

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

March 2, 1998

Mr. Agustin Heredia, Sr. Peerless Cleaners 7319 Northwest 36 Street Miami, Florida 33166

Re: Facility No.: 0250880

Dear Mr. Heredia:

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,

moellon -

0250880

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"

0250880
P13 6. If facility is a sole proprietorship,
If "Manager" is not owner, then
Facility Contact (9)
p14 (c) Should be marked.

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
AGUSTINAHEREDIA SR				
2. Site Name (For example, plant name or number):				
PEENLESS CLEANERS				
3. Hazardous Waste Generator Identification Number:	$\overline{}$			
FLD98417169-4				
4. Facility Location: 7379 - NW - 36-57. Street Address: 3379 - NW - 36-57				
Street Address: City: MIAM County: DADE Zip Code: 33166				
5. Facility Identification Number (DEP Use):				
12 12 12 12 12 12 12 12 12 12 12 12 12 1				
Responsible Official				
6. Name and Title of Responsible Official:				
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: AS Above Zip Code:				
7. Responsible Official Mailing Address:				
Street Address: AS A DOVE				
City: Zip Code:				
8. Responsible Official Telephone Number:	-+			
Telephone: (305 477 3399 Fax: () - NONE				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
The state of the s				
10 Facility Contact Address:				
10. Facility Contact Address:				
Street Address:				
City: County: Zip Code:				
11. Facility Contact Telephone Number:	\neg			
Telephone: () - Fax: () -				
<u> </u>				

RECEIVED

NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	Instance	#3		
Dry-to-Dry Unit		_							
(1) w/ ref. condenser		01-JAN8	01 JAN-88						
(2) w/ carbon adsorber			<u> </u>			i.			
(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		1.5							
(10) w/ ref. condenser									
(11) w/carbon adsorber						i			
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 montrol Check why it is less 	are r luant gallo	equired to be ity of perchlo ons ow many? [_	e installed [[perc])) purchased in				
3. What is the facility's son (Indicate with an "X". SEXISTING SMALL AREA EXISTING LARGE AREA EXISTING LAR	Selecter sea so	ource [X]	ication only.)) ew sr	initions foun mall area sou rge area sour	rce [3) of	Part II?	

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?				
Existing large area source Carbon adsorber []	Refrigerated condenser []				
New small area source Refrigerated condenser []	· .				
New large area source Refrigerated condenser []	5				
_					
5. A facility which contains non avanut amissions a	units shall not be clicible to use the general permit nursuant				
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following				
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	ιX				
(b) Leak detection inspection and repair	ι <u>Χ</u> ι				
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration mor	uitoring []				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan					

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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)			
Δı	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible Official Certification			
his notific tatement naintain t omply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 it all terms and conditions of this general permit as set forth in Part II of this notification form.			

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
AGUSTIN HEREDIA SR. 2. Site Name (For example, plant name or number):					
2. Sies Name (For example, plant name or number):					
PEERLESS CLEANERS					
3. Hazardous Waste Generator Identification Number:					
1W5-03889-97-De51-09					
4. Facility Location: A JAMI					
Street Address: FLAT. County: DADE Zip Code: 33/66					
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
December 1					
Responsible Official					
6. Name and Title of Responsible Official:					
AGUSTIN HEREDIA SK PRESIDENT.					
7. Responsible Official Mailing Address: Outputization/Firm:					
Organization/Firm: Street Address: 7379-NW3657. City: MIAM) County DADE zip Code:33166					
B. Rasponsible Official Telephone Number:					
Telephone: BOS 477-33-99 Fax: ()					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
10. Fecility Contact Address:					
TV. CHAMPS CAMPACT TANGETS.					
Street Address:					
City: Zip Code:					
11. Facility Contact Telephone Number:					
Telephone: () - Fax: () -					
:					

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Surrender of Existing Air Permit(s)

