



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 24, 1997

Mr. Jose Caballero
Supreme Cleaners
16348 West Dixie
North Miami, Florida 33160

Re: Facility No.: 0250844

Dear Mr. Caballero:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

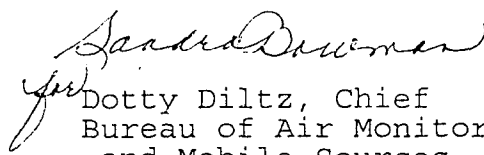
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

#0250844

P13 4. add address.

7. Add Organization/Firm

Perchloroethylene Dry Cleaning Facility Notification

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OCT 16 1997

Facility Name and Location

Air Quality
Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JMG SERVICES INC		
2. Site Name (For example, plant name or number):	16348 WEST DIXIE Supreme Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 981031628		
4. Facility Location:			
Street Address:			
City:	County:	Zip Code:	
NORTH MIAMI	DADE	33160	
5. Facility Identification Number (DEP Use):	0250844		

Responsible Official

6. Name and Title of Responsible Official:	JOSE CABALLERO PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:	6067 WEST 26 CT		
Street Address:			
City:	County:	Zip Code:	
HIALERA	DADE	33016	
8. Responsible Official Telephone Number:			
Telephone:	(305) 940 3341		Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -		Fax: () -

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NOV 5 1997

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 Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		JAN 95	Jan 95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

120 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

New small area source

Existing large 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

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

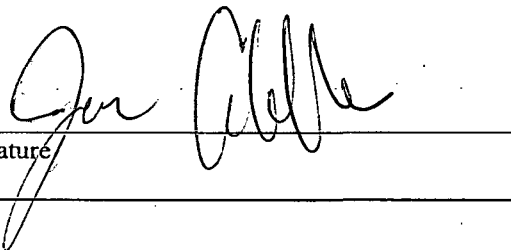
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with 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

10-9-97

FIVE STAR CLEANERS



17088 Collins Ave.
Phone: 919-7344

6 Collins Ave.
Phone: 866-8991

16348 W. Dixie Hwy.
Phone: (305) 944-4115

Rate B, Bob

N A M E 20763

ADDRESS / PHONE RACK

CALL	MON	TUE	WED	DATE
DEL	THUR	FRI	SAT	

TROUSERS		
M SUITS <input type="checkbox"/> 2Pc <input type="checkbox"/> 3Pc		
TOPCOAT <input type="checkbox"/> RAINCOAT <input type="checkbox"/>		
SHIRTS <input type="checkbox"/> Wet Clean <input type="checkbox"/> Dryclean		
SPORT JACKET		
NECKTIES — HATS		
VEST		
SWEATERS <input type="checkbox"/> Plain <input type="checkbox"/> Fancy		
DRESSES <input checked="" type="checkbox"/> Plain <input type="checkbox"/> Fancy BELTS		
SKIRTS <input type="checkbox"/> Plain <input type="checkbox"/> Fancy		
L SUITS <input type="checkbox"/> Plain <input type="checkbox"/> Fancy		
BLOUSES <input type="checkbox"/> Plain <input type="checkbox"/> Fancy		
TOPCOAT <input type="checkbox"/> RAINCOAT <input type="checkbox"/>		
JACKET		
SLACKS		
SHORTS		
JUMPSUITS		
BUTTONS REMOVED	TOTAL	

RECEIVED

NOV 06 1990

Bureau of Air Monitoring
& Mobile Sources

If any discrepancy, please return this invoice to us within 24 hours.

ASK US ABOUT OUR PICK UP AND DELIVERY SERVICE.

8H3907

PERCHLOROETHYLENE DRY CLEANING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL [checked] COMPLAINT/DISCOVERY [] RE-INSPECTION []

AIRS ID#: 0250844 DATE: 9/10/98 TIME IN: 245 TIME OUT: 300 FACILITY NAME: Supreme Cleaners, Five Star FACILITY LOCATION: 16348 W. Dixie Highway N. Miami, FL 33160 RESPONSIBLE OFFICIAL: Mr. Jose Caballero PHONE: (305) 940-3341 CONTACT NAME: PHONE: 305 919-7344

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) [] No notification form [x] Drop store/out of business/petroleum A. 1. Existing small area source [] 2. New small area source [] 3. Existing large area source [] 4. New large area source [] 5. This is a correct facility classification [] Y [] N [] Can 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.

