

## Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 December 15, 1997

Virginia B. Wetherell Secretary

Mr. Julio Guardado Tropical Dry Cleaners 5718 West Flager Street Miami, Florida 33144

Re: Facility No.: 0250891

Dear Mr. Guardado:

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

P14 16) Should not be marked. Markout and initial.

P16 Responsible official sign and data for changes.

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

I.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Julia Gardada Quanec
2.	Site Name (For example, plant name or number):
	Tourise I Now Oilogoes
3	Tropical Dry Cleaners.  Hazardous Waste Generator Identification Number:
J.	The state of the s
	F19 084941005.
4.	Hazardous Waste Generator Identification Number:  Facility Location: Street Address: City: County: Cou
	City: County: Zip Code:
80 <b>-</b> 1011	Mialli bade 33144.
) ). 	Facility Identification Number (DEP Use):
	025089/
	Pagnongible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Jolio Quardado Owner.
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City:
8.	Responsible Official Telephone Number:
	Telephone: (305) 262 - 0076. Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Julio Guardado.
10	Facility Contact Address:
10.	·
	Street Address: Same
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (305 262 - 0076. Fax: ( ) -
	DECELVES
	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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Davies		Initially	Device
Type of Machine	ID	Purchased	Installed	ΙD	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91	mstaned	#3		
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	4 - 7-9h	4-7-96				l		
(2) w/ carbon adsorber	, ,	-1 - 1-10	1 10						
(3) w/ no controls		<u> </u>							
Washer Unit			<u> </u>	l .	1			1	1
(4) w/ ref. condenser				Γ			<u> </u>		
(5) w/ carbon adsorber								-	
(6) w/ no controls						<del>-</del>			
Dryer Unit				<b>!</b>	L	<u> </u>	1		1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					1			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber					-				
(12) w/ no controls					1				
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are requant gallo	equired to be ity of perchlons ow many? [_	installed [	(perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selec ea so	et one classifi	ication only.)	ew sn	initions foun nall area sou rge area sour	rce [ <del>*</del>	]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<u> </u>
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	1
(c) Refrigerated condenser temperature monitoring	( <del>\</del>
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[+]

DEP Form No. 62-213.900(2) Effective: 6-25-96

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
1	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this noti statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
comply						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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# DRY CLEANER AIR QUALITY GENERAL PERMITCEIVED ANNUAL COMPLIANCE CERTIFICATION FORM MAIL ROOM

FEB I AIRS ID#0250891 JULIO GUARDADO JULIO GUARDADO **5718 W FLAGLER STREET** MIAMI FL 33144 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

<sup>\*</sup>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 CLRAFES IVED

AIRS ID#: <b>025089</b> 1_1			Bureau of Air <sub>M</sub> & Mobile So	1998 Ionitoring urces	CI .	
	DATE: 9/30/	78 TIME IN			:45an	
FACILITY NAME: 77	opical Dr	y Clea	ners		-1-44 - 1- 1-1	
FACILITY LOCATION: _5	718 W	Flagle	r St.	TOTAL OF THE TANK IN THE		
Å	liani F	lorida	- 33144			
RESPONSIBLE OFFICIAL :	Julio Gu	ardado	PHONE: (305)	162-00	74	
	·					
PART I: NOTIFICATION					k genera ky mondiky y mokyy mokyy moky moky y moky i Mohin ymondiky y mokyy moky moky moky moky moky i	
(check appropriate box)					continue problems against the continue of the	
	130 days prive to start				a	
•	1. New facility notified DARM 30 days prior to startup					
7 Facility failed to notify DAR						
	M to use general pern	nit				
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box)	N	nit	☐ No notification form ☐ Drop store/out of but			
PART II: CLASSIFICATION Facility indicated on notification	N ion form that it is: rce  U l/yr	2. New small a dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of but area source , x < 140 gal/yr < 200 gal/yr			
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	N  ion form that it is:  rce  l/yr  rce  2,100 gal/yr 00 gal/yr	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of but frea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)			
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is:  ree  l/yr  ree  2,100 gal/yr 00 gal/yr gal/yr )	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of but the a source $0, x < 140 \text{ gal/yr}$ $0 < 200 \text{ gal/yr}$ $0 < 200 \text{ gal/yr}$ for after 12/9/91)  There a source $0, 140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	usiness/pet		
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 to types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	non form that it is:  ree	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or Constructed	Drop store/out of but the source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ for after $= 12/9/91$ )  Area source $= 12/9/91$	usiness/pet		
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91  5. This is a correct facility of the constructed before 12/9/91  If no, please check the constructed before the facility of the constructed before	non form that it is:  rce	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on transfer only, 2 both types, 140 (constructed or TY CN ation:	Drop store/out of but the a source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ for after 12/9/91)  There a source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ for after 12/9/91)  Can not determine	usiness/pet		