ESC MOICER	with an A the approp	nate selection:
		nisting air permits authorizing operation of the notification form; specifically, permit number(s)
X	No air perraits currently this notification form.	y exist for the operation of the facility indicated in

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form

I will promptly northy the Department of any changes to the information contained in this notification

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Effective: 6-25-96



Department of 3755 Environmental Protection

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

Virginia B. Wetherell Secretary

April 2, 1998

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C_n, the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Bureau of Air Monitoring & Bureau of Air Monitoring

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Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

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/DD

Enclosure: Invoice Form

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	M COMPLAINT/DISCOVERY				
AIRS ID#: 250 880 DATE: 8-25 FACILITY NAME: PEER LESS CLEA FACILITY LOCATION: 7379 NW 36 MIAMI, 33 RESPONSIBLE OFFICIAL: ABUSTIN 6 CONTACT NAME: II	ST. PHONE: 305-4 0 33390 C				
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 days prior to sta	artup 🔲				
Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION Facility indicated on notification form that it is:					
	I INO notification form				
(check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum				
	la l				
(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	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr				
(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 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a g	□ Drop store/out of business/petroleum 2. New small area source □ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 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)				



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

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	,	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	DY DN	□N/A
) -	Is the temperature differential equal to or greater than 20° F?	OY 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?	DY DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	UN/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,		
1	or expansion; and downstream from no other inlet?	NO AO	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	OY ON	□N/A
		D.v. 6:::	
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON	UN/A
Р	ART V. RECORDKEEPING REQUIREMENTS	:- <u>-</u> :	

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

	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			אם אַע			
2.	Has the facility maintained a leak log?			MG AM			
3.	Does the responsible official check the fo						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	CY ON ONA			
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	Y ON ON/A	Diverter valves	Y ON ON/A			
	Solvent tanks and containers	ZY ON ON/A	Cartridge filter housings	DY DN DN/A			
	Water separators	MY ON ON/A					
4.	4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt thr	ough gaskets)		٥			
	Odor (noticeable perc odor)	ď					
	Use of direct-reading instrumentat	0					
	Halogen leak detector						
	If using direct-reading instru	M/A.					
	a. Capable of detecting p	DY ON					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	DY ON			
	d. Kept in a clean and se	DY DN					
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	DY ON			
L							

M. ENRIQUE FLORES	8/25/98
Inspector's Name (Please Print)	Date of Inspection
Menique flores	8/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- A STATE'S INSPECTION CALENDAR AND SERM'S POLLUTION CONTROL FOR DRY CLEANERS BOOKLET GIVEN TO STORE OWNER'S REPRESENT TATIVE.
- * RECORD KEEPING NOT VERY ORGANIZED. INSTRUCTIONS ON HOW INFORMATION SHOULD BE RECORDED WERE GIVEN.

INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION:	ANNUAL ()	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1500	TIME OUT: 153	O AIRS ID#:	450 780
TYPE OF FACILITY: PELC		ř.	
FACILITY NAME: <u>Drive</u>	1055 MUANURS	· · · · · · · · · · · · · · · · · · ·	DATE: 8.26.98
FACILITY LOCATION: 7	79 NW 36 57.		
	IAMI, 33166		
RESPONSIBLE OFFICIAL:	ABUSTIN HINEDIA	РНОЙЕ NUMB	ER: 177 7569
(* .)	f the compliance requirements ev Rule 62-213.300, Florida Admin	aluated during this inspection, the istrative Code (F.A.C.).	facility is found to be in
Based on the results o discrepancies were no		aluated during this inspection, the	following compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
· · · · · · · · · · · · · · · · · · ·			
	•		
1	• .		
		·	
e e e e e e e e e e e e e e e e e e e			
	•		
·			
	<u></u>		
COMMENTS: EGUILLI	ENT IN SHTISFICTURY (ONDITION RECENDE	EPING NOT VERY URGANIZ
STATES	INSPECTION CALLNIBAR	GIVEN TO KISHINSII	ELE TETERAL.
	INED HOW TO USE.		
			<u> </u>
The Annual Compliance Certi	fication form has been properly of	ertified and submitted to the insp	ector. YES NO
DATE OF NEXT INSPECT.	ion: 7	199	
THE OF HEALT HOLDCI.	. /	(Approximate)	·
INSPECTION CONDUCTE	D BY: 11. F.	UKIGUE FILKES	-1
) ((Please Print)	
'NSPECTOR'S SIGNATUR	E: Minuantflura	PHONE NUM	BER: 31.371.6925
	1	, - 	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PEER LES	S CLEANERS		DAT	E: 8-25-98
facility location: <u>737</u>				
	m1, FL 33166			
			/22	
Annual Reporting Period:	8/97	19 TO	8/98	19
Based on each term or condition of t	he Title V general air peri	nit, my facility has rema	nined in compliance with	DEP Rulc
52-213.300, Florida Administrative	Code (F.A.C.), during the	period covered by this s	tatement YES	ОиО
If NO, complete the following:				
#1. Term or condition of the genera	I permit that has not been	in continuous complian	ce during the reporting to	eriod stated above:
		.		
Exact period of non-compliance: fro	m		to	
Action(s) taken to achieve complian	ce:			
Method used to demonstrate compli	ance:			
#2. Term or condition of the general	al permit that has not beer	i in continuous compliar	nce during the reporting p	eriod-stated above:
Exact period of non-compliance: fr	rom	t	• REC	EIVED
Action(s) taken to achieve complian	nce:		een	7 0 mex
Method used to demonstrate compl	iance:		9EP	2 8 1370
· ·				f Air Monitoring bile Sources
			Q 1010	one Sources
As the responsible official, I hereby made in this notification are true, o				
upon rolling averages of purchase	receipts, does not exceed			
year for transfer or combination fa	cilities	Ω	(D_{c})	1 - [
RESPONSIBLE OFFICIAL:	Ona Mare	a Konfron	thet.	_ 8/2-5/90
	Name (Please Print)		Signature	/ Date

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

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

PERCHLOROETHYLENE DRY CLEANER\$

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	ن ن	COMPLÁINT/D	ISCOVERY	ard C)
	KI, SIN, SI I. C. CION			6. gal	II M	1
AIRS ID#: 0250870	DATE: 5/18/9	9 TIME II	953.4	FAUO ami	1.5 10 A 35	4
FACILITY NAME:	Reviers	Cles	125	Ö	Nonit	
FACILITY LOCATION:	7379 N	VW Z	s 5+		oring .	
	Miamij 3	33166				
RESPONSIBLE OFFICIAL	: Acustin	Hered	Phione: C	305-4	77-339	,9
CONTACT NAME:			PHONE:			
PART I: NOTIFICATION						
(check appropriate box)						\bigcap
1. New facility notified DARI	M 30 days prior to start	up				
2. Facility failed to notify DA	• .					
PART II: CLASSIFICATIO	N					
Facility indicated on notifica	ition form that it is:		O No notificati	on form		
(check appropriate box)	,		☐ Drop store/o	ut of business/	petroleum	
A.		2 Name and				
1. Existing small area so dry-to-dry only, x < 140 g.		2. New small	area source /, x < 140 gal/yr	U		
transfer only, x < 200 gal/y	•	transfer only,				
both types, x < 140 gal/yr	, .	both types, x <				
(constructed before 12/9/9	1)		n or after 12/9/91)	-	-	
3. Existing large area so	urce 🗅	4. New large	area source			
dry-to-dry only, $140 \le x \le$		~	y, $140 \le x \le 2,100$			
transfer only, $200 \le x \le 1$,			$200 \le x \le 1.800 $ ga			
both types, $140 \le x \le 1.80$			$0 \le x \le 1.800 \text{ gal/}$			
(constructed before 12/9/9			n or after 12/9/91)			
1			0.0			
5. This is a correct facility	classification	DN DN	OCan not dete	rmine		
If no, please check t	he appropriate classific			ermine		
If no, please check t	he appropriate classific cility qualified for a ge	neral permit as i	nunber	above .		
If no, please check t	he appropriate classific	neral permit as i	nunber	above .		

