

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Abour Siddiq Kara Country Walk Cleaner 13806 Southwest 152 Street Miami, Florida 33177

Re: Facility No.: 0250911

Dear Mr. Kara:

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"

#### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individu	al owner):
COUNTRY WALK DYLCKEAMER FU	
2. Site Name (For example, plant name or number):	
Country WALK Dry ClEANER Ty.  2. Site Name (For example, plant name or number):  1370 Country WAIK Cleanur	<u>`</u>
3. Hazardous Waste Generator Identification Number:	
FLD CESQU	·
4. Facility Location: 13806 SW 152 SF Street Address:	
City: MIAM! County: FL	Zip Code: 33 177
5. Facility Identification Number (DEP Use):	
	025091/
Responsible Official	
6. Name and Title of Responsible Official:	
ABOUR SIDDIQ KARA	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 13806 SW 1528F	
City: MA MA County:	Zip Code: 33177
8. Responsible Official Telephone Number:	
Telephone: $(307) 277 - 3606$ Fax: ( )	-
Facility Contact (If different from Responsible Of	ficial)
9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager):  SIDDIO KAPA  ABOUN KAPA	
10 6 12 0	
Street Address: 13806 SW 152 ST City: MIRMI County: FC	·
City: MIRMI County: FC	Zip Code: 33177
11. Facility Contact Telephone Number:	
Telephone: (?) Strue Fax: ()	•
	RECEIVED

NOV 5 1997

Bureau of Air Monitoring & Mobile Sources

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

	#0250911
p13 6.	add Title of Responsible Official.
7.	Old Organization / Firm name.
4,7,10.	add county.
p14 (c)	Should not be marked Mark out and initial.
P16	Our tille It is a left
	Responsible official sign and date for changes.
11/20/97	Spoke to Abdur Siddig Hara and he stated that he is the president of the corporation.
	the corporation.

devisoss

gone to Mark 1 Min and 1 Min and 2 Min &

§ 1154

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	19-3-94	19-3-94	T					
(2) w/ carbon adsorber									
(3) w/ no controls									_
Washer Unit								1	
(4) w/ ref. condenser								T	
(5) w/ carbon adsorber									
(6) w/ no controls						1			
Dryer Unit						L		1	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	•					•	
(10) w/ ref. condenser									
(11) w/carbon adsorber		r	1						
(12) w/ no controls	-						<b> </b>		
(b) Control devices are (c) No control devices  2.(a) What was the total of	are r	equired to be	installed [_	+	].	n the latest 12	2 mo	nths?	,
(b) If less than 12 mont Check why it is less					_] New/store	e: [] Did	not l	ceep records:	
•									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small ar	ea so	ource []	N	ew sr	nall area sou	rce (	]		
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce [	]		

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4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	$\square$		
New large area source Refrigerated condenser			
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	y that all steam and	d hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by n	atural gas except for period	ls of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt		
Equipm	nent Monitoring a	and Recordkeeping Inforn	nation
Check all logs which are required	to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent p	ourchases		1
(b) Leak detection inspection and	repair		<u>_</u>
(c) Refrigerated condenser temper	rature monitoring		4
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	on plan		4

DEP Form No. 62-213.900(2)

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

Please indicat	e with an "X" the appropriate selection:  I hereby surrender all existing air permits authorizing operation of the
	facility indicated in this notification form; specifically, permit number(s)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date SN-97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