# BEST AVAILABLE COPY

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

13.	Has the responsible official of an existing targe or new targe 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?	LIY	ИN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЦΥ	ÜN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ÜN	ÜN/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,	EW	Carl	/"151/4
	Is the perc concentration equal to or less than 100 ppm?			
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?	ĐΥ	אם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	UN	ün/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ÜN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	A ON
2. Maintained rolling monthly total of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	UN DE NO TO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	V
and parts installed w/in 5 days of receipt?	DY DN XXN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DRIVA
5. Maintained exhaust duct monitoring data on perc concentrations?	ANA NO YO
6. Maintained startup/shutdown/malfunction plan?	$\nearrow$ Y $\square$ N
7. Maintained deviation reports?	OY ON XINA.
Problem corrected?	, DY DH <b>X</b> N/A
8. Maintained compliance plan, if applicable?	VAN NO AO

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PART	VI: LEAK DETECTION AND	REPAIRS		
I. Doo	es the responsible official conduct	a weckly (for small source	s, bi-weekly) leak detection a	nd repair
ins	ocction?		_	XY ON
2. Ha	the facility maintained a leak log	?		XV UN
3. Do	es the responsible official check th	e following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	איאים אם אא
	Door gaskets and seating	YY ON ON/A	Stills	XY ON ONA
	Filter gaskets and seating	AND NO YA	Exhaust dampers	XYY ON ONIA
	Pumps	AY ON ON/A	Diverter valves	XV ON ONV
	Solvent tanks and containers	XYY ON ON/A	Cartridge filter housings	A ON ONIV
	Water separators	YY ON ON/A		
4. W	rich method of detection is used b	y the responsible official?	1	<b>.</b> .
	Visual examination (condensed	I solvent on exterior surfac	res)	X
	Physical detection (airflow felt	through gaskets)		$\times$
	Odor (noticeable perc odor)			$\times$
	Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	a l
	Halogen leak detector			, a
	If using direct-reading in	strumentation, is the equi	ipment:	SK!/A
	a. Capable of detection	ng perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON .
	<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	a standard gas prior to and	l after each use	OY ON
	c. Inspected for leaks	s and obvious signs of wea	r on a weekly basis?	OY ON
	d. Kept in a clean an	d secure area when not in t	use?	OY ON
	e. Verified for accur-	acy by use of duplicate san	nples (calorimetric only)?	NC YO

Inspector's Name (Vicase Print)

Inspector's Signature

Approximate Date of

FDEP calendar provided during inspection.

AIRS ID#: 0250891

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tropical	2 Dry	Cleanors	DATE: 9/3D/98
FACILITY LOCATION: 5718	W Flag	der St.	
FACILITY LOCATION: 5718  Miam	i, Fl	33144	
Annual Reporting Period:	9	19 <u>9</u> 7 то	<u> 7' 19 98</u>
Based on each term or condition of the Title	V general air	permit, my facility has remaine	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during	the period covered by this stat	ement YES NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not b	een 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 permi	t that has not	ocen in continuous compliance	during the reporting period stated above:
			nrcriven
Exact period of non-compliance: from		to	RECEIVED
Action(s) taken to achieve compliance:			OCT 2 7 1998
Method used to demonstrate compliance:			Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete	Further, my annual consumpeed 2,100 gallons per year for	ption of perchloroethylene solvent, based
l l	unic (i Masc F	iu.,	Date Date

