

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 4, 1997

Mr. Somani Nizarali Fountaine Bleu Cleaners 10686 Northwest 7 Street Miami, Florida 33172

Facility No.: 0250867 Re:

Dear Mr. Nizarali:

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"



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Somani Nizarali Fountain Bleu Cleaners 10686 Northwest 7 Street Miami, Florida 33172

Re: Facility No.: 0250867

Dear Mr. Nizarali:

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 $\mbox{\it V}$ general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Perchloroethylene Dry Cleaning Facility N



Facility Name and Location

	Air Quality
I. Fa	cility Owner/Company Name (Name of corporation, agency, or individual Agency Division
	FOUNTAINE BLEU CHENNER LAC.
2. Si	te Name (For example, plant name or number):
7	OUNTAINE BLEU CLEANERS
3. Ha	azardous Waste Generator Identification Number:
	FLD 981758352
4. Fa	treet Address:
Ci	County: DADE Zip Code: 33172
5. Fa	cility-Identification Number (DEP-Use): 100 100 100 100 100 100 100 100 100 10
	Responsible Official
- N	
	ame and Title of Responsible Official:
~	SOMANI NIZARALI, PRES.
1	esponsible Official Mailing Address:
	responsible Official Mailing Address: rganization/Firm: reet Address: MAS Above
l .	ity:
	esponsible Official Telephone Number:
16	elephone: 805) 221 - 8777 Fax: () -
	Facility Contact (If different from Responsible Official)
9. N	ame and Title of Facility Contact (For example, plant manager):
10 F	acility Contact Address: Syme As. Above
10. 6	acinty Contact Addicss.
St	reet Address:
C	ity: County: Zip Code:
1	acility Contact Telephone Number:
To	elephone: () - Fax: () - Fax: ()

RECEIVED

NOV 5 1997

0250867

p/6	Surrender of Existing disternits
	Add Permit H's of surrendered Permits
· .	Permits
	(DEP. issued air fermits only)
	Responsible official sign and dut.
	low changes
	Responsible official sign and date for changes
· .	
· .	
•	
· · · · · · · · · · · · · · · · · · ·	
,	
	T

t semion desiras

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	IE	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#.	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		VANGZ	MW92						
(2) w/ carbon adsorber									
(3) w/ no controls						i			
Washer Unit			•		•			1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		14,4.7						_	
(7) w/ ref. condenser	-								
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	7.4.	- Fuet				<u> </u>	_		!
(10) w/ ref. condenser · ·									
(I1) w/carbon adsorber		<u> </u>		<u> </u>					
(12) w/ no controls				1	<u> </u>				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are r quant galle	equired to be ity of perchl ons ow many? [installed [_oroethylene ((perc	_]) purchased i				· :
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classif	ication only.) ew si		rce [V	n (3)	of Part II?	

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

DEP Form No. (62-213-900(2) Page 15 of 16 Effective: (6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this noti statemer maintair	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 ats 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.				
I will pr	omptly notify the Department of any changes to the information contained in this notification.				
/	mm. 15th polina				

DEP Form No. 62-213.900(2)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring

AIRS ID#0250867 FOUNTAINE BLEU CLEANERS INC SOMANI NIZARALI 10686 NW 7 STREET

MIAMI FL 33172

Do NOT Remove Label

Annual Reporting Period: 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. NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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:

*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.

