

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

Ms. Usha Surana Dryclean USA 8871 Colral Way 24 Street Miami, Florida 33165

Re: Facility No.: 0250878

Dear Ms. Surana:

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.

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"

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| l. | . Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | |
|------|---|--|--|--|--|--|
| | USHA IAC | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | |
| | DRYCIEAN USA | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | |
| | FLD 984171694 | | | | | |
| 4. | Facility Location: | | | | | |
| | Street Address: 8871 Colked County: DADE Zip Code: 33165 | | | | | |
| e ne | | | | | | |
|) :: | Facility Identification Number (DEP Use): 20250818 | | | | | |
| | | | | | | |
| | Responsible Official | | | | | |
| | Name and Title of December in the Officials | | | | | |
| 6. | Name and Title of Responsible Official: | | | | | |
| | Usha sunna SURANA, OWNER | | | | | |
| 7. | | | | | | |
| | Organization/Firm: Serve as Above | | | | | |
| | City: Zip Code: Zip Code: | | | | | |
| 8. | Responsible Official Telephone Number: | | | | | |
| | Telephone: (305) 223 1884 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: | | | | | |
| | Facility Control Talachana Nambar | | | | | |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - | | | | | |
| | | | | | | |

RECEIVED

NOV 5, 1997

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

Bureau of Air Monitoring & Mobile Sources

| , · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
|---------------------------------------|---------------------------------------|
| | # 0250888 78 ADDRESS: |
| p13 4. | ADDRESS: |
| | 8871 CORAL WAY (5W24THST) |
| | |
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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 | 1 | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | | | | | | | | |
| (1) w/ ref. condenser | | OF JAN-92 | OF JANA | \$ | | | | | | |
| (2) w/ carbon adsorber | | 1 2 3 3 3 3 3 3 3 3 3 3 | | | | | | | | |
| (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 | 9 | | _ | | • | • | | | | |
| (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? [| | | | | | | | | | |
| (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 so (Indicate with an "X". | | | | | initions foun | d in section | on (| 3) of | Part II? | |
| Existing small a | ea so | ource [] | N | ew sr | mall area sou | rce [| | } | | |
| Existing large ar | ea so | urce [] | N | ew la | rge area soui | rce 🖹 | X |] | | |

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| 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 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 | | | | | | |
| (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 | | | | | | |

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Surrender of Existing Air Permit(s)

| ease indicate | e with an "X" the appropriate selection: | | | | |
|--------------------------------------|---|--|--|--|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form. | | | | |
| | | | | | |
| | Responsible Official Certification | | | | |
| this notifi statement 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. | | | | |
| | Usna Strena 9-24-97 | | | | |
| Signature | Date | | | | |

PERCHLOROETHYLENE DRY CLEANER RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION:

facility was 250 gallons.

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

Bureau of Air Monitoring

& Mobile Sources

| | | 1 | | | | |
|--|--|----|--|--|--|--|
| AIRS ID#: 0250878 DATE: 09/22/98 TIME IN: 2:30pm TIME OUT: 3:45pm. | | | | | | |
| FACILITY NAME: Dy Clean USA. | | | | | | |
| | | | | | | |
| FACILITY LOCATION: 8871 Coral Way 24th Street, Mianni FL 33165 | | | | | | |
| | | | | | | |
| responsible official: Usha | Surana PHONE: (305) 223-1884 |] | | | | |
| CONTACTNAME: Some as al | 90VC PHONE: | | | | | |
| | | | | | | |
| PART I: NOTIFICATION | · . | | | | | |
| | | | | | | |
| (check appropriate box) | | | | | | |
| New facility notified DARM 30 days prior to star | | | | | | |
| 2. Facility failed to notify DARM to use general per | ermit D | | | | | |
| | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification form that it is: | ☐ No notification form | | | | | |
| (check appropriate box) | ☐ Drop store/out of business/petroleum | .η | | | | |
| A. 1. Existing small area source | 2. New small area source | | | | | |
| dry-to-dry only, x < 140 gal/yr | dry-to-dry only, $x \le 140 \text{ gal/yr}$ | | | | | |
| transfer only, x < 200 gal/yr | transfer only, x < 200 gal/yr | | | | | |
| both types, x < 140 gal/yr | both types, x < 140 gal/yr | | | | | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | | | | | |
| 3. Existing large area source | 4. New large area source | | | | | |
| dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ | dry-to-dry only, $140 \le x \le 2,100$ gal/yr | | | | | |
| transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ | transfer only, $200 \le x \le 1,800$ gal/yr | | | | | |
| both types, $140 \le x \le 1,800 \text{ gal/yr}$ | both types, $140 \le x \le 1,800 \text{ gal/yr}$ | | | | | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | | | | | |
| 5. This is a correct facility classification | XY ON OCan not determine | | | | | |
| If no, please check the appropriate classification: | | | | | | |
| facility qualified for a general permit as number above | | | | | | |