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

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

# BEST AVAILABLE COPY TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	APLAINT/DISCOVERY [_]	RE-INSPECTION
TIME IN: 10:30 0	en time out: 10:4	5 am AIRS IDH: C	0250891
	Perc Dry Clean	er	
	Tropical Dry (	Pleaners	DATE: 9/30/98
ACILITY LOCATION:		er 8t.	
	Miami, FC 331		
RESPONSIBLE OFFICIAL:		PHONE NUMBER	(305)202-0076
<b>Α</b> Ψ,	of the compliance requirements evalue Rule 62-213.300, Florida Administ		icility is found to be in
•	of the compliance requirements evalu		ollowing compliance
•	QUIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
<del></del>			
			·
	•		
	<del></del>		
		R	ECEIVED
<del></del>		18	
			OCT 27 1998
			Bureau of Air Monitoring
			& Mobile Sources
COMMENTS: Excel	lent record-ke isfactory,	eping. facil	ity tequipmen
sat	isfactory.	, 0	J 75-1-6
0000	(3)		
		· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Cer	tification form has been properly cer	tified and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPEC	TION: 9	79	, ,
		Approximate)	
INSPECTION CONDUCT	ED RY: POOR	2 Triner	
	N. T. DE	(Please Print)	(20-)200 10
INSPECTOR'S SIGNATU	RE- HUDICA /	PHONE NUMB	er: (305)372-69
	Page	of /	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

construction and the construction of the construction of the construction of the construction of the construction and the construction of the co

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DISCOVE	RY 🗆
	RE-INSPECTION	o`		
				N
AIRS ID#: 0 250 891 DA FACILITY NAME: Trop FACILITY LOCATION: EXPENSIBLE OFFICIAL: CONTACT NAME:	ical Dry	Clea	vers &	JUN -
<u> </u>				
PART I: NOTIFICATION				
(check appropriate box)	<del></del>			
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 (check appropriate box)	form that it is:		<ul><li>☐ No notification form</li><li>☐ Drop store/out of busine</li></ul>	ess/netroleum
<b>A</b> .			C Drop store out or busine	.33/ 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)	dry tra bo	y-to-dry only nsfer only, x th types, x <	area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gala (constructed before $12/9/91$ )	0 gal/yr dry al/yr tra 'yr bot	v-to-dry only nsfer only, 2 th types, 140	area source  y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$	•
5. This is a correct facility class	ification	Y ON	☐Can not determine	
	qualified for a general	permit as n	umber above gible for a general permit	
B. The total quantity of perchloroe facility was 40 gallons.	thylene (perc) purcha	sed within t	he preceding 12 months by thi	s dry cleaning

6/1/99 Revoen DG Uli 199 AKMS TYS

1 of 5

Revised 9/15/97

PA	ART III: GENERAL CONTROL REQUIREMENTS	
ı	the responsible official of the dry cleaning facility: heck appropriate boxes)	
1.	Storing perchloroethylene in tightly sealed and impervious containers?	DY DN N/A
2.	Examining the containers for leakage?	DY DN DXWA
3.	Closing and securing machine doors except during loading/unloading?	DA DA
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DIN/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).

	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	XY	ПΝ	□N/A
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY	ПΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<b>Y</b> ′	□N	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ωY	ON	<b>X</b> N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	χίγ	ПN	

B. Tras the responsible official of all existing large of hew 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?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	<b>)</b>
Has the responsible official: (check appropriate boxes)	DY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	<b>Ж</b> , Ои <b>Ж</b> , Ои
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly total of perc consumption?	Y ON ON OY ON MAN/A
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 ON XN/A
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:  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	
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:  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 and parts installed w/in 5 days of receipt?	OY ON XN/A
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:  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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DINA
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:  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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DONA OY ON DONA OY ON DONA
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:  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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY ON DONA OY ON DONA OY ON DONA OY ON

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			YY	ПN
2.	Has the facility maintained a leak log?	,		AA	□и
3.	Does the responsible official check the	e following areas for leaks	5?		
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	ΩY	ON DINIA
	Door gaskets and seating	AND NO YES	Stills	火Y	□N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØΥ	□N □N/A
	Pumps	YOY ON ON/A	Diverter valves	ZYY	□N □N/A
	Solvent tanks and containers	MY ON TIMA	Cartridge filter housings	ÀЛ	□N □N/A
	Water separators	ΦY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es) .	×	
	Physical detection (airflow felt th	nrough gaskets)		×	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	o .	
	Halogen leak detector				
	If using direct-reading instr	rumentation, is the equip	oment:	DEN!A	4
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	ΠY	מם
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	□Y !	מם
	c. Inspected for leaks as	nd obvious signs of wear o	on a weekly basis?	□Y (	ПN
	d. Kept in a clean and s	secure area when not in use	e?	ΟY (	ПИ
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	□Y (	אם

Inspector's Name (Please Print)

