SALAZAR
4305 NW 97TH AVENUE
MIAMI FL 33178

Do NOT Remove Label

Annual Reporting Period:	Jan	i	19 <u>47</u> TO	J-	- 1	23	R 10 8
						င္မ	355
Based on each term or condition o	f the Title V genera	ıl air permit	, my facility has	rémained in cor	npliance with	DEP R	ule
62-213.300, Florida Administrativ	e Code (F.A.C.), di	iring the pe	riod covered by the	his statement.	YES		NO
If NO, complete the following:							
#1. Term or condition of the gene	ral permit that has	not been in	continuous comp	liance during th	ne reporting p	eriod sta	ited above:
Exact period of non-compliance:	from	_		to	· · · · · · · · · · · · · · · · · · ·		
Action(s) taken to achieve complia	nnce:	•					-
Method used to demonstrate comp	liance:		<u> </u>			•	· .
#2. Term or condition of the gene	ral permit that has	not been in	continuous comp	liance during th	e reporting p	eriod sta	ited above:
Exact period of non-compliance:	from			to	_		
Action(s) taken to achieve complia	nce:		٠.				
Method used to demonstrate comp	liance:						
As the responsible official, I hereby of notification are true, accurate and condoes not exceed 2,100 gallons per year	mplete. Further, my	annual con ities or 1,800	sumption of perch gallons per year	loroethylene sol	vent, based up	on purch cilities.	

Signature

Date

Name (Please Print)

^{*}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 CEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

OCT 2 7 טעעו

ANNUAL

RE-INSPECTION

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COMPLAINT/IN WICE WITH Mortiforing & Mobile Sources

AIRS 10#:0250876 DATE: 5/20/98 TIME IN: 10:30 cm TIME OUT: 11:00 cm
FACILITY NAME: Clean Masters Industries
FACILITY LOCATION: 4305 NW 97 Ave.
RESPONSIBLE OFFICIAL: Jose Salayar PHONE: 418-4900
CONTACT NAME: Marc Yahr PHONE: 418-4900

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

PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification	☐Y ☐N ☐Can not determine		
If no, please check the appropriate classific facility qualified for a genute of the second second in the second			
B. The total quantity of perchloroethylene (perc) per facility was <u>700</u> gallons.	urchased within the preceding 12 months by this dry cleaning		

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A				
2. Examining the containers for leakage?	OY ON PANA				
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?	QY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser				
. If classification 3 has been checked, the machine should be equipped with either 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 refri (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?	MA ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AN ON ONIA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם אלם				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	בואלס מם צם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ØN				

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?	ΩY	M	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	Øn/a
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	ŪXI/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?	ΩY	ПИ	Ø N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПΝ	ØN/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?	QУ	ПИ	Ū∕N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	ǾN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ПИ	₩N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	A DN
2. Maintained rolling monthly averages of perc consumption?	DY MZN
3. Maintained leak detection inspection and repair reports for the following:	. ,
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN WINA,
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
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAN NO YO
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY ON WAN/A
Problem corrected?	OY ON DANA
8. Maintained compliance plan, if applicable?	OY ON W Y/A

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	Ø∕Y □N			
2.	2. Has the facility maintained a leak log?	₽ Y □N			
3.	3. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	ארם מם אלם			
	Door gaskets and seating	DY ON ON/A			
	Filter gaskets and seating	rs QY ON ON/A			
	Pumps	DY ON ON/A			
	Solvent tanks and containers	housings ☑Y □N □N/A			
	Water separators ☑Y □N □N/A				
4.	4. Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)	abla			
	Physical detection (airflow felt through gaskets)	₫			
	Odor (noticeable perc odor)	abla			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	. 🗅			
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-50	0 ppm? □Y □N			
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY ON			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN			
	d. Kept in a clean and secure area when not in use?	OY ON			
	e. Verified for accuracy by use of duplicate samples (calorimetric on	ly)? 🗆 Y 🗆 N			