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

facility exceeds above limits and is not eligible for a general permit

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XY UN UN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the UN UN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ANIA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

ACC Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| ACILITY NAME: Duy | Clean U.S.A. 8871 Coral Way (24 | DATE: _0 | 9/22/98 |
|---|--|---|---|
| ACILITY LOCATION: | 88 11 Coral Way (24 | th st.) | " '' |
| MCABATT BOOMTON. | | | |
| | MIAMI FL 33165 | | |
| Annual Reporting Period: | 09-22-97. 19 | ro <u>09-22-98</u> | 19 |
| | the Title V general air permit, my facility he Code (F.A.C.), during the period covered b | | ulc NO |
| f NO, complete the following: | · | | |
| 1. Term or condition of the general | al permit that has not been in continuous co | mpliance during the reporting period st | ated above; |
| pecupa Kecpi | ng Temp, perc P | exches Leak, | 12 PORT R |
| Exact period of non-compliance: fr | rom @9-22-97 | to 09-22-98 | |
| Action(s) taken to achieve complian | nce: <u>Calende</u> ly | o topecoud | 1000 |
| | | 1 - 120 00100 | |
| Method used to demonstrate comple | | 7 1 2 20 00 00 | |
| Method used to demonstrate compl | | | |
| Method used to demonstrate compl | iance: ral permit that has not been in continuous co | | tated above: |
| Method used to demonstrate complete. Term or condition of the gener | iance: Tal permit that has not been in continuous continuous. | ompliance during the reporting periods | tated above: |
| Method used to demonstrate complete. Term or condition of the general exact period of non-compliance: for | iance: Tal permit that has not been in continuous cont | RECEIV to OCT 2.7 1998 Bureau of Air Monit | tated above: |
| Vethod used to demonstrate complete. Term or condition of the general exact period of non-compliance: for the faction (s) taken to achieve compliance. | iance: Tal permit that has not been in continuous cont | R E C E I V to OCT 2.7 1998 | tated above: |
| Method used to demonstrate complete. Term or condition of the general exact period of non-compliance: for the first taken to achieve compliance of the demonstrate complete. As the responsible official, I hereby made in this notification are true, or the second of the complete of the | iance: ral permit that has not been in continuous cont | RECEIV to OCI 27 1998 Bureau of Air Monit & Mobile Source ormed after reasonable inquiry, that the laconsumption of perchloroethylene soler year for dry-to dry facilities or 1,800 g | tated above: ED toring es statements vent, based |
| Method used to demonstrate complete. Term or condition of the general exact period of non-compliance: for Action(s) taken to achieve compliance to demonstrate complete. As the responsible official, I hereby made in this notification are true, aupon rolling averages of purchase | iance: ral permit that has not been in continuous cont | period sompliance during the reporting period sompliance during the reporting period sompliance during the reporting period sompliance during the reasonable inquiry, that the consumption of perchloroethylene solutions | tated above: ED toring es statements vent, based |

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

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

| B. Has the | responsible official of an existing large or new large area source also: | |
|----------------------|--|---------------------|
| l\ | d and recorded the exhaust temperature on the outlet side of the condenser located o-dry, reclaimer, and dryer machines on a weekly basis? | □Y X Ñ |
| ll . | d and recorded the washer exhaust temperature at the condenser outlet weekly? | DY DN X V/A |
| ls | the temperature differential equal to or greater than 20° F? | □Y į XN/A |
| at the en | ed and recorded the perc concentration in the exhaust stream weekly d of the final drying cycle while the machine is venting to the adsorber, nes are equipped with a carbon adsorber? | OY ON DEN/A |
| | the perc concentration equal to or less than 100 ppm? | DY DN DNIA |
| perc cor or expar | that the sampling port on the carbon adsorber exhaust for measuring acentrations is at least 8 duet diameters downstream of any bend, contraction, asion; is at least 2 duet diameters upstream from any bend, contraction, asion; and downstream from no other inlet? | OY ON BK V/A |
| 11 | ed transfer machines (dryers, reclaimers, and washers) with individual ser coils? | OY ON XVIA |
| 6. Routed | airflow to the carbon adsorber (if used) at all times? | אומקל אם עם |

| 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? □Y 🔊 N | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY I XVIA | | | | |
| 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) | AVÝX NO YO | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | | | | | |
| 7. Maintained deviation reports? | DY XV V/A | | | | |
| Problem corrected? | AY ON I/A | | | | |
| 8. Maintained compliance plan, if applicable? | DY DN DAVIA | | | | |