Inspector's Signature

5/28/99

Date of Inspection

5/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	•	
· .		
·		
		-
		,

AIRS ID#: 02 50891

Age

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	pical	Dry 1	Pleaner	DATE: <u></u>	5/28/99
FACILITY LOCATION: 57	718 W	Flag	eers St	<u>-</u>	
M,	(an)	FL 3	3149		
Annual Reporting Period:		519_0	<u>й8</u> то		5 1999
Based on each term or condition of the 62-213.300, Florida Administrative Co. If NO, complete the following:				. \-	Rule NO
#1. Term or condition of the general p	ermit that has not	been in continuo	ous compliance during	/ g the reporting period	stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:			to_		
Method used to demonstrate compliance					
#2. Term or condition of the general p	ermit that has not	been in continuo	ous compliance during	g the reporting period	stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					·
Method used to demonstrate compliance	ce:				
As the responsible official, I hereby central made in this notification are true, accurate upon rolling averages of purchase receive year for transfer or combination facility RESPONSIBLE OFFICIAL:	rate and complet eipts, doe <mark>s n</mark> ot exc	e. Further, my ai	nnual consumption of	perchloroethylene so	lvent, based

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

Page of

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:45 TIME OUT: 4:11	D
TYPE OF FACILITY: Perc Dry Cle a	ner
FACILITY NAME: Tropical Dry (1	eaner DATE: 5/28/99
FACILITY LOCATION: 5718 W FLO	gler St
Miani, Fl	33144
RESPONSIBLE OFFICIAL: Julio Guardado	PHONE NUMBER: (305) 262-0076
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluations discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
<del></del> .	
· .	
COMMENTS: FOLI MONARY + FOCI	lity satisfactory.
c quipment, , , acr	Sanstaciony.
	i
The Armyel Correlions Configuration for the Land of the Configuration of	No.
The Annual Compliance Certification form has been properly certif	/ 🗸 🗀
DATE OF NEXT INSPECTION:	oproximate),
INSPECTION CONDUCTED BY:	Griner
	easePrint)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-6 136
Page	of Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0250891 DATE: 3/2  FACILITY NAME:	Dry Cleaners PA W Hayler st. 2 10 PA
RESPONSIBLE OFFICIAL: Ship G	vardado PHONE: 305-80765
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)	
New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum  2. ivew small area source
transfer only, $x < 140$ gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
	· · · · · · · · · · · · · · · · · · ·
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
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 \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)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general content of the second content of the s	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
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 \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)  5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a gal facility exceeds above	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  ANY ON OCAN not determine

### 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 DAWA DY DN DIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? QY UN 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AVARD NO YO 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? MO VIEW 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN 25N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY DN verifying that the coolant had been completely charged?

				<del></del>
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			
ľ	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	$\Box$ Y	ΠИ	
1				
∦2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
Ï	Is the temperature differential equal to or greater than 20° F?	ΠV	ΠИ	□N/A
ļ	13 the temperature differential equal to of greater than 20 1;	<b>.</b>	<b>-</b> 114	CIVA
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?	$\Box$ Y	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ΩИ	□N/A
١.				
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,		<b></b>	G17/.
	or expansion; and downstream from no other inlet?	ЦY	UИ	□N/A
_				
٦.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	~··		
	condenser coils?	ШΥ	UИ	□N/A
			<b></b>	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ЦY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MCD 1450				
2. Maintained rolling monthly total of perc consumption?	ON DAY				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON EMM/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?	A/MED ND YO				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZAN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PM/A				
6. Maintained startup/shutdown/malfunction plan?	DA ON				
7. Maintained deviation reports?	oy on <b>et</b> ñ/a				
Problem corrected?	DY ON TNIA				
8. Maintained compliance plan, if applicable?	OY ON ØŃA				

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ØY ON		
2. Has the facility maintained a leak log?		ØY □N			
3. Does the responsible official check the	following areas for leaks	s?			
Hose connections, fittings, couplings, and valves	ØÁ ON ON/A	Muck cookers	OY ON ØN/A		
Door gaskets and seating	AY ON ON/A	Stills	ZY ON ON/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	BY ON ON/A		
Pumps	ØY □N □N/A	Diverter valves	QA ON ON/Y		
Solvent tanks and containers	MANU NO AK	Cartridge filter housings	ØY □N □N/A		
Water separators	ZAY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	Ø				
Physical detection (airflow felt th	rough gaskets)		gr		
Odor (noticeable perc odor)		•	<b>≥</b> r		
Use of direct-reading instruments	ation (FID/PID/calorimetr	ric tubes)			
- Halogen leak detector		•			
If using direct-reading instr	DAMA				
a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON		
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and s	ecure area when not in us	e?	OY ON		
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
	· · · · · · · · · · · · · · · · · · ·				
Ivan Fann	•	7/31/00			
Inspector's Name (Please Pri	nt)	Date of Inspection			