Best Available Copy TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TYPE OF FACILITY: PERCE. FACILITY NAME: Zatroff	ME OUT: 200	AIRS ID#:AIRS ID#:	DATE: 2 2 95
RESPONSIBLE OFFICIAL	140) - 7 S 	PHONE NUMBER:	77,
Based on the results of the compliance with DEP Rule 62-213 Based on the results of the compliance discrepancies were noted:	ance requirements evaluates and a service requirements evaluates ance requirements evaluates and a service requirement evaluates and a service require	ated during this inspection, the facilitative Code (F.A.C.). ated during this inspection, the following the facility of the	ity is found to be in owing compliance
COMPLIANCE REQUIREME	CNT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
N/3 /con/c /09		START MININ	TAINING 109.
No Kulling Pierce.	log	//	./
Mo Temp Monitor	ring log	//	7
*.			Bure.
			MAR 30 tau of Air Mobile So
			998 fonitoring furces
COMMENTS: Pacifity in	Complian	KE, MINOR	nparwork
The Annual Compliance Certification form	has been properly certi	fied and submitted to the inspector.	YES NO
	1690	and sacrifica to the moperton.	
DATE OF NEXT INSPECTION:	(A)	pproximate)	
INSPECTION CONDUCTED BY:	THINK NIN	17 Mais	•
	(P	lease Print)	
INSPECTOR'S SIGNATURE	700	PHONE NUMBER:	3726922
	Page	of .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	v	COMPLAINT/DISCO	VERY ZO J
_	RE-INSPECTION			obile School
AIRS 10#:0250867 D	ATE: 2-20-98	TIME I	N:/30 TIME	E OUT: ZO
FACILITY NAME: 100	NAINBLEY	Cl	Enners	
FACILITY LOCATION: /C	486 NW	7	57.	
RESPONSIBLE OFFICIAL :	Somani N.	(ZARA)	/. PHONE: <u>22/</u>	- 8711
CONTACT NAME:			_PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM	I to use general permit			
	_			
PART II: CLASSIFICATION				
Pacility indicated an natification			[] N	
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of b	
	e <table-cell-rows> 2. r dry tra bot</table-cell-rows>	nsfer only, x h types, x <	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e \(\sum \) 2. r dry tra bot (co e \(\sum \) 4. 00 gal/yr dry gal/yr tra al/yr bot	r-to-dry only, x insfer only, x h types, x < instructed on New large a r-to-dry only insfer only, 2 th types, 140	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gaboth types, 140 ≤ x ≤ 1,800 gaboth 	e \(\sum \) 2. r dry tra bot (co e \(\sum \) 4. 00 gal/yr dry gal/yr tra al/yr bot	r-to-dry only, x insfer only, x h types, x < instructed on New large: v-to-dry only insfer only, 2 th types, 140 onstructed on x	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	usiness/petroleum

facility was 50 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 2. Examining the containers for leakage? DA DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **Ø**N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the GY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN WNA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	* ***		
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	ĎП	٠.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŪΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ	□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?	ΟY	□N	□N/A
٠٠,	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□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?	ΟY	ИΩ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	_
Has the responsible official: (check appropriate boxes)	. ,
1. Maintained receipts for perc purchased?	GA ON
2. Maintained rolling monthly averages of perc consumption?	מש עם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON 6N/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?	אינם אם אינ
4. Maintained calibration data? (for applicable direct reading instruments)	אומש מם עם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	QY ON
7. Maintained deviation reports?	אעם אם צם
Problem corrected?	ANNE NO YO
8. Maintained compliance plan, if applicable?	אואס מם צם

PART VI: LEAK DETECTION AND REPAIRS

- 1	MET 12: DECEMBER DESIRED TROTTERS A			·			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MA ON			
2.	Has the facility maintained a leak log?			DY 4 UN			
3.	Does the responsible official check the f	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	בא מם אום אום			
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	CY ON ON/A			
	Pumps	CY ON ONA	Diverter valves	AVIO NO YE			
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY ON ON/A			
	Water separators	DA DN DNA	•	٠			
4.	Which method of detection is used by the	he responsible official?		,			
	Visual examination (condensed so	olvent on exterior surfac	ces)	Ø			
	Physical detection (airflow felt the	rough gaskets)					
	Odor (noticeable perc odor)			G C			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)	a .			
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equ	ipment:	□N/A			
	a. Capable of detecting j	perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	d after each use	OY ON			
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N			
	d. Kept in a clean and s	ecure area when not in	use?	□Y □N			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON			
	•						

Inspector's Name (Please Print)