| PART VI: LEAK DETECTION AND REPAIRS | | | | | | | |
|--|--|--------------------------|---------------------------|-------------|--|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | |
| inspection? | | • | | XX ON | | | |
| 2. Has the facility n | naintained a leak log? | | | DY XN | | | |
| 3. Does the respons | 3. Does the responsible official cheek the following areas for leaks? | | | | | | |
| | ections, fittings, , and valves | Y ON ON/A | Muck cookers | 300 ON ON/A | | | |
| Door gaske | ets and seating | XY ON ON/A | Stills | MY ON ON/A | | | |
| Filter gaske | ets and seating | TY ON ON/A | Exhaust dampers | MA ON ON/A | | | |
| Pumps | | YY ON ON/A | Diverter valves | MY ON ON/A | | | |
| Solvent tan | ks and containers | AY ON ON/A | Cartridge filter housings | ON ON/A | | | |
| Water sepa | rators | XOY ON ON/A | | | | | |
| 4. Which method o | f detection is used by th | ne responsible official? | | | | | |
| Visual examination (condensed solvent on exterior surfaces) | | | | | | | |
| Physical de | | | | | | | |
| Odor (notic | × | | | | | | |
| Use of dire | | | | | | | |
| Halogen le | Halogen leak detector | | | | | | |
| If usin | If using direct-reading instrumentation, is the equipment: | | | | | | |
| a. | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | |
| 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 weekly basis? | | | | | | | |
| d. Kept in a clean and secure area when not in use? | | | | | | | |
| e. | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| KRISTAL YIPON | 09/22/98. |
|-------------------------------------|--|
| Inspector's Name (Please Print) | Date of Inspection |
| Kristal Lipon Inspector's Signature | O9/99. Approximate Date of Next Inspection |

Florida DEP Calender provided to permittee during inspection.

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

| TYPE OF INSPECTION: ANNUAL COME | PLAINT/DISCOVERY . RE-INSPECTION . |
|---|--|
| TIME IN: 2:20 pm TIME OUT: 3:30pm | ~ . AIRS IDH: 0250878. |
| TYPE OF FACILITY: NEW LARGE AREA | PERC Dry CLEANER. |
| FACILITY NAME: Dry Clean U.S. A. | DATE 09 22 98 |
| FACILITY LOCATION: 8871 Coral Way 24 | tt \$1- |
| Michie FL 33165. | |
| RESPONSIBLE OFFICIAL: USha Surana. | PHONE NUMBER (305) 223 - 1884 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra | |
| Based on the results of the compliance requirements evalua discrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| No record keeping of temperature monitoring of refugerated condenser. | and bept in log. |
| No receipt of Perc Purchase | Receipts must be kept on site |
| No receipt of 1etc Purchase | for a rinimum of 5 years. (scaipts of purchase) |
| No deviation reports (ie io | ix gir heeping reports |
| reports of repour) | is pice ssarry. |
| No records of leak defectiony inspection. | detection and inspections. |
| | 150 Calan Line on Calan |
| No rolling log of penc prochase. | Bergen keeping long. |
| | |
| , , , , , , , , , , , , , , , , , , , | |
| COMMENTS: | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| The Annual Compliance Certification form has been properly certification | fied and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 9/99 | / |
| | pproximate) |
| INSPECTION CONDUCTED BY: KRISTAL GP INSPECTOR'S SIGNATURE: KINTAL GP | lease Print) PHONE NUMBER: (305) 372-6942 |
| | 1 |

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| • • | . / | |
|--|--|------------|
| | | |
| | · P | ٨ |
| | DETHYLENE DRY CLEANERS \ | ``` |
| | TLE V GENERAL PERMIT ANCE INSPECTION CHECKLIST | CK/V |
| COMPLI | A STATE OF THE STA | 2/4 |
| TYPE OF INSPECTION: ANNUA | L COMPLAINT/DISCOVERY | d, |
| RE-INSI | PECTION Morali | 199, |
| · | | , <u> </u> |
| ATTIC TO 4. 0250787 NATION 2 | 2-2-98 TIME IN: 1245 TIME OUT: 1 | Section 1 |
| L | | 3 8 |
| , | clean USA | |
| FACILITY LOCATION: | 20355 BISCAUNE BIND. | . |
| No | ATH MIAM BEACH | |
| RESPONSIBLE OFFICIAL: NOA | h SILVER ADHONE: 954 49367 | 100 |
| / | 7 | |
| CONTACT NAME: | PHONE: | |
| | | |
| DADT I. NOTIFICATION | | |
| PART I: NOTIFICATION | | |
| (check appropriate box) | | |
| 1. New facility notified DARM 30 days price | or to startup | |
| 2. Facility failed to notify DARM to use gen | neral permit | |
| | | |
| PART II: CLASSIFICATION | | |
| Facility indicated on notification form that | at it is: No notification form | |
| (check appropriate box) | ☐ Drop store/out of business/petrol | eum |
| À. | | |
| 1. Existing small area source | | \ |
| dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr | <u>L</u> |
| both types, x < 140 gal/yr | both types, x < 140 gal/yr | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | 1 |
| 3. Existing large area source | 4. New large area source | |
| dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ | dry-to-dry only, $140 \le x \le 2,100$ gal/yr | |
| transfer only, $200 \le x \le 1,800$ gal/yr | transfer only, $200 \le x \le 1,800$ gal/yr | |
| both types, $140 \le x \le 1,800$ gal/yr | both types, $140 \le x \le 1,800$ gal/yr | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | |
| 5. This is a correct facility classification | ✓Y □N □Can not determine | |
| If no, please check the appropriate | classification: | |
| | for a general permit as number above | \ |
| | bove limits and is not eligible for a general permit | |
| R. The total quantity of perchloroothylans | (perc) purchased within the preceding 12 months by this dry cl | eaning |
| facility was 780 gallons. | (perc) parenased within the proceeding 12 months by this dry cl | Canting |