RECEIVED

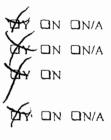
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	o 	COMPLAINT/D	Bureau of	Air Monitoring
AIRS ID#: 2509// D. FACILITY NAME: Coutry FACILITY LOCATION: 138				ΓΙΜΕ OUT: _/	7:15
RESPONSIBLE OFFICIAL: _ CONTACT NAME: Abdur	Abdursidds Siddigkan	e pkara	PHONE: 3	255-3	608
PART I: NOTIFICATION					
(check appropriate box)	O doug prior to starting				
<ol> <li>New facility notified DARM 3</li> <li>Facility failed to notify DARM</li> </ol>					
2. I active failed to notify DAIN	to use general permit				
PART II: CLASSIFICATION	<del></del>				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	e 2. r dr tra bo	ansfer only, x oth types, x <	, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		etroleum
dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	00 gal/yr dr gal/yr tra al/yr bo	y-to-dry only ansfer only, 2 oth types, 140	140 $\le$ x $\le$ 2,100 00 $\le$ x $\le$ 1,800 ga $\le$ x $\le$ 1,800 gal/y or after 12/9/91)	gal/yr l/yr	
5. This is a correct facility cla	ssification	(Y □N	□Can not deter	rmine	
1	ppropriate classification qualified for a genera q exceeds above limits	al permit as nu		above permit	
B. The total quantity of perchlor facility was gallons.	oethylene (perc) purch	pased within th	ne preceding 12 m	onths by this dr	y cleaning

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility:

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?

(check appropriate boxes)

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



DY DN SONA

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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



X ON ON/A

- **1**
- YOU ON ON/A
- DN DN
- OY ON SANIA
- VEY -ON

_		
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?	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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/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?	OY ON ON/A

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

PA	ART VI: LEAK DETECTION AND	REPAIRS		
١.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?		,	DY ( )
2.	Has the facility maintained a leak log?	•		TY DAG
3.	Does the responsible official check the	e following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	OXPON ON/A
	Door gaskets and seating	DAY ON ON/A	Stills	DN DN/A
	Filter gaskets and seating	YOU ON ON/A	Exhaust dampers	DX DN DN/A
	· Pumps	SY ON ON/A	Diverter valves	ON ON/A
	Solvent tanks and containers	MUD NO PA	Cartridge filter housings	YOY ON ON/A
	Water separators	DAY ON ON/A		•
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	<b>X</b>		
	Physical detection (airflow felt t	<b>×</b>		
	Odor (noticeable perc odor)	<b>X</b>		
	Use of direct-reading instrument	tation (FID/PID/calorime	tric tubes)	<u></u>
	Halogen leak detector			
ŀ	If using direct-reading inst	rumentation, is the equi	ipment:	□N/A
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	l after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear	r on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in u	use?	OY ON
	e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	□Y □N

Inspector's Name (Please Print)

M. H. M. M.

Inspector's Signature -

Date of Inspection

Approximate Date of Next Inspection

France P2 Booklest Gave DEP Calendan

INSPECTION SUM	IMARY REPORT BEST AVAILABLE COPY
	PLAINT/DISCOVERY RE-INSPECTION
TIME OUT:	AIRS ID#: 0250911.
TYPE OF FACILITY: DRY TO Dry	
FACILITY NAME: COUNTRY Dry Clane, FACILITY LOCATION: 13806 5W 152.	DATE: 9/28/71
FACILITY LOCATION: 13806 5W 152.	1254
2/4	
responsible official: Abdus, Sdd jyka	PHONE NUMBER: (305) 255-366
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Log for Derc Consumption	Start USIN DEP
Maintain Leak Log IN a Consistent Manner	Start using DFP
IN a Consistent Manner	Calendar
COMMENTS:	
t • .	
The Annual Compliance Configuration for the bound of	
The Annual Compliance Certification form has been properly cert	×
DATE OF NEXT INSPECTION: 9/99	pproximate)
INSPECTION CONDUCTED BY: M. tchell GS	hkind) lease Print)
INSPECTOR'S SIGNATURE: VI MATON O JUMNI	PHONE NUMBER:

Page\_\_\_of\_\_\_.