Inspector's Name (Please Print)
Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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INSPECTION SUMMARY REPORT BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 am TIME OUT: 11:00 a	m AIRS ID#: 0250814
TYPE OF FACILITY: Derc Dry Cleanes	
FACILITY NAME: Clean Master Indi	
FACILITY LOCATION: 4305 NW 97 AVE	2
Miami, FL 3317	8
RESPONSIBLE OFFICIAL: Jose Salayar	рноне number: 418-4900
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate the compliance requirements.	tive Code (F.A.C.).
discrepancies were noted:	ted dating and hopedicity are tenerally good practice
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No measurement + record of	Need to begin measuring and
refricerated condener temperature performed on a weekly basis.	recording temperature not to exce 450F on a weekly basis
No rolling 12 month log of	Need to begin keeping log.
perc purchase	268, 1, 1, 2, 4
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
COMMEN 13.	
:	
	·
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 500 98	
INSPECTION CONDUCTED BY: Debole	Oproximate) Triner
INSPECTOR'S SIGNATURE: 1001 C. (P)	lease Print) PHONE NUMBER: 372-6936
	l of l

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Clean Mas	ster Indust	rus	RECEIVE	D: 5/20/98	
facility location: 4305	NW 97 A	re .			
	11, FL 331		OCT 27 1998		
			Bureau of Air Monitor	ing	
Annual Reporting Period: 5	1:	97 T	& Mobile Sources		
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	#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:				
NO MEASURE	MENT OF	REF	216 COND TE	-mp	
Exact period of non-compliance: from	MAY	87	to MAY 4	8	
Action(s) taken to achieve compliance:	406	AL	L FOWAR	0	
Method used to demonstrate compliance:	LO 63	_			
#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	MAY	87	to_MAY	28	
Action(s) taken to achieve compliance:	LOGI	HL	FOWARD	<u> </u>	
Method used to demonstrate compliance:	106				
			<u> </u>		
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.					
	me (Please Print)		Signature		
,	\	1	2-0		

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

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

JUN 2 5 1999

TYPE OF INSPECTION:

ANNUAL.

Bureau of Air Monitoring COMPLAINT/DISCOVE Mobile Sources

RE-INSPECTION

FACILITY NAME: (1807) DATE: 6/3/9	9 TIME IN: 1050 TIME OUT: 1200 pm			
FACILITY LOCATION: 4305 NW				
	·			
RESPONSIBLE OFFICIAL: HARC YAL	PHONE: 49.65			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to stan	tup 🖸			
2. Facility failed to notify DARM to use general per	mit 🖸			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$ both types, $x \le 140 \text{ gal/yr}$ (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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	ON Can not determine			
u -	cation: eneral permit as number above mits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1,395 gallons.				

1015 June 9,199

Revised 9/15/97

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the responsible official of the dry cleaning facility: theck appropriate boxes)	_
Storing perchloroethylene in tightly scaled and impervious containers?	OY ON WNIA
. Examining the containers for leakage?	DY DN DNIA
. Closing and securing machine doors except during loading/unloading?	MO NO
. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ON ON/A
PART IV: PROCESS VENT CONTROLS	
n Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	ও
If classification 2 has been checked, the machine should be equipped with a refrig (complete Λ 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 must 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
(complete A and B below).	•
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:
A. Has the responsible official of all new sources and existing large area sources.	: DY ON
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	E ON ON ONIA
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?	:
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
 A. Has the responsible official of all new sources and existing large area sources. (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 	OY ON ON/A

BEST AVAILABLE COPY

13.	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?	CIY QN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DNA
	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?	DY ON WHIA
	Is the perc concentration equal to or less than 100 ppm?	CIY CIN DAVIA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc-concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON ONIA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מין מא מא אם
6	. Routed airflow to the carbon adsorber (if used) at all times?	DY DN ØN/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: ON ON/A 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 QY DN DNIV and parts installed w/in 5 days of receipt? DY ON DANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY JON 6. Maintained startup/shutdown/malfunction plan? MY/ON DHA 7. Maintained deviation reports? MY ON ONIA Problem corrected? DY ON DANA 8. Maintained compliance plan, if applicable?

BEST AVAILABLE COPY

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			NO VE		
2.	Has the facility maintained a leak log?			NO NC		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	אואם אם אס	Muck cookers	OY ON DINA		
	Door gaskets and seating	AINO MO INO	Stills	ØY ON ON/A		
	Filter gaskets and seating	AND ND YA	Exhaust dampers	ØY ON ON/A		
	Pumps	DY DN ON/A	Diverter valves	AV ON ON/A		
	Solvent tanks and containers	אוחם חם יע	Cartridge filter housings	AY ON ON/A		
	Water separators	AY ON ON/A				
4	. Which method of detection is used by t	the responsible official?				
	Visual examination (condensed s	olvent on exterior surfaces	s) .	6/		
Physical detection (airflow felt through gaskets)			/			
	Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	. If using direct-reading instrumentation, is the equipment:			ØN/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			חס אם		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			UY UN			
	d. Kept in a clean and secure area when not in use?			אט צם		
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