| 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 ÖNNYA | | |
| 2. Examining the containers for leakage? | אומט אם עם | | |
| 3. Closing and securing machine doors except during loading/unloading? | ZY ON | | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | DY ON ON/A | | |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON WINA | | |
| | The second secon | | |
| PART IV: PROCESS VENT CONTROLS | | | |
| In Part II-A: | | | |
| If classification 1 has been checked, no controls are required. Proceed to Part V. | | | |
| If classification 2 has been checked, the machine should be equipped with a refrig (complete A below). | erated condenser | | |
| If classification 3 has been checked, the machine should be equipped with either a 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 refrig (complete A and B below). | erated condenser | | |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) | | | |
| 1. Equipped all machines with the appropriate vent controls? | DY ON | | |
| 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? | DY ON ON/A | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ØY □N | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | OY ON ZN/A | | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | DY ON | | |

| B. Has the responsible official of an existing large or new large area source also: | 4.7 |
|--|------------|
| 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 ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | DY ON ON/A |
| Is the temperature differential equal to or greater than 20° F? | DY DN DN/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| or expansion; and downstream from no other inlet? | DY DN WN/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | DY ON DN/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | |
|---|-------------|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | |
| Maintained receipts for perc purchased? | DY DN | | | |
| 2. Maintained rolling monthly averages of perc consumption? | MY ON | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | , | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | OY ON TAN/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? | DY ON ON/A | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN MONA | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN DN/A | | | |
| 6. Maintained startup/shutdown/malfunction plan? | MY ON | | | |
| 7. Maintained deviation reports? | DY DN MN/A | | | |
| Problem corrected? | איום מם אי | | | |
| 8. Maintained compliance plan, if applicable? | DY DIN DAVA | | | |

| PA | ART VI: LEAK DETECTION AND R | EPAIRS | | | | |
|----|--|---------------|-------------------|---------------------------|----------|-------------|
| l. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| | inspection? | | | | ₽¥. | \square N |
| 2. | Has the facility maintained a leak log? | | | | ĽΥ | ПИ |
| 3. | Does the responsible official check the fe | ollowing are | as for leaks? | | | |
| | Hose connections, fittings, couplings, and valves | MY ON C | ⊃N/A | Muck cookers | ΟY | ON DN/A |
| | Door gaskets and seating | CY ON C | ⊃N/A | Stills | Y | □N □N/A |
| | Filter gaskets and seating | DY ON C | ⊃N/A | Exhaust dampers | ØУ | □N □N/A |
| | Pumps | MY ON C | ⊃N/A | Diverter valves | ΟY | ON ON/A |
| | Solvent tanks and containers | MY CON (| Ͻ Ν/Α | Cartridge filter housings | ŒΥ | □N □N/A |
| | Water separators | DY DN | Ͻ Ν/Α | | | |
| 4. | Which method of detection is used by the | e responsible | e official? | | , | |
| | Visual examination (condensed so | lvent on exte | erior surfaces) | | a | |
| | Physical detection (airflow felt three | ough gaskets | s) | | Ø | |
| | Odor (noticeable perc odor) | | | | 凼 | |
| | Use of direct-reading instrumentat | ion (FID/PII | D/calorimetric | tubes) | | |
| | Halogen leak detector | | | | | • |
| | If using direct-reading instru | mentation, | is the equipme | ent: | ΠN | 'A |
| | a. Capable of detecting p | erc vapor co | ncentrations in | a range of 0-500 ppm? | ΠY | ПΝ |
| | b. Calibrated against a st | andard gas p | orior to and afte | er each use | ПУ | ПИ |

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

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

Inspector's Name (Please Print)

