



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 24, 1997

Mr. Diego Abren  
Top Service Cleaners, Inc.  
3485 West Flagler Street  
Miami, Florida 33135

Re: Facility No.: 0250883

Dear Mr. Abren:

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


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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

## Bowman, Sandy

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Wednesday, February 04, 2004 11:52 AM  
**To:** Bowman, Sandy  
**Cc:** Fernandez, Cynthia (DERM)  
**Subject:** FW: ASGP/ARMS Database and Other DC issues

Hi Sandy:

Please take note of the issues that Cynthia (see her E-mail) has found related to dry cleaners. Regarding these issues, I just want to mention that on August 7, 2003, I sent you an E-mail requesting to inactivate New Cleaners ARMS # 0250883, which was inactivated, but unfortunately this facility was operating with two ARMS numbers and the # 0251019 was never inactivated.

In addition to Cynthia's comments, I want to inform you that this year several dry cleaning facilities called our office because they never received the Dry Cleaner Calendar. I already took care of them, but I think you need to know the names of those facilities in order to correct this problem for the next year.

- 1) Hotel Intercontinental ARMS 0250956
- 2) The Dry Cleaner ARMS 0250979 *see above Gilberto R.*
- 3) Mr. Clean DC ARMS 0251038
- 4) Crest Quality Cleaners ARMS 0250694
- 5) Americano Cleaners ARMS 0250964

Finally, be informed that Gilberto Rivera from The Dry Cleaner (see above ARMS #) reported that he has not received the annual bill for the year 2003 Title V Perc General Permit.

Regards,

Marcelo.

-----Original Message-----

**From:** Fernandez, Cynthia (DERM)  
**Sent:** Tuesday, February 03, 2004 1:45 PM  
**To:** Barros, Marcelo (DERM)  
**Subject:** ASGP/ARMS Database

Hello Marcelo, as discussed here are some of the facilities that need to be checked:

- \* ARMS # 0251135 has a new name Soft Dry Cleaners, which is not in the ASGP database.
- \* ARMS# 0251019 New Cleaners appears active, but there is no record in ASGP.

As per the changes in ASGP, the ASGP home, where it indicates the number of inspections done for the past 6 months, is not recording the number of inspections completed.

Also, the annual certification always appears as IN even if it was saved with a MNC or SNC.

Thanks,

Cynthia V. Fernandez  
Air Facilities Section  
305-372-6925

# INTEROFFICE MEMORANDUM

**Date:** 18-Sep-2000 06:09pm

**From:** Griner, Debbie  
DERM)

( GrineD@co.miami-

dade.fl.us

**Dept:**

**Tel No:**

**To:** 'Rick.Butler@dep.state.fl.us' ( Rick.Butler@dep.state.fl.us )  
**To:** 'Sandy.Bowman@dep.state.fl.us' ( Sandy.Bowman@dep.state.fl.us )  
**CC:** Fannin, Ivan (DERM) ( FanniI@co.miami-dade.fl.us )  
**CC:** Barros, Marcelo (DERM) ( BarroM@co.miami-dade.fl.us )

**Subject:** New Cleaners, 0251019

Rick & Sandy-

0251019 New Cleaners was previously 0250883 Top Service Cleaners Inc.  
0250883 was inspected in April of 2000, at which time a new application was  
obtained from the new owner. Should it be 0250883-02? Sorry for not making  
that clear when we submitted the new Initial Notification.

Thanks,  
Debbie Griner

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CH TOP SERVICES, INC.		
2. Site Name (For example, plant name or number):	TOP SERVICE CLEANERS, INC.		
3. Hazardous Waste Generator Identification Number:	FLD982147829		
4. Facility Location:	Street Address: 3485 W Flagler St	County: Dade	Zip Code: 33135
5. Facility Identification Number (DEP Use):	0250883		

## Responsible Official

6. Name and Title of Responsible Official:	DIEGO ABREU OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: Same AS ABOVE	City:	County:
8. Responsible Official Telephone Number:	Telephone: (305) 541-7472	Fax: ( )	- None

## Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 5 1997

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		24-JUN-96	24-JUN-96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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?