Inspector's Signature

Record Keeping Violation

TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPOR

TYPE OF INSPECTION: AND

		.	•
NINI	$I I \overline{\Lambda} I$		\mathbf{Z}

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1050 AM TIME OUT: 1200P	AIRS ID#: O	250816
TYPE OF FACILITY: Yer Dry C/	eone	
FACILITY NAME: Clean MASTES Ina	lustri es	date: 6/4/99
FACILITY LOCATION: 4305 NW 997	Dre	
RESPONSIBLE OFFICIAL:	PHONE NUMBE	R: 418-4900
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation discrepancies were noted:	rative Code (F.A.C.). ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACT	
No Temp 100	Maintain	1 00
Consumption 108	1(((
·		
COMMENTS: Minor non co	mpl: snce	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION: 6/2000		
	pproximate)	
INSPECTION CONDUCTED BY: LEO 4	SMART.	
INSPECTOR'S SIGNATURE: LEO (P	lease Print) PHONE NUMBE	R: (305)372-69
/ Page	of	Revised 10/

AIRS ID#: 0250816

Rec X

Revised 10/E0/96

DRY CLEANER AIR QUALITY GENERAL PERMITE AU OF Air MODITORING & MODITORING ANNUAL COMPLIANCE CERTIFICATION FORM

Sources
FACILITY NAME: Clean Masters dustries DATE: 3- June-9
FACILITY LOCATION: 4305 NW 97th Ave.
Annual Reporting Period: 1998 TO Jame 1999
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:
NO Temp /00
Exact period of non-compliance: from Sune 98 to Time 98 Action(s) taken to achieve compliance: Keep records Complete
Action(s) taken to achieve compliance: Keep records Complete
Method used to demonstrate compliance: FDEP
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No Consumption 100
Exact period of non-compliance: from May 98 to May 99
Action(s) taken to achieve compliance: Complete ve conduces.
Method used to demonstrate compliance: FDEP CALENDER
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: MARCH, TAHR Name (Please Print) Signature Date

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

AIRS ID#:	0250816	
AIKS IU#:	0 77 0912	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Clean Mast	no Industrii	٠,	DATE:	4/28/00
FACILITY LOCATION:	4305 NS) 97 AV	•		•
	Mami F				
Annual Reporting Period:	April	19 <u>9</u> 9 TC	·	April	
Based on each term or condition of	-				Rule DNO
62-213.300, Florida Administrativ	ve Code (F.A.C.), during th	e period covered by t	ms statement.	I I ES	JNO
If NO, complete the following:				•	
#1. Term or condition of the gene	eral permit that has not bee	n in continuous comp	oliance during the	reporting period s	stated above:
Exact period of non-compliance:	from		to /	/	
Action(s) taken to achieve complia					
Method used to demonstrate comp	oliance:		/		
#0 T	1				
#2. Term or condition of the gene	erai permit that has not oee	n in continuous comp	mance during the	ieporung penod s	stated above.
Exact period of non-compliance:	from	to			
Action(s) taken to achieve compli-	ance:				
Method used to demonstrate comp			٠	,	
Method used to demonstrate comp	mance.			•	<u> </u>
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f	accurate and complete. Fe receipts, does not exceed	urther, my annual co	nsumption of perc	hloroethylene sol	vent, based
RESPONSIBLE OFFICIAL:	MARE YAHR Name (Please Print)	<u> </u>	Signature	 	/28/00 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

TY	/P	E	OF	INSP	ECI	ION:

ANNUAL

-

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0050816 DATE: 4/28/6	TIME IN: //30 TIME OUT: /200			
FACILITY NAME: Clean Masters Industries				
FACILITY LOCATION: 4305 DW 57 Ave.				
Man	, FL			
RESPONSIBLE OFFICIAL: Marc 4	PHONE: 305 - 418 - 4700			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)	A			
1. New facility notified DARM 30 days prior to sta	rtup 🖁 🗆			
2. Facility failed to notify DARM to use general pe	rmit & & & & & & & & & & & & & & & & & & &			
	SEE V			
PART II: CLASSIFICATION	S N C			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No nonfrication form ☐ Drop store out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Inew 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	Y ON OCan not determine			
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.				