My John Market Standard

2-2-98Date of Inspection

 $\square Y \ \square N$

 \Box Y \Box N

 $\square Y \ \square N$

2-1999

Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATION: | | · | |
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SPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | PCAINITIDISCOVERY 1925 OREGINSPACTION 1 |
|---|---|
| TIME IN: 12 'CC TIME OUT: | AIRS ID#: |
| TYPE OF FACILITY: PENC: DRY CIC | 2-2-95 |
| FACILITY NAME: 1 - Ming (12h) | AIRS ID#: CINCIC 7-2-95 DATE: |
| 1 | ME ENUS. |
| FACILITY LOCATION: 20235 F13Com | G22-1914 |
| RESPONSIBLE OFFICIAL: LA DIGE MARILUGO | 7 35 7 7 7 |
| RESPONSIBLE OFFICIAL: FILITI SIE DIMENTO TO | PHONE NUMBER: |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration | ative Code (F.A.C.). |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
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| COMMENTS: | <u> </u> |
| COMMENTS: FORCE / 15 11 Co | smplitace. |
| | |
| The Annual Compliance Certification form has been properly certi | fied and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 2/99 | |
| (A | pproximate) |
| INSPECTION CONDUCTED BY: | MACIFICO |
| | Please Print) 3726922 |
| INSPECTOR'S SIGNATURE: ///// | PHONE NUMBER: |
| (/ // // // | // |
| Page_ | of Revised 10/9 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Revised 9/15/97

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTIÇ | NC D | COMPLAINT/DI | SCOVERY | |
|---|------------------------|---|---|---|------------|
| RESPONSIBLE OFFICIAL : _ CONTACT NAME: | ry Clean 887/ Cl | 5/99 TIME USA Oral W FL 331 Urana | IN: <u>/:35</u> T | IME OUT: 2: Bureau of ar Monitoring & Mode Source | 00 RECT |
| PART I: NOTIFICATION (check appropriate box) | | | | | |
| New facility notified DARM 3 | 0 days prior to star | rtup | • | | |
| 2. Facility failed to notify DARM | • | • | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notification (check appropriate box) | ı form that it is: | _ | ☐ No notification☐ Drop store/out (| | eum |
| 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) | | transfer only, x both types, x < | , x < 140 gal/yr <200 gal/yт | _ | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$) | 00 gal/yr gal/yr | transfer only, 2 both types, 140 | rea source , $140 \le x \le 2,100$ gal, $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$) | | |
| 5. This is a correct facility clas | sification | OY ON | Can not determine | ne | |
| , | qualified for a ger | neral permit as nu | nmber abo | | |
| B. The total quantity of perchloro facility was LNK gallons. | ethylene (perc) pu | rchased within th | e preceding 12 month | hs by this dry clea | aning |

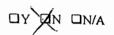
PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

| ЦY | ПИ | DXV/A |
|-----|-----|-------|
| ĮΩY | □и` | PR/A |
| XY | | / \ |



DY DN ZWIA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

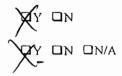
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

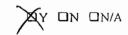
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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

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

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 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 condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?











| В | . Has the responsible official of an existing large or new large area source also: | | |
|--------|---|----|----------|
| 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 | MN |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | ON XN/A |
| | Is the temperature differential equal to or greater than 20° F? | QΥ | ON 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 | ON XIN/A |
|) } | Is the perc concentration equal to or less than 100 ppm? | ΩY | ON ZN/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 | ON ON/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | ON ON/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ON ON/A |

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

| PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|--|---|---------------------------|---------------|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| inspection? | | | DY XV | | |
| 2. Has the facility maintained a leak log? | • | | DY XN | | |
| 3. Does the responsible official check the | e following areas for leaks? | | • • | | |
| Hose connections, fittings, couplings, and valves | DY XN DN/A | Muck cookers | OY ON ONA | | |
| Door gaskets and seating | OA XIN ONIV | Stills | DY ON/A | | |
| Filter gaskets and seating | AINO NIX YO | Exhaust dampers | DY XN DN/A | | |
| Pumps | AINO NIE YO | Diverter valves | DY XN DN/A | | |
| Solvent tanks and containers | DY DIN ONIA | Cartridge filter housings | DY ON DNIA | | |
| Water separators | DY TON DN/A | | / | | |
| 4. Which method of detection is used by | the responsible official? | | | | |
| Visual examination (condensed s | solvent on exterior surfaces) | • | | | |
| Physical detection (airflow felt through gaskets) | | | | | |
| Odor (noticeable perc odor) | Odor (noticeable perc odor) | | | | |
| Use of direct-reading instrument | ation (FID/PID/calorimetric | tubes) | | | |
| Halogen leak detector | | | | | |
| If using direct-reading instr | rumentation, is the equipm | ent: | X IN/A | | |
| a. Capable of detecting | perc vapor concentrations in | n a range of 0-500 ppm? | אם צם. | | |
| b. Calibrated against a s (PID/FID only)? | standard gas prior to and afte | er each use | אם עם | | |
| c. Inspected for leaks a | nd obvious signs of wear on | a weekly basis? | OY ON | | |
| d. Kept in a clean and s | d. Kept in a clean and secure area when not in use? | | | | |
| e. Verified for accuracy | y by use of duplicate samples | s (calorimetric only)? | OY ON | | |

Inspector's Name (Please Print)

Inspector's Signature

: : . : .

5/25/99 Date of Inspection

/

Approximate Date of Next Inspection

Provided RO with FDEP Palendar. Explained in detail what logs were required and now to keep them.