Revised 10/96

ace

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

AIRS ID#0250911 COUNTRY WALK DRYCLEANER INC ABDUR SIDDIQ KARA 13806 SW 152ND STREET

**MIAMI FL 33177** 

JAN 2 6 1998

& Mobile Sources

	Do <u>NOT</u>	Remove Label	
Annual Reporting Period:	1-17-	_1998 то	19
Based on each term or condition of the 2-213.300, Florida Administrative Co		_	
f NO, complete the following:			
 #1. Term or condition of the general r	ermit that has not been in cor	ntinuous compliance during the re	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance	· · · · · · · · · · · · · · · · · · ·		2 20
Method used to demonstrate complian	ce:		EIVED L R(10) 22 98
#2. Term or condition of the general p	ermit that has not been in cor	ntinuous compliance during the re	
Exact period of non-compliance: from	·	to	
Action(s) taken to achieve compliance		· 	
Method used to demonstrate compliant	ce:		
As the responsible official, I hereby certing the state of the certing of the state of the certing of the state of the certing	ete. Further, my annual consur	nption of perchloroethylene solvent	, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Print)	DUL SIDDIO KARLI Signature	$\frac{A}{Date}$
	,		

11/06/97

<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.

AIRS ID#: 02509[]

ACV Revised 10/10/96

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

FACILITY NAME: COUNTRY Dry CLOUNERS DATE FACILITY LOCATION: 13806 SW 152ndST	TE: 09/18/98
FACILITY LOCATION: 75000 000 7500000	
Annual Reporting Period: 9 19 97 TO	9 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES	DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been in continuous compliance during the reporting properties of the consumption of the general permit that has not been during the consumption of the general permit that has not been during the general permit that has not been during the general permit that has not been during the general permit that the general permit that has not been during the general permit	period stated above:
Action(s) taken to achieve compliance: USE DEP Calendar.	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting p	pariodictated above:
#2. Term of condition of the general permit that has not occur in conditions compilative during the reporting p	carlande Por 1
Exact period of non-compliance: from	and the second
Exact period of non-compliance: from	EIVED
Action(s) taken to achieve compliance: USE DEP Calendar	0 7 1998
Method used to demonstrate compliance:	Z / 1770
	f Air Monitoring bile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	that the statements lene solvent, based

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.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	
FACILITY NAME: Country W	199 TIME IN: 12:10 pm TIME OUT: 12:50 pm Valk Dry Cleaners SW 152 St- FL 33:177 Siddig Karphone: (305)255-3606
PART I: NOTIFICATION	PHONE:
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
	Can not determine cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was	urchased within the preceding 12 months by this dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON	□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?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	חם אם	□N/A
	is the perc concentration equal to or less than 100 ppin:		UIV/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring	٠.	
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN	□N/A
	or expansion, and downstream from no other miet:	<b>.</b>	1,771
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	<sub>₹</sub> □Y □N	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ПУ ПИ	□N/A
<u> </u>	Routed an now to the earton austrion (it used) at an times:	<u> </u>	<b>—</b> 14//1

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

PART VI: LEAK DETECTION AND I	REPAIRS	=	
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	ınd repair
inspection?			XY DN
2. Has the facility maintained a leak log?			, A\A □N
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	OY ON N/A
Door gaskets and seating	XX ON ONIA	Stills	Y ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A
Pumps	XY ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	DA DINIA	Cartridge filter housings	YY ON ON/A
Water separators	XY ON ON/A		•
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed so	olvent on exterior surfaces	· s)	A
Physical detection (airflow felt th	rough gaskets)	•	X
Odor (noticeable perc odor)			X
Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equip	ment:	AN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			מם עם
d. Kent in a clean and se	ecure area when not in use	??	DY DN