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PART HE 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 DINK
2. Examining the containers for leakage?	DY ON DNIA
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber in prior to September 22, 1993	- I
If classification 4 has been checked, the machine should be equipped with a re- (complete A and B below).	frigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	אם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	חא טא טאע
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם .
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עם

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?	ÜY	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	Dи	NN
	•		•	_,,,,,
H	Is the temperature differential equal to or greater than 20° F?	ΟY	ΩИ	\square N/V
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	ПN	Dn/a
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ŪN	N/N
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?	ΟY	ΩΝ	□N/∧
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	Ωи	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN WNIA 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 ØN/A and parts installed w/in 5 days of receipt? DY DN ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? אואם אם צם MO AB 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? DY ON MIN Problem corrected? 8. Maintained compliance plan, if applicable? OY ON DAM

BEST AVAILABLE COPY

PΑ	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and report					
	inspection?			MY ON		
2.	Has the facility maintained a leak log?			MO N		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON DAVIA		
	Door gaskets and scating	NA ON ONIA	Stills	AND NO YO		
	Filter gaskets and scating	מאס אס אס	Exhaust dampers	DY ON ONIA		
	Pumps	ON ON ONIA	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	CA, ON ONIA	Cartridge filter housings	איאם אם איא		
	water separators	DY ON ON/A		·		
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfac	ees)			
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equi	ipment:	NIV		
	a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON		
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	UY UN		
	d. Kept in a clean and	secure area when not in t	use?	אט צם		
	e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	אט צם		

Inspector's Name (Please Print)

Inspector's Signature

5/18/99
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

I SSUED FDEP Colendar

Mr Heredia kept records but not on

Colendar He Chine A roas misplaced

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 935 AM TIME OUT: 10 AM	AIRS ID#: 0250880
TYPE OF FACILITY: Yec Dr	y Cleaners
FACILITY NAME: Peeless Clas	DATE: 5/18/99
FACILITY LOCATION: 4379 Nw 3	6 87. MILH: , 33166
<u> </u>	
RESPONSIBLE OFFICIAL: A Gustin Ker	edia PHONE NUMBER: 305-477-3399
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Per Consumption,	loss of Per consumption
20- doents to allow contride	A.o. meds so allow contridere
filter to Drain for attent cans	filte to draw on allest cuties
	·
COMMENTS:	
	
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/2000	<u> </u>
(Ap _j	proximate)
INSPECTION CONDUCTED BY:	5MART
1 2 21	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 365-372-6922
Page	of . Revised 10/96

AIRS ID#: <u>0250880</u>

PULL

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	7/12/20
FACILITY NAME: TEETLESS	DATE: <u>5//8/99</u>
FACILITY LOCATION: 7379 NW 36 5	54
Annual Reporting Period: 1993 TO	<u>Man</u> 1999
Based on each term or condition of the Title V general air permit, my facility has remain 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
R.o. not allowing contridge filter to drawn f	or attent zahr beforedige
Exact period of non-compliance: from Hay 98 to	May 99
Action(s) taken to achieve compliance:	& of Draining for others?
•	0) 0))/)/)/
#2. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
kan of Perc Consumption	
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 made in this notification are true, accurate and complete. Further, my annual consumution rolling averages of purchase receipts, does not exceed 2,100 gallons per year for year for transfer or combination facilities. RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL:	ption of perchloroethylene solvent, based
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.