2-20-98
Date of Inspection

Feb 1999

Approximate Date of Next Inspection

DDITIONAL SITE INFORMATION:			
			,
			Ÿ
;			
		•	
	•		
•			
\$			
\frac{1}{2}			

BEST AVAILABLE COPY

AIRS 10#: 0250867

acc of

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FOUN JANUBLEU CLESNERS	DATE: <u>7-20-98</u>
FACILITY LOCATION: 10686 NW 7 ST.	
Annual Reporting Period: 10-14 1997 TO 2-20	0 1998
Based on each term or condition of the Title V general air permit, my facility has remained in complia 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 re	porting period stated above:
Exact period of non-compliance: from 10-14-97 to 2- Action(s) taken to achieve compliance: 57727 Kessping Riccords	20-98
Action(s) taken to achieve compliance: START KEEPING PLECORDS	5 & logs
Method used to demonstrate compliance: HANDOUT	
#2. Term or condition of the general permit that has not been in continuous compliance during the re	porting period-stated above:
	
Exact period of non-compliance: from	MAR Mol
Action(s) taken to achieve compliance:	R 3
Method used to demonstrate compliance:	0 1998 r Monit Source
	8 itorina ces
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchlupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fact year for transfer or combination facilities.	loroethylene solvent, based
RESPONSIBLE OFFICIAL: 12 MANY SOMMY Signature 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.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

		_	•		
TYPE OF INSPECTION:	ANNUAL	ø	COMPLAIN	T/DISCOVER	Y 🗆
. '	RE-INSPECTION	v 🗅			٠. ٠.
	7. E 11. O. E 0 11 O.	` -			
AIRS ID#: 0250867 DA	- Class	e O	117		140
AIRS ID#: 025086+ DA	TE: 3//4/	77 TIME	N: <u> </u>	_ TIME OUT	: Tran
FACILITY NAME: 70	intaint	leau			
FACILITY LOCATION:	0686	Nu	7+15	5¢.	P
				Bu	m _
				Real &	-
RESPONSIBLE OFFICIAL:	Doman'	N. ZArA	PHONE:	32 P	84
CONTACT NAME:		•		Air Mor	2
				No.	M
				tor	O
PART I: NOTIFICATION		,		ng	
(check appropriate box)					
1. New facility notified DARM 30	days prior to start	ир		3	
2. Facility failed to notify DARM to	o use general pern	nit			-
					·
PART II: CLASSIFICATION					
	form that it is:		☐ No notifica	ation form	
PART II: CLASSIFICATION Facility indicated on notification f (check appropriate box)	form that it is:		☐ No notifica	ation form out of business	s/petroleum
Facility indicated on notification f (check appropriate box) A.			☐ Drop store		s/petroleum
Facility indicated on notification f (check appropriate box) A. 1. Existing small area source		2. New small :	☐ Drop store.		s/petroleum
Facility indicated on notification f (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	0	dry-to-dry only	☐ Drop store, area source , x < 140 gal/yr		s/petroleum
Facility indicated on notification f (check appropriate box) A. 1. Existing small area source	<u> </u>		☐ Drop store, area source , x < 140 gal/yr < 200 gal/yr		s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		dry-to-dry only transfer only, x both types, x <	☐ Drop store, area source , x < 140 gal/yr < 200 gal/yr	out of business	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	-	dry-to-dry only transfer only, x both types, x < (constructed on	☐ Drop store, area source, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91	out of business	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr		dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a	☐ Drop store, area source, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91	out of business	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	□ □ gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	☐ Drop stored area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 area source	out of business 2 2 3 Gallyr	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Q Qal/yr al/yr yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store, area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$ area source, $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/s}$	out of business gal/yr al/yr	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal	Q Qal/yr al/yr yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store, area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$ area source, $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/yr}$	out of business gal/yr al/yr	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	□ gal/yr al/yr yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store, area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$ area source, $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/s}$	out of business general control of the control of	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classic	gal/yr al/yr yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop stored area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$ area source, $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/or after } 12/9/91$	out of business general control of the control of	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classical lf no, please check the apprentice.	gal/yr al/yr yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	☐ Drop store, area source, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 area source, 140 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gal/or after 12/9/91 .☐Can not det	out of business gal/yr al/yr yr ermine	s/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classically of the property of the p	gal/yr al/yr yr fication	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop store, area source, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91 area source, $140 \le x \le 2,100$ gal/or after 12/9/91 $\le x \le 1,800 \text{ gal/or after } 12/9/91$ \square Can not det	out of business generally ally ally ally ally ally ally ally	s/petroleum