Inspector's Signature

3 11 99

Date of Inspection

3/1000

Approximate Date of Next Inspection

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

DY DN

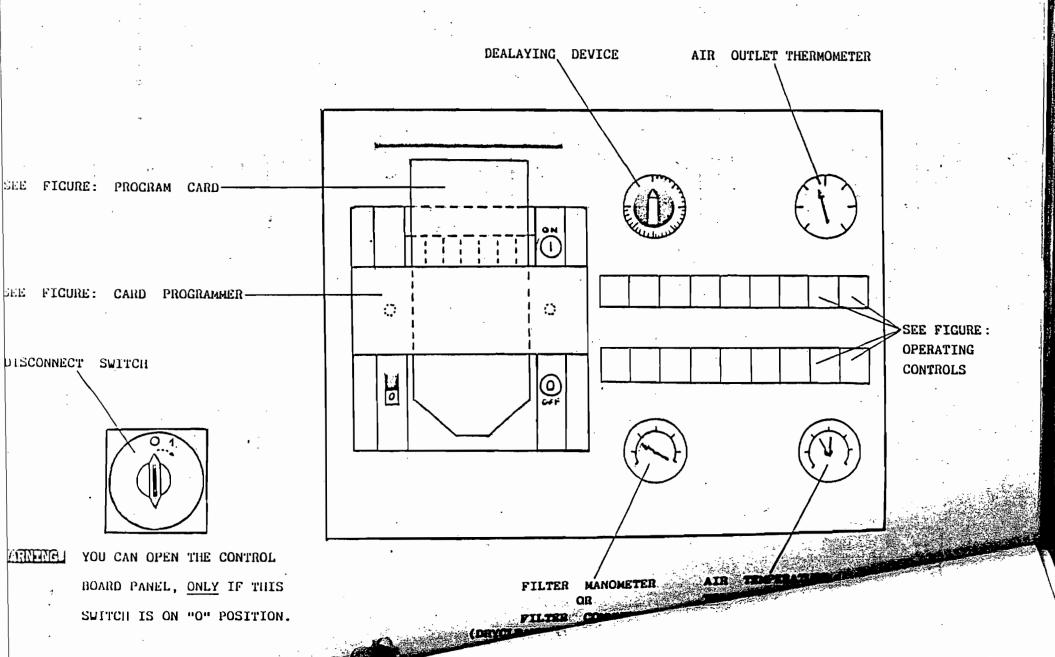
Economatic Machine with Temp. Gauge for Air Outlet on front panel. Machine manual describes it function. AIRS 10# 0250911

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

FACILITY NAME: Country	Walk &	say Cleaners	DATE: 3/11/99
FACILITY LOCATION:	le 810 /	52 St	
	oui Fl	33177	
Mian	$\mathcal{M}, \mathcal{M}$	33111	
Annual Reporting Period:	3	от <u>д Р</u> еј	3 19 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		i	* -
If NO, complete the following:		,	
#1. Term or condition of the general permi	t that has not been in	n continuous compliance during th	e 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	it that has not been in	n continuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u>.</u>
Method used to demonstrate compliance:		esses .	· · · · · · · · · · · · · · · · · · ·
·			
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.	and complete. Furt	her, my annual consumption of pe	rchloroethylene solvent, based
RESPONSIBLE OFFICIAL: MOUNT	L S. KAMA  ame (Please Print)	Mitali	3/11/99
IN a	and (r mast rinn)	Signature	Date

<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.

## CONTROL BOARD



#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCOVER	Y 🗀
	RE-INSPECTION			
AIRS ID#: <u>02509//</u>	PATE: 4/0/00	TIME I	N: 2: SOPM TIME OUT	:3-15pm
FACILITY NAME:	Country C	Oalk	Dry Cleaner	S
FACILITY LOCATION:/	380Ce S	W 15	72 54	
1	liami, F	-L 3	3177	
RESPONSIBLE OFFICIAL	. •			3606
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			$\sim$	٠
			<u> </u>	
(check appropriate box)		•	Jure Ju	M3 -
1. New facility notified DARM 3			RE T	
2. Facility failed to notify DARM	I to use general permit	· ·	O DIE S	
			00 20 15	
PART II: CLASSIFICATION			(0) (a)	
Facility indicated on notification	a form that it is:		☐ No notification form	
(check appropriate box) A.			☐ Drop store/out of business	s/petroleum
1. Existing small area source	e 🗅 2.	New small a	rea source	
dry-to-dry only, x < 140 gal/y			x < 140  gal/yr	
transfer only, x < 200 gal/yr		ansfer only, x	<b>-</b>	
both types, x < 140 gal/yr (constructed before 12/9/91)		oth types, x <	or after 12/9/91)	
(00.00.00.00.00.00.00.00.00.00.00.00.00.	(-	• <del>•</del> •••••	•	-
3. Existing large area source		New large a		
dry-to-dry only, $140 \le x \le 2,1$			$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$			$0.0 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )			≤ x ≤ 1,800 gal/yr or after 12/9/91)	
5. This is a correct facility class	·	Y XIN	☐Can not determine	
If no, please check the ap	onropriate classification	n. / '	,	
	qualified for a genera		mber 4 above	·
	•	•	ible for a general permit	
B. The total quantity of perchlore	oethylene (perc) purch:	ased within th	e preceding 12 months by this	dry cleaning
facility was 40 gallons.	latolos			
	- X 3	) ————		