AIRS 1D#: <u>D 2 50878</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Dry Clean USA | _date: 5/25/99 |
|---|---------------------------|
| FACILITY LOCATION: 8871 COTAL Way | |
| Miani FL 33165 | |
| | |
| Annual Reporting Period: 51998 TO | <u> </u> |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 report | ting period stated above: |
| Missing logs + perc rereipts | |
| Exact period of non-compliance: from 5/98 to 5/9 | 9 |
| Action(s) taken to achieve compliance: Begin Kelping logs + receip | ots |
| Method used to demonstrate compliance: Calendar (provided) | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the repor | ting period stated above: |
| Not draining Cartridge filters to a minimum of 3 Exact period of non-compliance: from 5/98 to 5/99 | 14hrs. disposal |
| Action(s) taken to achieve compliance: Begin drauning | |
| Method used to demonstrate compliance: Nauning of Litters—C | hange time |
| of mechanic servic | e ; |
| As the responsible official, I hereby certify, based on information and belief formed after reasonable inq made in this notification are true, accurate and complete. Further, my annual consumption of perchlore upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities. | pethylene solvent, based |
| RESPONSIBLE OFFICIAL: USA Succession (Please Print) Signature | $\frac{5}{25}$ |
| | |

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

Page ____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL X | COMPLAINT/D | OISCOVERY [| RE-INSPECTION | И |
|--|---|-------------------------|---------------------------|---------------------------|------------|
| | erc Dry Cla | 2:00 Parer | airs id#:_ <i>0</i> | 250878 | 190 |
| facility name: | y Clean US 71 Coral I ami, FL 33 | Nay 105 | | DATE: <u>5/36/</u> | |
| RESPONSIBLE OFFICIAL: | Isha Surai | na | PHONE NUMBE | r: <u>(305) JJ</u> 3- | 1884 |
| | he compliance requirement ule 62-213.300, Florida Ad | _ | | acility is found to be in | |
| discrepancies were note | | _ | | | |
| COMPLIANCE REQU | | | .1 | TION REQUIRED | |
| No loss for leak nonth rolling le ef condensor | inspection, 12 08 ; + temp. 0. : | f Begin | n keeping udar pi | logs in Flo | EP |
| Receipts of per kept on site. | rc purchase , | not Begir | n keeping r | raceipts on s of 5415. | 51te 8 |
| Not draining Ca 2, minimum of | rtnidge filters 24 hours be | | n drain | ing cartri | dge hou |
| disposal. | | | | m / | |
| _ | | | | | |
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| | | | | | |
| COMMENTS: | | | | | |
| | | | | | |
| The Annual Compliance Certific | ation form has been proper | y certified and subj | mitted to the inspect | or. YES NO | |
| DATE OF NEXT INSPECTIO | N: 5/6 | 000 | | | |
| INSPECTION CONDUCTED | BY: Jebo | (Approximate) | ir, nes | | |
| INSPECTOR'S SIGNATURE: | Debox. | (Please Print) | _ PHO NE NUMBE | r: (305)37 | 12-69 |
| | | Page \int of \int . | | Revi | ised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| VIYPE OF INSPECTION: | ANNUAL | de/ | COMPLAINT/DISC | OVERY | PA |
|---|-----------------------------------|---------------------------------------|---|-------------|---------------------------------------|
| | RE-INSPECTION | 1 0 | | Burea | CK |
| AIRS ID#: 0250 578 D | • | | N: //00 TIM | E OF THE | 0135/ |
| FACILITY NAME: | ry clean | USA | | Solo | E T |
| FACILITY LOCATION: | _ <u>-</u> | Pí | Jay J | rces . | , , , , , , , , , , , , , , , , , , , |
| RESPONSIBLE OFFICIAL : _ | Usha S. | ırana | PHONE: 305- | 573- | 1884 |
| CONTACT NAME: 201 | | | PHONE: | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | : | |
| 1. New facility notified DARM 3 | 0 days prior to startu | ір | | | |
| 2. Facility failed to notify DARM | to use general perm | nit | | | |
| | | | | | |
| PART II: CLASSIFICATION | | | * | | |
| Facility indicated on notification (check appropriate box) | form that it is: | | ☐ No notification for ☐ Drop store/out of t | | troleum |
| 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) | t t | ransfer only, x both types, $x < x$ | , x < 140 gal/yr < 200 gal/yr | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2.10$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ ga (constructed before $12/9/91$) | 00 gal/yr c gal/yr t l/yr t | ransfer only, 20 both types, 140 | rea source, $140 \le x \le 2,100 \text{ gal/yr}$, $00 \le x \le 1,800 \text{ gal/yr}$, $00 \le x \le 1,800 \text{ gal/yr}$, or after $12/9/91$) | Øx _ | |
| 5. This is a correct facility clas. | sification ' | DY DN | □Can not determine | | |
| | qualified for a gener | ral permit as nu | mberabove | it | |
| B. The total quantity of perchloro facility was 240 gallons. | ethylene (perc) purc | hased within th | e 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 ON DANA DY ON DANA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? DAY DIN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON ON/A 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) BY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AIND NO YES 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? BY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY BY 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DAVA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY BY