50 gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

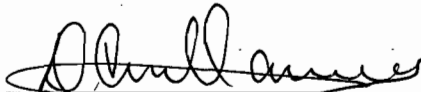
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

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

**Responsible Official Certification**

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

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
\_\_\_\_\_  
Signature

9-23-97  
\_\_\_\_\_  
Date

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

TOP SERVICES CLEANERS INC  
DIEGO ABREN  
3485 W FLAGLER STREET  
MIAMI FL 33135

AIRS ID#0250883

**RECEIVED**  
FEB 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: EVERY 1998 TO DECEMBER 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** DIEGO ABREN [Signature] 2-10-98  
 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.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

OCT 27 1998

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 0250883 DATE: 9/30/98 TIME IN: 9:45 am TIME OUT: 10:10 am

FACILITY NAME: Top Service Cleaners Inc.

FACILITY LOCATION: 3485 W Flagler St.  
Miami, FL 33135

RESPONSIBLE OFFICIAL: Diego Abreu PHONE: (305)541-7472

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  No notification form  
(check appropriate box)  Drop store/out of business/petroleum

A.

1. Existing small area source  dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)

2. New small area source  dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)

3. Existing large area source  dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)

4. New large area source  dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 25 gallons.

MB  
10/15/98  
ARMS

MB  
9/30/98

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Deborah Griner  
Inspector's Name (Please Print)

9/30/98  
Date of Inspection

Deborah Griner  
Inspector's Signature

9/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Provided FDEP Calendar during inspection.

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:45 am TIME OUT: 10:10 am AIRS ID#: 0250883  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Top Services Cleaners DATE: 9/30/98  
 FACILITY LOCATION: 3485 W Flagler St  
Miami, FL 33135  
 RESPONSIBLE OFFICIAL: Diego Abreu PHONE NUMBER: (305)541-7472

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No 12 month rolling log of perc purchases.	Begin keeping log.
Missing a few refriq. condensor temp. recordings + leak inspection logs.	Begin recording <u>all</u> temp. monitoring + leak inspections.

COMMENTS: Facility + equipment satisfactory.  
Good housekeeping practices

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/99 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305)372-1925

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Top Services Cleaners DATE: 9/30/98  
FACILITY LOCATION: 3485 W Flagler St  
Miami, FL 33135

Annual Reporting Period: 9 1997 TO 9 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No 12 month rolling log

Exact period of non-compliance: from

9/97 to 9/98

Action(s) taken to achieve compliance:

Will begin keeping log

Method used to demonstrate compliance:

In calendar

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OCT 27 1998

Bureau of Air Monitoring  
& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Missing some logs

Exact period of non-compliance: from

9/97 to 9/98

Action(s) taken to achieve compliance:

~~In calendar~~ Will begin keeping all records

Method used to demonstrate compliance:

In calendar

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Diego Abreu  
Name (Please Print)

[Signature]  
Signature

9/30/98  
Date

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

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



RECEIVED

JUN 25 1999

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERED

AIRS ID#: 0250883 DATE: 10/11/99 TIME IN: 10:35 TIME OUT: 11:55  
 FACILITY NAME: Top Service Cleaners  
 FACILITY LOCATION: 3485 W Flagler St  
Miami, FL 33135  
 RESPONSIBLE OFFICIAL: Diego Abreu PHONE: (305)541-7472  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 64 gallons.

Review + ARMS  
10/11/99  
DB



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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
     Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS.**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N  N/A

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

Deborah Griner  
Inspector's Name (Please Print)

6/11/99  
Date of Inspection

[Signature]  
Inspector's Signature

6/2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Some temp. monitoring + leak inspection results were missing. Directed Mr. Abreu to be more consistent with record keeping.