ARMS £\$ 06/1/99

1015 DG 199

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DA DA condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN BNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large are	a source also:
1. Measured and recorded the exhaust temperature on the outlet side of	the condenser located
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
on dry-to-dry, rectainier, and dryer machines on a weekly basis:	3 1 3 1
2. Massurad and reserved the week or subjust temperature at the sende	
2. Measured and recorded the washer exhaust temperature at the conde	
inlet and outlet weekly?	, □Y □N □N/A
ls the temperature differential equal to or greater than 20° F?	□Y □N □N/A
13 the temperature differential equal to or greater than 20 1:	GT GN GN/A
3. Measured and recorded the perc concentration in the exhaust stream	waakly
II •	•
at the end of the final drying cycle while the machine is venting to the	•
if machines are equipped with a carbon adsorber?	□Y □N □N/A
To the many composition against the orders than 100 mms?	QY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	LI LIN LIN/A
4. Assured that the sampling port on the carbon adsorber exhaust for m	
perc concentrations is at least 8 duct diameters downstream of any be	end, contraction,
or expansion; is at least 2 duct diameters upstream from any bend, co	ontraction,
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with ir	ndividual
condenser coils?	LUY UN UN/A
	`; <u> </u>
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/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: DY DN ØN/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 DY DN MN/ and parts installed w/in 5 days of receipt? DY DN ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DANA 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY DN JANIA 7. Maintained deviation reports? DY DN ZON/A Problem corrected? 8. Maintained compliance plan, if applicable? DY ON ZN/A

PART VI: LEAK DETECTION AND REPAIRS

l.	Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	and repa	ir
	inspection?			YDY	ΠN
2.	Has the facility maintained a leak log	?		ØY	ПИ
3.	Does the responsible official check th	e following areas for leaks	?		
	Hose connections, fittings,				
	couplings, and valves	DY ON ON/A	Muck cookers	ZZÝ	ON ON/A
	Door gaskets and seating	AND NO YES	Stills	PAY	ON ON/A
	Filter gaskets and seating	AVO WO YA	Exhaust dampers	Y	□N □N/A
	Pumps	OY ON ON/A	Diverter valves	PY	ON ON/A
	Solvent tanks and containers	DY ON FINIA	Cartridge filter housings	PY	□N □N/A
1	Water separators	AY ON ON/A			
4.	Which method of detection is used by	the responsible official?			_
 	Visual examination (condensed	solvent on exterior surface	s)		
	Physical detection (airflow felt t	hrough gaskets)	· · · · · · · · · · · · · · · · · · ·		
	Odor (noticeable perc odor)			12	
	Use of direct-reading instrument	tation (FID/PID/calorimetri	ic tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	ment:	NIA	
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	ΠY	□и
	c. Inspected for leaks a	and obvious signs of wear o	n a weekly basis?	ΟY	ПΝ
	d. Kept in a clean and	secure area when not in use	?	ΟY	ΠИ
	e. Verified for accurac	y by use of duplicate sampl	es (calorimetric only)?	ΟY	ПN
		•			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Nizaral: FDEP Grave mr.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 114 PM	TIME OUT: /: 40	AIRS ID#:	025086 4
TYPE OF FACILITY:	Perc Di	y Cleaner	
FACILITY NAME:	Fontain Mean		DATE: 5/18/99
FACILITY LOCATION:	10686 NW	7 8+	
RESPONSIBLE OFFICIAL:_	Someni Ni	ZACA PHONE NUMBER:	721-8777
	of the compliance requirements eval P Rule 62-213.300, Florida Adminis	uated during this inspection, the factoriative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were no	•	uated during this inspection, the foll	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
·	·		
- ·	-	·	
		,	
· · · · · · · · · · · · · · · · · · ·			
COMMENTS: Reca	ord Keeping =	Excellent	·
	DATIC FAC	tony	
The Annual Compliance Certi	fication form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI		Approximate)	
INSPECTION CONDUCTE		SHAR T Please Print)	
INSPECTOR'S SIGNATUR	1	•	(305) 372-690
	- Page ₂	<u></u>	Revised 10/96