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser	•		
	inlet and outlet weekly?	ΠY	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩN.	□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?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ΠИ	□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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	\
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly total of perc consumption?	Ø ON
3. Maintained leak detection inspection and repair reports for the following:	<b>\</b> .
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XWA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מואל מם צם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DW/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAC NO YOU
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	AVAX NO YO
Problem corrected?	DY DN XINIA
8. Maintained compliance plan, if applicable?	OY ON DAVIA

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y ON ON/A couplings, and valves Muck cookers □N □N/A Door gaskets and seating AY ON ON/A Stills AND ND YE DY DN DWA Filter gaskets and seating Exhaust dampers AY ON ON/A **Pumps** Diverter valves ANAKO NED YE Solvent tanks and containers AINE NO YE Cartridge filter housings DN DN/A Water separators DAY ON ON/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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

Machine not operating at time of inspection.

Waste not in secondary containment. I explained to the manager what was required of their 145 permit.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF FACILITY:  PECC DAY CLEARLY FACILITY NAME:  COMMENTS:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  COMMENTS:	TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
FACILITY NAME: (Ounty Walk And Cleanell'S DATE: 4/4/00 FACILITY LOCATION: 1380/L SW 153 54  Myarm, FC 33177  RESPONSIBLE OFFICIAL blaw Siddig Lara PHONE NUMBER: (305) 255-3600/Q  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: Need to be more consistant with filling on the logar of the log	TIME IN: 2:50pm TIME OUT: 3:15	0mairs id#: 0250911			
ACCOMMENTS: Need to be more consistant With filling and the logs. White the exact temp. from the gauge that measures the outlet stream of ref. conduiser. Be more consistant with leak inspection. The Annual Compliance Certification form has been properly certified and submitted to the inspector.  (Please Print)  (Please Print)	TYPE OF FACILITY: Verc Dry Clean	ner 11. 1.			
RESPONSIBLE OFFICIAL Abdur Siddigtara PHONE NUMBER: (305) 255-36000  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: Need to be more consistant With filling and the logs. Write the exact temp. From the gauge that measures the outlet stream of ref. condenser. Be more consistant with leak inspection records.  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:  (Please Print)  (Please Print)	FACILITY NAME: Country Walk Dr	y Cleaners DATE: 4/0/00			
RESPONSIBLE OFFICIAL Hoder Siddigkara PHONE NUMBER: (305) 255-36006  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: Need to be more consistant with filling on the logs. Write the exact temp, from the gauge that measures the outlet stream of ref. condenser. Be more consistant with leak inspection records.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  (Please Print)  (Please Print)	FACILITY LOCATION: 1380(1 SW 152	St-			
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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: Need to be more consistant with filling on the logs. Write the exact temp. from the gauge that measures the other stream of ref. Condenser Be more consistant with leak inspection records.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  HO I  (Approximate)  (Please Print)  (2002) 2172 (49316)	· · · · · · · · · · · · · · · · · · ·				
compliance requirement/problem  compliance requirement/problem  compliance requirement/problem  compliance requirement/problem  comsistant with filling out the logs. Write the exact temp, from the gauge that measures the outlet stream of ref. condenser. Be more consistant with leak inspection records.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NOW  Approximate)  INSPECTION CONDUCTED BY  (Please Print)  (2002) 2172 (4931)					
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The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)  (Please Print)  (20-2-272, 1931)	the outlet stream of ref.	condenser. Be more consistan			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)  (Please Print)  (20-) 277 (431)					
DATE OF NEXT INSPECTION:  (Approximate)  (New Print)  (20-) 277 (931)		·			
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1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	INSPECTION CONDUCTED BY 1) COTA (-	Triner			
	INSPECTOR'S SIGNATURE: (Ple	(20-2072 1021			
Page of Revised 10/96	Dana	of Davised 10/04			