Page ____ of ____

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS MAR 1 3 2000

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

ECKLIST

Bureau of Air Monitoring

& Mobile Sources

RE-INSPECTION

AIRS ID#: O256860 DATE: 2/13	3/00 TIME IN: 1035 TIME OUT: 1130
FACILITY NAME: Peerless	Cleaners
FACILITY LOCATION: 7379	Nm 36 24.
Miamy	FL
RESPONSIBLE OFFICIAL: Agustin	Heredia PHONE: 305-477-3399
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. 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	DY UN Dean not determine.
If no, please check the appropriate classific	1
	eneral permit as number 3 above mits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PANA			
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 refrige (complete A and B below).	erated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	□Y □N			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Ү □М			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

B.	Has the responsible official of an existing large or new large area source also:			
i.	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?	ŪΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□Ņ/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΩИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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?	ΩΥ	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□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 10 1
I. Maintained receipts for perc purchased?	A Amy
2. Maintained rolling monthly total of perc consumption?	פא פא
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY DN ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	מאואם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	חא שו שו אם אם
6. Maintained startup/shutdown/malfunction plan?	RY ON
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	OY ON QN/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	RT VI: LEAK DETECTION AND I	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repa	iir J
	inspection?			ØY	The state of the s
2.	Has the facility maintained a leak log?		•	ΠY	ØN
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	ΩY	ON ON/A
	Door gaskets and seating	ɗy □n □n/a	Stills	OY I	□N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ΔY I	□N □N/A
	Pumps	MY ON ON/A	Diverter valves	ØY I	□N □N/A
	Solvent tanks and containers	"אַל טא טאע	Cartridge filter housings	ন্ত্র ।	□N □N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by t	he responsible official?	• . •		
	Visual examination (condensed so	olvent on exterior surface	es)	Q	
	Physical detection (airflow felt th	rough gaskets)		囡	
	Odor (noticeable perc odor)			<u>\</u>	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equip	ment:	□N/A	
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	□Y (אם
		tandard gas prior to and a	after each use		
	(PID/FID only)?				_
	c. Inspected for leaks an				
-	d. Kept in a clean and se			ΠY (
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?		□N

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

2.0. maintaining records so they available at time of importion.

No rolling log No leak log

380 sallons of pare purchased for all of 1999. However, 1998 numbers are not available to properly couplite volling log.

Assisted R.O. by filling in 2000 cabader Explained rolling log method.

Machine not in orporation - figitive emissions could not be detarmied.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DI	SCOVERY	RE-INSPECTIO	N 🗌
TIME IN: 1035	TIME OUT:	W 30	AIRS ID#:	0250890	
TYPE OF FACILITY:	Perc Dr	y Claaner	· · · · · · · · · · · · · · · · · · ·		
FACILITY NAME:	7379	NW 36 8	C .	_DATE:	00
FACILITY LOCATION:	_	leanin			
RESPONSIBLE OFFICIAL:	gustini Ueradio		_PHONE NUMBER:	305-477-	<i>339</i> -9
	he compliance requirement ule 62-213.300, Florida Ac			lity is found to be in	
Based on the results of the discrepancies were noted	he compliance requirement d:	ts evaluated during th	is inspection, the follo	owing compliance	
COMPLIANCE REQU			LOW-UP ACTI		
Not mantaining	rollij leg of	Prop	PDEP cal	in rolling de	7
Not maintaining	, leak log	Plan	itain lash	lag after	
·			·		
				RECI	EIVE
				MAR 1	3 200a
COM (PNTC				Bureau of A <u>♣ Mobile</u>	ir _{Monitorine}
COMMENTS:				The	Sources 'S
The Annual Compliance Certification	ation form has been proper	ly certified and subm	itted to the inspector.	YES NO	
DATE OF NEXT INSPECTION	N:	Zloi (Approximate)			
INSPECTION CONDUCTED	BY: Ivan	(Approximate) Fanni (Please Print)			
INSPECTOR'S SIGNATURE:	Iman Jan		PHONE NUMBER:	305-77).	- 69 <u>2</u> 5

Page___of___.