*file*

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

JUN 25 1999

FACILITY NAME: Top Service Cleaners Bureau of Air Monitoring DATE: 10/11/99  
 FACILITY LOCATION: 3485 W Flagler St & Mobile Sources  
Miami, FL 33135

Annual Reporting Period: 10 19 98 TO 10 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Diego Abreu Name (Please Print) [Signature] Signature 10/11/99 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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:35 TIME OUT: 11:55 AIRS ID#: 0250883  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Top Service Cleaners DATE: 6/11/99  
 FACILITY LOCATION: 3485 W. Flader St  
Miami, FL 33135  
 RESPONSIBLE OFFICIAL: Diego Abreu PHONE NUMBER: (305) 541-7472

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Directed Mr. Abreu to be more consistent with record keeping. Good Housekeeping practices

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 6/2000  
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6986

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

✓ **TYPE OF INSPECTION:**    ANNUAL                     COMPLAINT/DISCOVERY      
    RE-INSPECTION                   

AIRS ID#: 0250883    DATE: 4/21/00    TIME IN: 1530    TIME OUT: 1600  
 FACILITY NAME: New Cleaners  
 FACILITY LOCATION: 3485 W. Flagler st.  
    Miami, FL  
 RESPONSIBLE OFFICIAL: Gustavo Gutierrez    PHONE: 305-544-72  
 CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

RECEIVED  
 JUN 15 2000  
 Bureau of Air Monitoring  
 & Mobile Services

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup                      
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:                     No notification form  
 (check appropriate box)                     Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification     Y     N     Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 5 gallons.

*ARMS*  
*4/22/00*  
*5/23/00*

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Ivan Fannin  
Inspector's Name (Please Print)

4/21/00  
Date of Inspection

Ivan Fannin  
Inspector's Signature

4/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

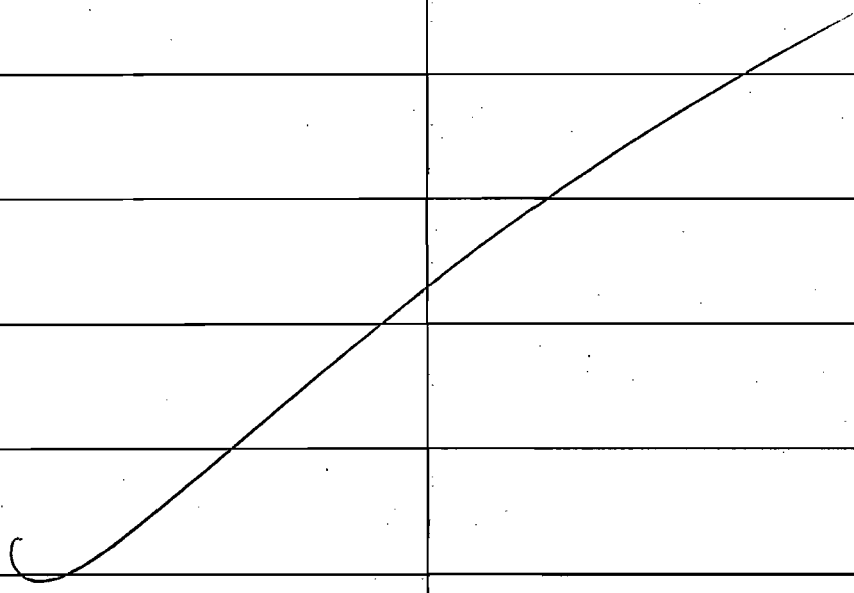
Good recordkeeping  
housekeeping  
Machine not in use during inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1530 TIME OUT: 1600 AIRS ID#: 0250883  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: The New Cleaners DATE: 4/21/00  
 FACILITY LOCATION: 3485 W. Flagler st.  
Main FL  
 RESPONSIBLE OFFICIAL: Guustavo Guzman PHONE NUMBER: 305-541-7472

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	

COMMENTS: Good Recordkeeping  
Housekeeping

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 4/01  
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin  
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-373-6922

*APC*

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The New Cleaners DATE: 4/21/00  
 FACILITY LOCATION: 3485 W. Flagler rd.  
Miami, FL

Annual Reporting Period: MARCH 192000 TO April 192000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

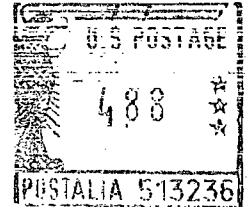
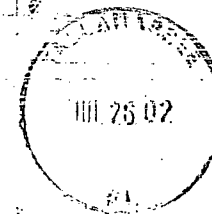
RESPONSIBLE OFFICIAL: GUSTAVO GUTIERREZ *[Signature]* 4/21/2000  
 Name (Please Print) Signature Date

\*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.