Approximate Date of Next Inspection

Inspector signature

DDITIONALSITE	INFORMATION:		
	Gari Record K.	ing	
	· ·		

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔼	COMPLAI	INT/DISCOVERY	R!	E-INSPECTION .
TIME IN: /530	TIME OUT:	1600	AIRS	ID#: 025	0891
TYPE OF FACILITY:	Pera dry Cl	) one			
FACILITY NAME:	Tropical Dry	Clean	<u>e</u> -	DATI	E: 7/21/00
FACILITY LOCATION:	5718 W.	Flader	s L		· · · · · · · · · · · · · · · · · · ·
· ·	Miami F	-6	<u> </u>		
RESPONSIBLE OFFICIAL:	Sulio Guarden	do	PHONE N	IUMBER: 30.	5- 262-0076
compliance with DEP Ru Based on the results of the	ne compliance requiremen	Administrative (	Code (F.A.C.).		
discrepancies were noted COMPLIANCE REQU		LEM	FOLLOW-U	P ACTION R	EQUIRED
·					
	,	;	,		**
COMMENTS:	D Housekeep D RecordK	ping			
The Annual Compliance Certifica	ntion form has been prope	erly certified an	d submitted to the	inspector.	YES NO
DATE OF NEXT INSPECTION	<b>4</b> :	3/6 ( (Approxi	mate)	. <u>-</u>	
INSPECTION CONDUCTED E	BY: Iva	ř.	YE <b>¥</b>		· 
INSPECTOR'S SIGNATURE:_	Don Jan		•	UMBER: <u>3</u> 5-	372-6932
	$\nu$	Pageof			Revised 10/96

AIRS ID#: 0250891



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Tropical Dry C	lagner		DAT	E: 3/21/00
FACILITY LOCATION:	5718 W	Flagler	s+.		•
	Mian. F				
					:
Annual Reporting Period:	Misrch	19 <u>99</u>	то	March	10,00
Based on each term or conditio				· <u>-</u> -	
62-213.300, Florida Administra	ative Code (F.A.C.), during the	e period covered	l by this state	ment. TYES	⊔ио
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that has not beer	in continuous	compliance d	uring the reporting pe	riod stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	mpliance:	· · · · · · · · · · · · · · · · · · ·	/_	···········	<del></del>
#2. Term or condition of the g	eneral permit that has not beer	in continuous	compliance d	uring the reporting pe	riod stated above:
	·				· .
Exact period of non-compliance	e: from		to		<u> </u>
Action(s) taken to achieve com	pliance:		4	*	·
Method used to demonstrate co	ompliance:				
As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combinatio	ue, accurate and complete. Fi ase receipts, does not exceed .	urther, my annu	al consumption	on of perchloroethyler	ne solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	<u> </u>	beleo S	Euro Soll  gnature	3.210C

<sup>\*</sup>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



Air Quality
Part III. Notification of Intent to Use General Permit Air Quality
Prior to filling out this form, please read the instructions provided at the end of the form. Send Part III. Notification of Intent to Use General Permit agement Division

completed form to the address listed in the instructions and keep a copy of the form for your files.