Revised 10/96

AIRS ID#: 0250880

NOO

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Parless (leaners		DATE:	2/23/00
FACILITY LOCATION:	7379	NO	36 st.	· 	
	Miani	FL			
	- 1				
Annual Reporting Period:	Feb	19 <u>9</u> 9	то	reb	79 200
Based on each term or condition	on of the Title V general a	uir permit, my facilit	y has remained i	n compliance with DE	P Rule
62-213.300, Florida Administr	ative Code (F.A.C.), duri	ng the period covere	ed by this stateme	ent. UYES	NO
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that has no	t been in continuous	compliance duri	ng the reporting period	d stated above:
Not properly or	nantaining r	Many lej	of pera	purchases	
Exact period of non-compliance	e: from	Feb 99	to	Feb se	000
Action(s) taken to achieve com	pliance: Man	tain lo			
Method used to demonstrate co	*	FAEP c			
#2. Term or condition of the g	I look log	ispection	=	,	l stated above:
Action(s) taken to achieve com	pliance: Ma	mtani se	and of	lank log	
Method used to demonstrate co	ompliance:	DEP cal	Len		

*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 ____.

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d on the reverse side?	SENDER: . ■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we card to you. ■Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e can retum this te does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166	4b Service 1 ARegistere	Type ad
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X M M M M M M M M M M M M	8. Addressee and fee is	, F
{ -	PS Form 3811 , December 1994 . 102	2595-97-B-0179	Domestic Return Receipt

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1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800 , April 1995	TOTAL Postage & Fees	\$
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card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article.	e can return this e does not e number.	I also wish to receive the following services (for an	ceipt Service.
3. Article Addressed to: AIRS ID # 0250880 PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166	4b. Service Registere Express I	Type Ped Certified Mail Insured pocipit for Merchandise COD	you for using Return Rec
Received By: (Print Name) Signature: (Addressee or Agent) Second 29/11 December 1994		s paid)	Thank
	■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 card to you. ■Attach this form to the front of the mailpiece, or on the back if space permit. ■Write *Return Receipt Requested** on the mailpiece below the article *The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID # 0250880 PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0250880 PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166 ■ Return Re7. Date of D 5. Received By: (Print Name) 8. Addresse and fee is	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write 'Return Receipt Requested' on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0250880 PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166 AIRS ID # 0250880 Registered □ Express Mail □ Insured □ Return Receipt for Merchandise □ COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)

P 174 0	25 055 (V(V
US Postal Service Receipt for Cei	
No Insurance Coverage	Provided. AIRS ID # 0250880
PEERLESS CLEANER	
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MIAMI FL 33166	
ι σοιαγο	5
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on the reverse side?	SSOUPPORTUINTED TO THOM: SENDER: Of adolphub to dof the outline Complete items 3, 4a, and 4b: Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed of	3. Article Addressed to: AIRS ID # 0250880 PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166	4a. Article N 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD collivery	
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested 芒	

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EERLESS CLEANERS GUSTIN A HEREDIA S 379 MW 36TH STREET	SR ,
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SENDER: COMPLE of agolavna to got 19	ov on defined at line ov
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D as delivery address different from item 1? Yes
Article Addressed to:	D is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0250880 PEERLESS CEEANERS	
PEERLESS:CEEANERS AGUSTIN'A HEREDIA SRIPY 7379 MW 36TH SIREET MIAMI FL.33166	3: Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2210 GE (28 49 Pg)	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

R N EE	eceipt for Certical Control Co	AIRS ID # 0250880
EE	FRLESS CLEANERS	AIRS ID # 0250880
G	ERLESS CLEANERS	
ΛL	79 MW 36TH STREE AMI FL 33166	SR
P	ostage	\$
C	Certified Fee	
s	Special Delivery Fee	
	Restricted Delivery Fee	
3 F	Return Receipt Showing to Whom & Date Delivered	
┋┞╒	Return Receipt Showing to Whom, Date, & Addressee's Address	
3 7	TOTAL Postage & Fees	\$
۱۱	Postmark or Date	