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?	OY ON DINA
2. Examining the containers for leakage?	DY DN QNA
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ØN/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 refrige (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	-
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)	· ·
1. Equipped all machines with the appropriate vent controls?	gy on
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ONIA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AN ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ФУ ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ON QNIV
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY ON

B.	Has the responsible official of an existing large or new large area source also:			
,	Managed and recorded the subsure town on the outlet side of the condensor located			
۱.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	· 66.	<u></u>	
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ШΥ	ΠИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ПΥ	ПΝ	ΔĬN/A
l	met and outlet weekly:	, .	— [1	φινη
	Is the temperature differential equal to or greater than 20° F?	\Box Y	$\square N$	ŪN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПΝ	QN/A
		_	_	
ļ	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	ØN/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,	*		ĺ
	or expansion; and downstream from no other inlet?	\Box Y	$\square N$	ZIN/A
				•
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			ļ
	condenser coils?	ΠY	ПΝ	₽ N/A
				1
6	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
L.	reduce antion to the carbon according to the carbon ac			7.77

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly total of perc consumption?	ØY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ОЛ ШИ ОШИ				
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 OMA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DIN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN Ø N/A				
6. Maintained startup/shutdown/malfunction plan?	ØY ON				
7. Maintained deviation reports?	OY ON PIN/A				
Problem corrected?	OY ON ONA				
8. Maintained compliance plan, if applicable?	OY ON ANA				

PART	VI: LEAK DETECTION AND I	REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
ins	spection?			DÍY □N	
2. Ha	s the facility maintained a leak log?			DYY DN	
3. Do	es the responsible official check the	following areas for leak	cs?		
	Hose connections, fittings, couplings, and valves	PY ON ON/A	Muck cookers	OY ON ØN/A	
	Door gaskets and seating	DY ON ON/A	Stills	DA ON ON/Y	
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	GY ON ON/A	
	Pumps	TY ON ON/A	Diverter valves	TY ON ON/A	
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY ON ON/A	
	Water separators	DAY ON ONIA			
4. W	nich method of detection is used by t	he responsible official?			
	Visual examination (condensed so	olvent on exterior surfac	ces)	7	
	Physical detection (airflow felt th	rough gaskets)		9°	
	Ø				
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)		
	Halogen leak detector			A	
1	□N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
i	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	l after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear	r on a weekly basis?	ΩŸ ΩN	
	d. Kept in a clean and se	ecure area when not in u	ise?	מם ער	
	e. Verified for accuracy	by use of duplicate sam	nples (calorimetric only)?	OY ON	
	Inspector's Name (Please Prin		Date of Inspection	lov	
	Iran San	÷	4/	/ υ/	
	Inspector's Signature		Approximate Date of I	Next Inspection	

Good Housekeeping

SATIS FACTORY - Recordle sping Inconsistencies

More Yahr, ament R.O., states business is in process of being sold.

Will no longer her using pene, will

use carbon diexide.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL AND COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1130TIME OUT: 120	AIRS ID#: 02 50 816
TYPE OF FACILITY: Parc Dry Cleans	
FACILITY NAME: Clean Wasters I	Tidustries DATE: 4/23/cm
FACILITY LOCATION: 4305 Page 97	
Many FL	
RESPONSIBLE OFFICIAL: Nave YAMR	PHONE NUMBER: 30 5-418-4500
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
	-
COMMENTS: Good Househard	i Andrews
Sintis to at any	(Recordkeaping inconsistencies)
SALL HOLDING .	(recordered in consistencies)
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/01 (Ap	proximate)
INSPECTION CONDUCTED BY: Fan	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-372-6515
Page	_of Revised 10/96

,00 0073 1/26/0/ refueld

3283

DOLLARS

MILLENIUM CLEANERS OF SOUTH FLORIDA, LLC

4305 NW 97TH AVE. MIAMI, FL 33178 PH. (305) 418-4900

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PAY TO THE ORDER OF

BANK OF AMERICA 02992 FL ·

63-4-630

63-14-01

\$50

Fifty dollars 8 00/100

DEP OF ENVIRONENTAL PROTECTION OFF. PROTECT. ZECO BLAIR STONE ROAD MEMOTALLAHLA SSEE, FL 32399-2400

MILLENIUM CLEANERS OF SOUTH FLORIDA, LLC

4305 NW 97TH AVE. MIAMI, FL 33178 PH. (305) 418-4900

PAY TO THE DEPARTMENT OF ENVIRONMENTAL PROTECTION ORDER OF

Fifty and 00/100*********

DEPARTMENT OF ENVIRONMENTAL PROTECTION

02992 FL 1/22/01 63-4-630 **50.00

3039

⊕

DOLLARS

MEMO

AIRS ID#: 0250816

Aillenium Cleaners of South Florida, LLC 305 NW 97th Avenue liami, FL 33178



DEP 2600 Blair Stone Rd. MS 4525 Tallahassee, FL 32399-2405

32399-6542 Ø!