r ac	cinty Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or	individual owner):	m	1	~
	₹ 1°	•	<u> </u>	1	T
	Julio Guardado owner		Bureau &	5	
2.	Site Name (For example, plant name or number):		_ <del></del>	র	4
2.	She Name (Por example, plant name of number).		u of Air Monitorin Mobile Sources		
	Tara O Day Claraca		<del>`</del>		2022
	Tropical Dry Cleaner Hazardous Waste Generator Identification Number:		<u> </u>	4 200%	ر ا
3.	Hazardous Waste Generator Identification Number:		<u> </u>	22	~
			쥖럁	5	
	Fld 984241992  Facility Location: 5718 W. Flagler St.  Street Address:		8. <u>Q</u>		<u>.</u>
4.	Facility I ocation:		<del></del>		1
	Street Address: 5118 W. Flagler St.		34		
	C .	77' () 1			
	City: Meams County: FL	Zip Code:	33144		
5	Facility Identification Number (DEP Use ONLY - do not fill in):		4.1		i
	025	0001	10/00/	7	
	$\mathcal{U}$	レンフル	$C \cup C \cup$		
385,327-000		•			9
n.	on anaible Official				
	sponsible Official				٦
	Name and Title of Responsible Official:				
Nai	me: Julio Guardado Title:	Cura a.c			
	JU110 Guardado	owner			
7.	Responsible Official Mailing Address:				Ī
	Organization/Firm:				
	Street Address: Samo.				
		7to Code	•		
	City: County:	Zip Code:			
8.	Responsible Official Telephone Number:				
	Telephone: (305) 262-0076 Fax: (	( ) -			
	1 (0-3)	` , ,			
		-			J
Γα	sility Contact (If different from Decomposible Official)				
	cility Contact (If different from Responsible Official)				1
9.	Name and Title of Facility Contact (For example, plant manager):				
					1
	SAME				
10.	Facility Contact Address:				
	•				
	Street Address:				
		Zin Cada			
	City: County:	Zip Code:			
					4
11.	Facility Contact Telephone Number:				
	Telephone: ( ) - Fax: (	( ) -		•	
		• • •			1

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Facility Information**

H.(a) DRY-TO-DRY M	ACHINES ONL	ΔY	
How many dry-to-dry ma	achines do you ha	ve on-site? [ 1	
For each dry-to-dry macl	nine on-site, pleas	se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/7/96	Existing	ROCA/None required	SAME
	Existing/N	ew RC/CA/None required	·
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		
How many washers do ye	ou have on-site?	[]	
How many dryers/reclair	ners do you have	on-site? []	
unit. If the transfer mach 1993, it is a <b>NEW</b> unit (1993).	ine was purchase no units purchase	d from the manufacturer between l	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	/ W
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
	roethylene (perc)	have you used within the last 12 rd this in)	nonths?
(b) If less than 12 mo	nths, how many?	[] months	
Check why it is le	ss than 12 months	s: New owner: [] Did not kee  New store: [] New machin	
, .		Unopened store [] (date of	•

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification or	
Small Area Source [X_]	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source []	
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED) []	New machines at small area source Refrigerated condenser [ ]
Existing machines at large area source  Carbon adsorber []  Refrigerated condenser []	New machines at large area source  Refrigerated condenser []
5. A facility which contains non-exempt emissions u Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site (	
All steam and hot water generating units exempt No such units on-site	[ <u>X</u> ] OR
How many boilers do you have on-site? [1]	
For each boiler, indicate its horsepower (HP) rating:	[0][1][5]
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation • •
Check all logs which are required to be kept on-site it	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log [X]
(b) Leak detection inspection and repair	[ <u>X</u> ] .
(c) Refrigerated condenser temperature monitoring	[ <b>_X_</b> ]
(d) Carbon adsorber exhaust perc concentration monitorial	itoring []
(e) Startup, shutdown, malfunction plan	$[\overline{x}]$

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### 7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: [X]I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0250891-001 No DEP 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. Print name of responsible official

DEP Form No. 62-213.900(2) Effective: 2/24/99 TRIPICAL CLASSIC 5718 CL FLAGER 33144 ALL DOCUMENTO



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

32315X3070

SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
<ul> <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  C. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID # 0250891 TROPICAL DRY CLEANERS JULIO GUARDADO	
5718-W FLAGLER STREET MIAMI FL 33144	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  F 174 05 2 698	
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M-1789
	A section

# US Postal Service Receipt for Certified Mail AIRS ID # 025089I TROPICAL DRY CLEANERS JULIO GUARDADO 5718 W FLAGLER STREET MIAMI FL 33144 Postage Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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 does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	delpt certain
ADDRESS completed	3. Article Addressed to:  AIRS ID 0250891  JULIO GUARDADO JULIO GUARDADO 5718 W FLAGLER STREET. MIAMI FL 33144	4b. Service ☐ Registere ☐ Express	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	you lot using neturn
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  Xillian Substitute Color	8. Addresse and fee is	pe's Address (Only if requested s paid)  Domestic Return Receipt	Inank
\ <u>~</u>	PS Form 3811, December 1994		Domestic neturn neceipt	

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US Postal Service	
Receipt for Certified Mail	
AIRS ID 02	50001
JULIO GUARDADO	20091
JULIO GUARDADO	
5718 W FLAGLER STREET	
MIAMI FL 33144	
Postage \$	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	ë
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
	$\dashv$
TOTAL Postage & Fees \$	
Postmark or Date	