AIRS ID#: 0250867

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Fontain bleau	date: <u>5//8/99</u>
FACILITY NAME: Fontain bleau FACILITY LOCATION: 10686 NW 75+	•
Annual Reporting Period: May 19 97 TO M	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in complia 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 rep	porting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	porting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable is made in this notification are true, accurate and complete. Further, my annual consumption of perchlorupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Name (Signature)	oroethylene solvent, based

Page ____ of ____.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	/00 TIME IN: 1015 TIME OUT: 1045
FACILITY NAME: Fountainbl	leau Cleaners
FACILITY LOCATION: 10686	NO 7 st.
Man	FL
RESPONSIBLE OFFICIAL: Somen's	O12-01: PHONE: 305-331-8777
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	P
(check appropriate box)	~
New facility notified DARM 30 days prior to sta	artup 2 C 0
2. Facility failed to notify DARM to use general pe	ermit See 2 M
PART II: CLASSIFICATION	OUT SO THE
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store out of Business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Ivew 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	ØY □N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was LOO_gallons.	urchased within the preceding 12 months by this dry cleaning

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZINA Examining the containers for leakage? DY DN ON/A Closing and securing machine doors except during loading/unloading? ØY □N 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ZY ON ON/A 5. 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 I 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? ØY □N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? QY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN ØN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD AM verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ΩΝ	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	•		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DΥ	ΠN	DN/A
		-		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ΩΝ	□N/A
	· · · · · · · · · · · · · · · · · · ·			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A
_				

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
inspection?			MY ON
2. Has the facility maintained a leak logs	,		MY ON
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON MIN/A
Door gaskets and seating	OTY ON ON/A	Stills	אומם אם צמ
Filter gaskets and seating	ØY ON ONA	Exhaust dampers	ØY □N □N/A
Pumps	ØY ON ON/A	Diverter valves	Pry ON ON/A
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	DA ON ON'Y
Water separators	ØY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surface	es)	7
Physical detection (airflow felt the	rough gaskets)		p r
Odor (noticeable perc odor)			Ø
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	
Halogen leak detector		•	
If using direct-reading insti	umentation, is the equip	oment:	ØN/A
a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	חם אם
•	standard gas prior to and	after each use	Ov. Ov.
(PID/FID only)?			
•	nd obvious signs of wear	·	OY ON
	ecure area when not in us		DY □N
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
·			
Ivan fann		4/28/00	
Inspector's Name (Please Pri	nt)	Date of Inspection	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		./	
Jan Jan		Approximate Date of N	last Inchestion

ADDITIONAL SITE INFORMAT	ION:	
1	Good Recordkooping Househeeping	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	1045	AIRS ID#:	0150867
TYPE OF FACILITY:			<u> </u>	
FACILITY NAME:	- Fountain bless	. Cleane	is	DATE: 4/28/60
FACILITY LOCATION:	10686 NI	0 7 st.	· .	· · · · · · · · · · · · · · · · · · ·
	Miam, F	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
RESPONSIBLE OFFICIAL:	Somani Niz	arala'	PHONE NUMBER	· 202.991-8223
	the compliance requirements			cility is found to be in
Based on the results of discrepancies were note	the compliance requirement ed:	ents evaluated durir	ng this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM F	FOLLOW-UP ACT	ION REQUIRED
	•			
			· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	·			
	Good House	cheaping /	Rezord Repu	1
The Annual Compliance Certific	cation form has been prop	erly certified and s	ubmitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	DN:	4/01		
		(Approxima	te)	
INSPECTION CONDUCTED	BY: Iwan	Farnin		· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	: Dea /	(Please Prin	•	: 305- 372- 6932
		Page of		Pavisod 10/06