RECEIVED NOV 06 1998 Bureau of Air Monitoring & Mobile Sources

ME 9/11/98 ARMS

MB 10/16/98 ARMS Inactive STATUS

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mitchell Fishkind
Inspector's Name (Please Print)

9/10/98
Date of Inspection

[Signature]
Inspector's Signature

9/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

New Five Star Cleaners

Bob ²⁰³ 919-7344 17088 Collins Ave
manager

State they are a Drop of Stone

Detrep

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>Received Here</i> <i>02</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post: 10	AIRS ID # 0250844001AG
Sent To	JOSE CABALLERO
	SUPREME CLEANERS
Street, Apt. 1	6067 WEST 26 CT
City, State, 2	HIALEAH FL
	33016
PS Form 3800, May 2000 See Reverse for Instructions	

7000 1670 0013 3095 4062

SENDER: COMPLETE THIS SECTION

- 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:

10 AIRS ID # 0250844001AG
 JOSE CABALLERO
 SUPREME CLEANERS
 6067 WEST 26 CT
 HIALEAH FL
 33016

2. Article Number
 (Transfer from service label) *7000 1670 0013 3095 4062*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<i>X</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

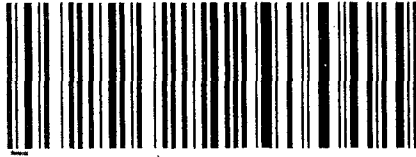
3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

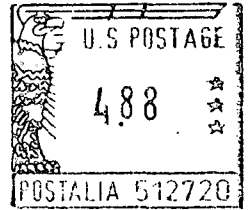
4. Restricted Delivery? (Extra Fee) Yes

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 1670 0013 3095 4062



[Handwritten signature]

RETURN TO SENDER
ATTEMPTED - NOT KNOWN

[Handwritten signature]

10 AIRS ID # 0250844001AG
JOSE CABALLERO
SUPREME CLEANERS
6067 WEST 26 CT
HIALEAH FL
33016

RECEIVED

AUG 12 2002

Bureau of Air Monitoring
& Mobile Sources

Z 333 613 513

1999

US Postal Service

Receipt for Certified Mail

AIRS ID# 0250844

SUPREME CLEANERS
JOSE CABALLERO
6067 WEST 26 CT
HIALEAH FL 33016

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MS 5370

CERTIFIED

Z 333 613 513
18 31 05

RECEIVED
JUL 28 1998
Bureau of Air Monitoring
& Mobile Sources

TALLAHASSEE
FL
JUL 28 1998
PERMETER
6846314

U.S. POSTAGE
2 77

550304

RETURNED TO SENDER
REASON FOR RETURN
Unclaimed refused
Attempted no answer
Insufficient Address
No such street number
No such office in state

MAIL

DELIVERY NOTICES

FIRST

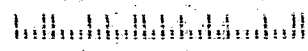
SECOND

TO:

SUPREME CLEANERS
JOSE CABALLERO
6067 WEST 26 CT
HIALEAH FL 33016

AIRSID#0250844

N.L.
6-26-98
7-9
2:00 PM



Is your RETURN ADDRESS completed on the reverse side?

SEND

- Complete for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250844

SUPREME CLEANERS
 JOSE CABALLERO
 6067 WEST 26 CT
 HIALEAH FL 33016

4a. Article Number
 2 333 @ 13573

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

Z 333 613 349

US Postal Service
Receipt for Certified Mail

AIRS ID 0250844

JMG SERVICES INC
JOSE CABALLERO
6067 WEST 26 CT
HIALEAH FL 33016

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JMG SERVICES INC
JOSE CABALLERO
6067 WEST 26 CT
HIALEAH FL 33016

AIRS ID 0250844

4a. Article Number

Z 333 613 349

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

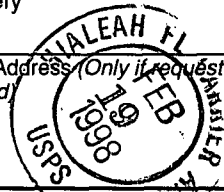
5. Received By: (Print Name)

MARIA CABALLERO

6. Signature: (Addressee or Agent)

X Maria Caballero

8. Addressee's Address (Only if requested and fee is paid)



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.