| 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? | ΩY | K h | |
| 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 | Ωи | ØN/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? | ЦY | ПN | ØN/A |
| | Is the perc concentration equal to or less than 100 ppm? | \Box Y | ΠИ | P 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? | \Box Y | Ωи | SEN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩΥ | ПΝ | ₽ ₩/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПΝ | OTN/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|---------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | p ≦ Y □N |
| 2. Maintained rolling monthly total of perc consumption? | UY 🛱 |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ANGEN NE YE |
| 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 68 N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | A/4460 ND YD |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON DEN/A |
| 6. Maintained startup/shutdown/malfunction plan? | BDY DN |
| 7. Maintained deviation reports? | OY ON DONA |
| Problem corrected? | OY ON QNA |
| 8. Maintained compliance plan, if applicable? | OY ON SUNA |

| PART VI: LEAK DETECTION AND F | REPAIRS | | |
|--|-------------------------------------|-------------------------------|-----------------|
| 1. Does the responsible official conduct a | weekly (for small sources, | , bi-weekly) leak detection a | ınd repair |
| inspection? | | | MY ON |
| 2. Has the facility maintained a leak log? | | | DA BOM |
| 3. Does the responsible official check the | following areas for leaks? | • | |
| Hose connections, fittings, couplings, and valves | ®(Y □N □N/A | Muck cookers | OY ON DAN/A |
| Door gaskets and seating | QY ON ON/A | Stills | BY DN DN/A |
| Filter gaskets and seating | MY ON ONA | Exhaust dampers | QLY ON ON/A |
| Pumps | A/ND ND YA | Diverter valves | DAY ON ON/A |
| Solvent tanks and containers | BLY DN DN/A | Cartridge filter housings | Ø4Y □N □N/A |
| Water separators | BY ON ON/A | · | |
| 4. Which method of detection is used by the | ne responsible official? | | |
| Visual examination (condensed so | lvent on exterior surfaces) | • | Q . |
| Physical detection (airflow felt thr | ough gaskets) | | æ. |
| Odor (noticeable perc odor) | | - | ⊗ _ |
| Use of direct-reading instrumentat | ion (FID/PID/calorimetric | tubes) | |
| Halogen leak detector | | | |
| If using direct-reading instru | mentation, is the equipm | ent: | QN/A |
| a. Capable of detecting p | erc vapor concentrations i | n a range of 0-500 ppm? | אם צם |
| b. Calibrated against a st (PID/FID only)? | andard gas prior to and a ft | er each use | חס אם |
| c. Inspected for leaks and | d obvious signs of wear o n | a weekly basis? | OY ON |
| d. Kept in a clean and see | cure area when not in use? | | חס עם |
| e. Verified for accuracy l | by use of duplicate sample | s (calorimetric only)? | OY ON |
| | | | |
| Ivan Fannm Inspector's Name (Please Print | ; ; | Date of Inspection | 0 |
| Jan Jana | | Sloi | |
| Inspector's Signature | | Approximate Date of N | lext Inspection |

4 of 5

NOV > No rolling long lack lang temp. long

> - No secondary contaminant for disposal drems

Recordheiping attempted, still some inconsistencies. Will attempt to improve.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | 1PLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 100 TIME OUT: 11: | 35 AIRS ID#: 0350878 |
| FACILITY NAME: Dry clan ()SA | DATE: 5/19/00 |
| 20 24 0 0 | DATE: 5//HOO |
| FACILITY LOCATION: 8-8-71 Coral Com | |
| RESPONSIBLE OFFICIAL: Usha Surana | PHONE NUMBER: 305 - 23 - 1884 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra | |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| Fouland to maintain recordleaping | Begin record Keeping in FDEP 2000 Calender |
| Fouland to maintain recordleaping requirements: no leak log, no temp. | in FDEP 2000 Calender |
| | : |
| | |
| • | |
| | |
| · · | |
| | · |
| | - · · · |
| COMMENTS: | |
| No secondary | containment around |
| waste disposal d | containment around lrums. |
| The Annual Compliance Certification form has been properly certif | ied and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 5/01 (Ap | proximate) |
| INSPECTION CONDUCTED BY: Twan Fo | ease Print) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 305-370-6922 |

Page___of___.