TOP OF ENVELORE TO THE MICHA	VARIADIAS EDVAG
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> <li>AIRS ID # 0250891</li> <li>TROPICAL DRY: CLEANERS</li> <li>JULIO GUARDADO</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  3 - 8  C. Signature  X  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
5718 W FLAGEER STREET MIAMI FL	3. Sérvice Type
33144	Certified Mail
,	
	4. Restricted Delivery? (Extra Fee) Yes
7001 0320 0001 7976 2074	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

2074	U.S. Postal Service CERTIFIED MAIL REC	CEIPT Coverage Provided)
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7976	Postage \$ Certified Fee	
-7	Return Receipt Fee (Endorsement Required)	Postmark Here
000	Restricted Delivery Fee (Endorsement Required)	
0350	Total Postage AIRS I TROPICAL DRY CLEAN JULIO GUARDADO	H D # 0250891 NERS
<b>├</b> -1	Street, Apt. No. 5718 W FLAGLER STRE	EET
7007	or PO Box No. , MIAMI FL	7
r~	City, State, ZiP: 33144	
	PS Form 3800, January 2001 x 12	See Reverse for Instructions

J

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1,2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0250891001AG	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  S delivery address different from item 1?  If YES, enter delivery address below:
JULIO GUARDADO TROPICAL DRY CLEANERS 5718 W FLAGLER STREET MIAMI FL 33144	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7000 1670 (	0013 3095 3690
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
무	
품	OFFICIAL USE
25	Póstage \$
DE.	Certified Fee
m	Return Receipt Fee (Endorsement Required)
E700	Restricted Delivery Fee (Endorsement Required)
0	Total P
1670	Sent Tc 10 AIRS ID # 0250891001AG ————————————————————————————————————
E	JULIO GUARDADO
7000	Street, TROPICAL DRY CLEANERS 5718 W FLAGLER STREET
	City, St. MIAMI FL
~	33144
1	SPS FormStructions

	U.S. Postal Servi CERTIPIED M (Domestic Mail	AIL RECEIPT	ce Coverage Provided)	
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098				
73	Postage	\$	_	
<u>E</u>	Certified Fee			
20	Return Receipt Fee (Endorsement Required)		Postmark Here	
8	Restricted Delivery Fee (Endorsement Required)			
AIRS ID # 0250891 TROPICAL DRY CLEANERS				
52	Rec JULIO GUARDADO		nailer)	
	5718 W FLAGLER STREET			
00	Strei MIAMI FL 33144			
7000	City,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ĺ,	PS Form 3800, Februa	ary 2000	See Reverse for Instructions	

SEMBER: COMPLETE JUIS SECTION PLACE STICKER AT TOP OF ENVE TO THE RIGHT OF BELLIRA MADES	COMPLETE THIS SECTION ON DELIVERY			
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0250891  TROPICAL DRY CLEANERS JULIO GUARDADO	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  D. Addressee  If YES, enter delivery address below:			
5718 W FLAGLER STREET MIAMI FL 33144	3. Service Type  Certified Mail			
6	4. Restricted Delivery? (Extra Fee) Yes			
74000520 PAGO 9323 NG 88				
PS Porm 3811, July 1999 Dome to Re	turn Receipt 102595-99-M-1789			

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403123

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 # 0250891

TROPICAL DRY CLEANERS JULIO GUARDADO 5718 W FLAGLER STREET MIAMI FL 33144 SO.OO JAN TO DE RECEIVED

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 415127 MAR11 2002

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

# X

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250891
TROPICAL DRY CLEANERS
JULIO GUARDADO
5718 W FLAGLER STREET
MIAMI FL
33144

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 LITIS YOU. AND UST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 # 0250891

TROPICAL DRY CLEANERS JULIO GUARDADO 5718 W FLAGLER STREET MIAMI FL 33144 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: BI Fund: 20-2-035001 Obj.: 002273

RECEIVED MAIL ROOM FEB 21 00



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357540

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 # 0250891

TROPICAL DRY CLEANERS
JULIO GUARDADO
5718 W FLAGLER STREET
MIAMI FL 33144

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Org.: 37550101000 E0 Fund: 20-2-035001

Obj.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302278

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#0250891

JULIO GUARDADO JULIO GUARDADO 5718 W FLAGLER STREET MIAMI FL 33144 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273