tallantdallahdaladladdaladdaldaldaldal

Millenium Cleaners of South Florida, LLC 4305 NW 97th Avenue Miami, FL 33178





DEP 2600 Blair Stone Rd. MS 4525 Tallahassee, FL 32399-2405

32399-6542 Ø

Tollerd de Malada de Marida de Malada de Malad

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Clean Master Thoustores 2. Site Name (For example, plant name or number): Clean Master Cleaners
2. Site Name (For example, plant name or number):
Clean Master Cleaners
3. Hazardous Waste Generator Identification Number:
FLR 0000 Z780S
4. Facility Location: 4305 NW 97+n AVE
City: MIAMI County FL Zip Code: 33178
5. Facility Identification Number (DEP Use):
0250816
Responsible Official
(6) Name and Title of Responsible Official:
Jose Solazor
•
7. Responsible Official Mailing Address: Organization/Firm: Street Address:
Street Nations.
City: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8. Responsible Official Telephone Number:
Telephone: (305) 418 - 4900 Fax: (305) 406 - 379
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOUT
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
n r C E IVA

RECEIVED

APR 1 4 1997

Bureau of Air Monitoring

#0250816

1.

,	Clean Master Cleaners
	Spoke with Jose Salazar-5/9/19
p./3	6. add title-President
P.14	1.(c) mark out "X" and inetial
,	
	i
:	
·	
-	

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	1	EW F	ACILIT	4	Z DRY	CLEAI	$\overline{\mathbb{S}}$	MAGA	•
(1) w/ ref. condenser	#1	Sep 196	5201996	#7	Since	Sept M6			
(2) w/ carbon adsorber	#1	SEP/16	50196	#2	5201996	SPAC	-		
(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		14.2							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [520] gallons Twite Till Twice									
3. What is the facility's so (Indicate with an "X". Existing small an	urce (Selec	classification et one classifi urce []	based on the cation only.)	e defi	initions found	d in section (3) of		
Existing large ar	ea soi	urce []	Ne	ew la	rge area sour	ce /]		

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)				
Existing large area source Carbon adsorber []	Refrigerated condenser []			
New small area source Refrigerated condenser				
New large area source Refrigerated condenser []	Stale of And Dryd Closed Loop ratigorald			
	Cise loop rangened			
	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 e 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 mor	nitoring []			
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction plan				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	lersigned, 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 is 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.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353712

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 # 0250816

CLEAN MASTER CLEANERS JOSE SALAZAR 4305 NW 97TH AVENUE MIAMI FL 33178 Bureau of Air Mobile S MODERNMENT US ONLY Org.: \$55010100 EO: B1 Fund: 202-035001 Obj.: 00273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389686

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 # 0250816

CLEAN MASTER CLEANERS JOSE SALAZAR 4305 NW 97TH AVENUE **MIAMI FL 33178**

FOR GOVERNMENT USE SLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



(cut here,

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300748

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#0250816

CLEAN MASTER INDUSTRIES JOSE SALAZAR 4305 NW 97TH AVENUE MIAMI FL 33178 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

PLACE STICKER AT TOP OF NOILOSS SHICKER AT TOP OF	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250816 CLEAN MASTER CLEANERS CHARLIE EXELBIRT 4305 NW 97TH AVENUE MIAMI FL 33178 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X				
2. Article Number (Copy from service label) 7000 n.5 20002093730831					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
=					
183					
m	Postage	\$			
937	Certified Fee				
	Return Receipt Fee (Endorsement Required)		Postmark Here		
0200	Restricted Delivery Fee (Endorsement Required)				
딞	To'	AIKS ID # 0250	816		
0.52	Re CHARLIE EX	ER CLEANERS ELBIRT	mailer)		
	4305 NW 97TH	I AVENUE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7000	MIAMI FL 33178		***************************************		
1	PS Form 3800 Februa	10/2000	Seerneversemer/Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250816001AG JOSE SALAZAR CLEAN MASTER CLEANERS 4305 NW 97TH AVENUE MIAMI FL 33178	A. Received by (Please Print Clearly)= B. Date of Delivery C. Signature X D. Is delivery address different from item 1? Dives If YES, enter delivery address below: If YES, enter delivery address below: Certified Nation Express Mail Registered Registered Receipt or Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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