Revised 10/96

AIRS ID#: 0250878

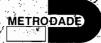


DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | Air | Quality - | |
|---|---|--------------------------|-----------------------------|-----------------|
| FACILITY NAME: | Dry clean | USA Manager | ment Division DATE: | 5/1700 |
| FACILITY LOCATION: | 8871 C | ral Way | | • |
| | ΔΛ | FI | | · |
| | - Milani | | | |
| Annual Reporting Period: | May | 19 <u>99</u> to | May | |
| Based on each term or condition of 62-213.300, Florida Administration | - | · • | | P Rule NO |
| If NO, complete the following: | | | • | |
| #1. Term or condition of the gen | eral permit that has not been in | continuous compliance | luring the reporting period | d stated above: |
| Not maintaining | recordleping: | no look, temp | or rolling po. | re logs |
| Exact period of non-compliance: | | | May Oc | |
| Action(s) taken to achieve compli | iance: Begin | recordked | | |
| Method used to demonstrate comp | pliance: | EP Jeos | Calender | |
| #2. Term or condition of the gen | eral permit that has not been in | continuous compliance c | luring the reporting period | d stated above: |
| Exact period of non-compliance: | from | to | · | |
| Action(s) taken to achieve comple | | | | |
| 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 | , accurate and complete. Furth se receipts, does not exceed 2,10 | ner, my annual consumpti | on of perchloroethylene s | olvent, based |
| RESPONSIBLE OFFICIAL: _ | Usha Surana | | | 5/21/00 |
| | Name (Please Print) | S | ignature | ' Date |

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

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT. 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

| TO: Usha Surana |
|---|
| ADDRESS: 8871 Coral Way Mini FC |
| SOURCE/LOCATION: Dry Class US H |
| YOU ARE HEREBY NOTIFIED that on the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department. |
| Operating without an Air Permit Excessive Visible Emissions |
| Uncontrolled fugitive particulates Improper handling/removal of asbestos |
| Non-compliance with Non-compliance with CFC regulations Stage II Vapor Recovery |
| |
| Specifically: Not in compliance with Title V General Air Permit Port II (6)(a) Record Keeping Requirements: Facility shall maintain a |
| (6)(a) Kecondkeeping Requirements: tearly shall maintain a look more turn by temperature for and rolling los of por purchases |
| In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, |
| Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to: |
| Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s). |
| Within 30 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. |
| ☐ Within days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements. |
| □ Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements. |
| Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code. |
| For further information regarding the above, please contact the Air Section of this office at 372-6925. |
| Sincerely, |
| John W. Renfrow, P.E. |
| Director — |
| Received by: Molando Massall By: Ivan Tannin |
| Title: MANAGER Signature: |
| Date: V-17-00 Section: Min Facilities |



Jeb Bush Governor

Department of RECIPION Environmental Protect

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

January 05,2001

| To Whom It May | Concern: |
|------------------|--|
| We are returning | check #6148 for the following reason: |
| _x_Che | ck not signed. |
| Wro | ong Payee |
| | ner – Please provide more information so that we may properly apply and your check. |

Please call (850) 488-2400 if you have any questions.

Sincerely,

Gued C. Shig Ann R. Sullivan

Accounting Services Supervisor

Bureau of Finance and Accounting

AS/ng

cc: reading file

DRYCLEAN-USA

12805 SW 105 Terrace, Miami Florida 33186, USA





TITLE V- GENERAZ PERMIT RECEIPTS POST OFFICE BOX 3000 TALLAHASSE, FZ 32315-3020



32315+3070 - ԽՈստենիայնենական անականական և

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 yan 22 93

Do NOT Remove Label

AIRS ID#0250878

USHA INC USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

0354746

Reas include your Ales D# on your check or money order. This number can be found below on your mailing label.

DEC 2 3 1990

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Manitoring & Mobile Spurces

Do NOT Remove Label

AIRS ID # 0250878

DRYCLEAN USA USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165 FOR GOVERNMENT USE ONLO Org.: 37550101000 EO: BL Fund: 20-2-035001 Obj.: 002273

389154

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 # 0250878

DRYCLEAN USA USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165 Mobile Sources

MALL ROOM

FOR GOVERNMENT USE ONLY

Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250878

DRYCLEAN USA USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165

10 4S MAL

MOOR JIAM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

412221 DEC28 2001

Do NOT Remove Label

AIRS ID # 0250878

DRYCLEAN USA USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



420514 DEC112002

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#0250878

DRYCLEAN USA USHA SURANA 8871 CORAL WAY 24 STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A

Fund: 20-2-035001 Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

3231543070 33



| 37 | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Orfly; No Insurance Coverage Provided) |
|------|--|
| E F | OFFICIAL USE |
| 3095 | Postage \$ Certified Fee |
| 0013 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) |
| 1670 | Total Posts 10 AIRS ID # 0250878001AG Sent To USHA SURANA DRIVEL FAMILIEA |
| 2000 | DRYCLEAN USA Street, Apt. N 8871 CORAL WAY 24 STREET City, State, Zt. MIAMI FL 33165 |

| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
|---|---|
| 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. | C. Signature Agent Agent D. Is delivery addressed ifferent from item 1? Yes |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| 0 AIRS ID # 0250878001AG USHA SURANA | |
| DRYCLEAN USA 8871 CORAL WAY 24 STREET MIAMI FL 33165 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |

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