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Fountains	leau	Claga	<u>~</u>		DATE: 4	12860
FACILITY LOCATION:	10686	NW	7 1	•			•
<u> </u>	Mani	FL	. · ·				
Annual Reporting Period:	April	GP .	_19 <u>59</u> _т	o	April		19 Jew
Based on each term or condition of 52-213.300, Florida Administrati	_	•	•				,
If NO, complete the following:					•		
#1. Term or condition of the gene	eral permit that has	not been in c	continuous con	npliance du	ing the reporti	ng period stat	ed above:
Exact period of non-compliance:	from			to		· 	
Action(s) taken to achieve compli	iance:	. •					_
Method used to demonstrate comp	pliance:					·	
#2. Term or condition of the gen	eral permit that has	not been in c	continuous con	npliance du	ing the reporti	ng period stat	ed above:
Exact period of non-compliance:	from		1	to			
Action(s) taken to achieve compli	iance:					. ·	·
Method used to demonstrate com	pliance:						
As the responsible official, I here made in this notification are true upon rolling averages of purchas year for transfer or combination p	accurate and comp re receipts, does not	lete. Furthe exceed 2,100	r, my annual c	consumption year for dry-	of perchloroet	hylene solver s or 1,800 gar M 28	it, bøsed

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

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM

FEB 20 98

Do NOT Remove Label

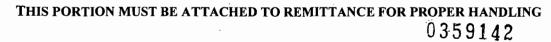
AIRS ID#0250867

FOUNTAINE BLEU CLEANERS INC SOMANI NIZARALI 10686 NW 7 STREET **MIAMI FL 33172**

FOR GOVERNMENT USE ONLY

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

Оы.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250867

FOUNTAINE BLEU CLEANERS SOMANI NIZARALI 10686 NW 7 STREET **MIAMI FL 33172**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



0390380

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 # 0250867

FOUNTAINE BLEU CLEANERS SOMANI NIZARALI 10686 NW 7 STREET MIAMI-FL 33172 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406818 MAR 52001

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 # 0250867

FOUNTAINE BLEU CLEANERS SOMANI NIZARALI 10686 NW 7 STREET MIAMI FL 33172 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

ū	U.S. Postal S CERTIFIED (Domestic Mail O	EIPT Coverage Provided)	
4EH			
4127	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0000	FOUNTAINE B SOMANI NIZA Stree 10686 NW 7 STI MIAMI FL 3317	LEU CLEANERS RALI REET	0 # 0250867
	PS Form 3800, February 2	000	See Reverse for 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 # 0250867 COUNTAINE BLEU CLEANERS SOMANI NIZARALI 10686 NW 7 STREET MIAMI FL 33172	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 1000 0600 0006 412 PS Form 3811, July 1999 Domestic Ret	

..

, ,	U.S. Postal CERTIFIE (Domestic Mail (D MAIL REC	EIPT Coverage Provided)	
1166				
u n	Postage	\$		
(=			Postmark	
∫ ☆			Here	
	Restricted Delivery Fee (Endorsement Required)			
		AIRSI	D # 0250867	•
{ 	FOUNTAINE BI	LEU CLEANERS		
	SOMANI NIZA 10686 NW 7 STI	REET		
	-, MIAMI FL 3317	2		
1	Po rozimowo, rozinanji g	-	e for Instructions	

,

,

SENDER: COMPLETE THIS SECTION	MPLETE 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 # 0250867 FOUNTAINE BLEU CLEANERS SOMANI NIZARALI 10686 NW 7 STREET MIAMI FL 33172	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Magent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
7000 0600 0026 4125	7716
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789
<u> </u>	

	Z 333	615	797	
	US Postal Service Receipt for Cer	tified	Mail	
	No Insurance Coverage Do not use for Internation	Provideo nal M <u>ail</u>	1 .	
S 1	OUNTAINE BLEU CLE OMANI NIZARALI 0686 NW 7 STREET IIAMI FL 33172			
	Certified Fee		J	
	Special Delivery Fee			
10	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

•

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 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. 3. Article Addressed to:		I also wish to rectifollowing service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address ed Delivery
AIRS ID 0250867 FOUNTAINE BLEU CLEANERS INC SOMANI NIZARALI 10686 NW 7 STREET MIAMI FL 33172	4b. Service Register Express	Type ed Mail receipt for Merchandise	97 ☐ Certified ☐ Insured ☐ COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only as paid)	if requested