AIRS ID#: 025091)



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1 '			
FACILITY NAME: Country Wal		eare FCED	M 100
FACILITY LOCATION: 13800 S	SW 152	St	
Miami,	FL 33177		000
		Air Qualit	V
Annual Reporting Period:	<u> </u>	Management Di	vision 4 2000
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du		· 🚣	ith DEP Rule
If NO, complete the following:		·	
#1. Term or condition of the general permit that has	not been in continuous co	mpliance during the reporting	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u>.</u>		
Method used to demonstrate compliance:		: 	
#2. Term or condition of the general permit that has	not been in continuous co	mpliance during the reporting	g period stated above:
Exact period of non-compliance: from		10	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	•		
As the responsible official, I hereby certify, based on made in this notification are true, accurate and comp upon rolling averages of purchase receipts, does not year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: HIDUR SIDD Name (Pleas	lete. Further, my annual exceed 2,100 gallons per	consumption of perchloroeth	ylene solvent, based
*This form is made available to you as an aid in order	r to meet your annual com	pliance certification requiren	nents. It is at the

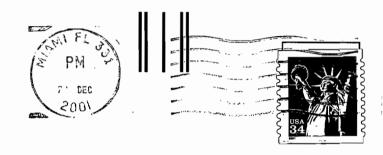
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Mail top two Copies to DERM

Page \_\_\_\_\_ of \_\_\_\_

	U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No In	- RECEIPT surance Coverage Provided)
3430	OFFIC	ALUSE
3095	Postage \$ Certified Fee	o o K
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Al Floring Libert
7000 1670	Sent: 10 AIRS ID ABOUR SIDDIQ KARA Street COUNTRY WALK CLE 13806 SW 152ND STRE MIAMI FL 33177	EANER

SENDER: COMPLETE THIS SECTION  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.  Article Addressed to:  AIRS ID # 0250911001AG ABOUR SIDDIQ KARA COUNTRY WALK CLEANER	A. Received by (Blease Print Clearly)  B. Date of Delivery  C. Signature  X July 12 Agent  Agent  Addressee  D. Is delivery address different from item 17 Yes  If YES, enter delivery address below:
13806 SW 152ND STREET MIAMI FL 33177	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7000 /670 00 PS Form 3811, March 2001 Domestic Retu	
PS Form 3811, March 2001 Domestic Reti	urn Receipt 102595-01-M-1424



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

**EE 0705481585** 

13806 Sw 15281 13806 Sw 15281 111A FL 33177





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

32315X3*9* 

400598

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 # 0250911

COUNTRY WALK CLEANER ABOUR SIDDIQ KARA 13806 SW 152ND STREET MIAMI FL 33177 MAIL R

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1



(cut here)

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

300 631

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#0250911

COUNTRY WALK DRYCLEANER INC ABDUR SIDDIQ KARA 13806 SW 152ND STREET MIAMI FL 33177 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

0389671

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 # 0250911

COUNTRY WALK CLEANER ABOUR SIDDIQ KARA 13806 SW 152ND STREET MIAMI FL 33177 EC | 7 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

0355736

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 # 0250911

COUNTRY WALK CLEANER ABOUR SIDDIQ KARA 13806 SW 152ND STREET MIAMI FL 33177 MAIL ROOM DEC 30 98

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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 # 0250911

COUNTRY WALK CLEANER ABOUR SIDDIQ KARA 13806 SW 152ND STREET MIAMI FL

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Fund: 20-2-035001

Obj.: 002273