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 MS 6510-37550 304000  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE FL 32399-2400



7000 1670 0023 3108 7554



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

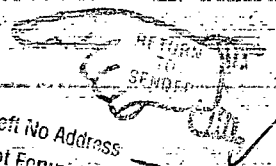
OFFICIAL USE

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Pcs: 10 AIRS ID # 0250883001AG  
 Sent To: DIEGO ABREN  
 TOP SERVICE CLEANERS  
 Street, Apt: 3485 W FLAGLER STREET  
 City, State: MIAMI FL  
 33135

PS Form 3800, May 2000 See Reverse for Instructions

Postmark Here  
*mejoz*



- Moved, Left No Address \_\_\_\_\_
- Moved, Not Forwardable \_\_\_\_\_
- Unclaimed \_\_\_\_\_
- No Such Number \_\_\_\_\_
- Addressee Unknown \_\_\_\_\_
- No Mail Receipt \_\_\_\_\_
- No Such Bldg., Business, Lot # Listed \_\_\_\_\_

*ONF*

**RECEIVED**  
 AUG 01 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

10 AIRS ID # 0250883001AG  
 DIEGO ABREN  
 TOP SERVICE CLEANERS  
 3485 W FLAGLER STREET  
 MIAMI FL  
 33135

BEST AVAILABLE COPY

THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0250883001AG  
 DIEGO ABREN  
 TOP SERVICE CLEANERS  
 3485 W FLAGLER STREET  
 MIAMI FL  
 33135

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) 4000 1670 0013 3108 7554

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1124

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250888

MARS DELUXE CLEANERS INC  
 ALEX PIQUERAS  
 7020-22 SW 87TH AVENUE  
 MIAMI FL 33173

4a. Article Number

2333612804

4b. Service Type

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

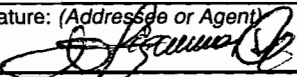
7. Date of Delivery

2-7-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 804

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0250888

MARS DELUXE CLEANERS INC  
 ALEX PIQUERAS  
 7020-22 SW 87TH AVENUE  
 MIAMI FL 33173

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

PS Form 3800, April 1995



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250883

TOP SERVICE CLEANERS  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

4a. Article Number  
 Z 660 333 557

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-17

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*[Handwritten Signature]*

Thank you for using Return Receipt Service.

Z 333 660 557

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided

AIRS ID # 0250883

TOP SERVICE CLEANERS  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

PS Form 3800, April 1995

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

1999

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

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- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250883

TOP SERVICE CLEANERS  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

4a. Article Number  
P 174 052 497

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 497

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.

2000

AIRS ID # 0250883

TOP SERVICE CLEANERS  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250883

TOP SERVICES CLEANERS INC  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

4a. Article Number  
2333612807

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2/14

5. Received By: (Print Name)  
Diego Abren

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

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

. Z 333 612 807

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 AIRS ID 0250883

TOP SERVICES CLEANERS INC  
 DIEGO ABREN  
 3485 W FLAGLER STREET  
 MIAMI FL 33135

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery 2-28
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250883</p> <p>TOP SERVICE CLEANERS DIEGO ABREN 3485 W FLAGLER STREET MIAMI FL 33135</p> <p style="font-size: 1.5em; font-weight: bold;">2 210 661 840</p>	<p>C. Signature X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
2. Article Number (Copy from service label)	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, July 1999	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">102595-99-M-1789</p>	

2 210 661 848

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID # 0250883

TOP SERVICE CLEANERS  
DIEGO ABREN  
3485 W FLAGLER STREET  
MIAMI FL 33135

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

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302603

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** FEB 13 98

Do **NOT** Remove Label

AIRS ID#0250883

TOP SERVICES CLEANERS INC  
DIEGO ABREN  
3485 W FLAGLER STREET  
MIAMI FL 33135

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj.: 002273**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392146

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 # 0250883

TOP SERVICE CLEANERS  
DIEGO ABREN  
3485 W FLAGLER STREET  
MIAMI FL 33135

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
FEB 14 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359990

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 # 0250883  
TOP SERVICE CLEANERS  
DIEGO ABREN  
3485 W FLAGLER STREET  
MIAMI FL 33135

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 1999

RECEIVED

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Id.: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
MAR - 9 99