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Is your RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	1. ☐ Addressee's Address 2. ☐ Restricted Delivery		
	3. Article Addressed to: AIRS ID 0250880 AGUSTIN A. HEREDIA AGUSTIN A HEREDOA JR 7379 MW 36TH STREET MIAMI FL 33166 5. Received By: (Print Name)	7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	pe el pe l' pou for using Return Rece
	6. Signature (Addressee or Agent) X PS Form 3811, December 1994	and fee is	Domestic Return Receipt	Ĕ

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US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided

AIRS ID# 0250880

PEERLESS CLEANERS AGUSTIN A HEREDOA SR **7379 MW 36TH STREET MIAMI FL 33166**

Fold at line over top of envelope to

SENDER:

5. Received By: (Print Name)

6. Signature; (Addressee or Agent)

PS Form 38/11, December 1994

Is your RETURN ADDRESS completed on the reverse side?

	Postage	\$
	Certified Fee	
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10	Restricted Delivery Fee	
199(Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E III	Postmark or Date	
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 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 card to you. Attach this form to the front of the mailpiece, or on the back if space. 	following services (for an extra fee): 1. Addressee's Address			
permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.		Restricted Delivery Consult postmaster for fee.		
3. Article Addressed to:	4a. Article N	umber		
AIRS ID# 0250880 PEERLESS CLEANERS AGUSTIN A HEREDOA SR 7379 MW 36TH STREET MIAMI FL 33166	4b. Service Registere Express	od Mail ceipt for Merchandise	☐ Certi	ed
	/. Date of D	SILVERY GIST		

102595-97-B-0179

and fee is paid)

Domestic Return Receipt

8. Addréssee's Address (Only if requested

United States Postal Service

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Print your name, address, and ZIP Code in this box

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

APR 10 1:

Bureau of Air Monitor:

This portion must be attached to remittance for proper handling 0362962

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 # 0250880

PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166

FOR GOVERNMENT USE ONE Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273





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

399592

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 # 0250880

PEERLESS CLEANERS AGUSTIN A HEREDIA SR 7379 MW 36TH STREET MIAMI FL 33166 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

This portion must be attached to remittance for proper handling 0393200

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

RECEIVED
MAIL ROOM**

TOTAL AMOUNT DUE: \$50.00

MAR -6 00

AIRS ID # 0250880

PEERLESS CLEANERS
AGUSTIN A HEREDIA SR
7379 MW 36TH STREET
MIAMI FL 33166

AIRS ID # 0250880

PERLESS CLEANERS
AGUSTIN A HEREDIA SR
7379 MW 36TH STREET
MIAMI FL 33166

PERLESS CLEANERS
AGUSTIN A HEREDIA SR
7379 MW 36TH STREET
MIAMI FL 33166

RECEIVED

SEP 2 4 1998 DRY CLEANER AIR QUALITY GENERAL PERMIT

Bureau of Air Monitoring & Mobile Sources

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250880

AGUSTIN A. HEREDIA AGUSTIN A HEREDOA JR 7379 MW 36TH STREET MIAMI FL 33166

Do NOT Remove Label

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Annual Reporting Period:		19	то		19
Based on each term or condition of the Title		-			
62-213.300, Florida Administrative Code (F.	A.C.), during the peri	od covered	l by this stat	ement. YES	S UNO
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ontinuous	compliance	during the report	ing period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:		_			
Method used to demonstrate compliance:				<u> </u>	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit	that has not been in co	ontinuous o	compliance (during the reporti	ing period stated above:
Exact period of non-compliance: from	·		to	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve compliance:		·			<u> </u>
Method used to demonstrate compliance:		·		1	
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to	irther, my annual consi	imption of	perchloroeth	ylene solvent, base	ed upon purchase receipts,
RESPONSIBLE OFFICIAL: AGUST	Heredic le (Please Print)	2/	Mush	Signature	les 9/18/48 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

336348

227

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

