

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. Allain Georges D & G Cleaners 850 Ives Dairy Road T-61 North Miami Beach, Florida 33179

Re: Facility No.: 0250915

Dear Mr. Georges:

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

0250915

P16.	Add permit #(s) of permits) to be surrendered. (DEP issued air segmity only) Responsible Official sign and date for charges.
	(DEP issued ceir segmity only)
	Responsible Official sign and
· · · · · · · · · · · · · · · · · · ·	date for charges.
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	DE 6 cleavers
3.	Hazardor Waste Generator Identification Number:
4.	Facility Location: 953 TIME Dayles Red T-61
٠.	Street Address:
	Street Address: City: No. MIAMI BOACH County: DADE Zip Code: 33179
15	Hacility Identification Number (DEP Use): 11 2822 2022 2022 2022 2022 2022 2022 2
財政區	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	
	Organization/Firm: Street Address:
	City: Zip Code: Zip Code:
	Enp code.
8.	Responsible Official Telephone Number:
	Telephone: 907 684 953/ Fax: () -
	<i>W3F 1021</i> .
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manag
	Wicole Domingue, Pres,
10.	Facility Contact Address:
	Same
	Street Address: City: County: Zip Code:
	County. Zip code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
<u></u>	DECEIVED

RECEIVED

NOV 5 1997

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device			Date Machine Initially	Date Control Device
Type of Machine	1D	Purchased	installed	lD	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			<i>a</i> .							_
(1) w/ ref. condenser		MARGT	MARGI							
(2) w/ carbon adsorber										
(3) w/ no controls		ļ]	
Washer Unit										
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls]							
Dryer Unit		-							_	
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit					•					
(10) w/ ref. condenser · ·										
(11) w/carbon adsorber										
(12) w/ no controls										
(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 n quan gall ths, l	required to be tity of perchl ons now many? [e installed [oroethylene	(perc	_].					:[]
3. What is the facility's so (Indicate with an "X". Existing small at Existing large ar	Sele ea se	ct one classif	fication only.	.) lew s	finitions four mall area sou arge area sou	ırce [on ((3) o /]]	f Part II?	

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4. What control technology is require (Indicate with an "X".)	ed on machines p	oursuant to section (5) of F	Part II of this notification form?
Existing large area source			
Carbon adsorber [Refrigerated condenser	
New small area source			
Refrigerated condenser [5
New large area source			
Refrigerated condenser []		
			•
•	•		•
5. A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such unall steam and hot water generating a boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating and No such units on-site	that all steam and nits exist on-site: units on-site (1) in exclusively by no intaining no more units exempt	I hot water generating unit have a total heat input of atural gas except for perio	ts on-site meet the following 10 million BTU/hr or less (298 ads of natural gas curtailment
Equipme	nt Monitoring a	and Recordkeeping Infor	mation
Check all logs which are required to	be kept on-site	in accordance with the rec	quirements of this general permit:
(a) Purchase receipts and solvent pur	ırchases		<u>.</u> .
(b) Leak detection inspection and re	epair		۷
(c) Refrigerated condenser temperate	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration mor	uitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		

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Surrender of Existing Air Permit(s)

<u></u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen	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 atts made in this notification are true, accurate and complete. Further, I agree to operate and
this notij statemen maintain comply v	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that the tts 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.
this notij statemen maintain comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that this 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

J BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 25-0915
TYPE OF FACILITY:	Charles -
FACILITY NAME:	DATE: 2 / 2 GC
FACILITY LOCATION:	77767
\$50 _VES	Mr. y Kar 1-51
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 4 953/
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
11/0 /Enk 109	STINT ON BUILDANNING 109
No 72-109	
No Perc. 109	
·	
COMMENTS: HINOR PHPZYLWORK	- Vislation.
nnual Compliance Certification form has been properly certification.	
OF REAT INSTECTION.	proximaté)
TION CONDUCTED BY: ATT 2 (PI	ease Print
R'S SIGNATURE:	PHONE NUMBER: 2/1911
Page_	_of/ Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	ION D
FACILITY NAME: D & G G FACILITY LOCATION: 8.50 EM	
RESPONSIBLE OFFICIAL: AMAIN	GIEVRES PHONE: 654 9531
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	startup
2. Facility failed to notify DARM to use general	permit 🗅
<u></u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. 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 $12/9/91$)
5. This is a correct facility classification	. ■Y □N □Can not determine
	ification: general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was gallons.	purchased within the preceding 12 months by this dry cleaning



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?	באלאם אם צם
2. Examining the containers for leakage?	חאים אם צם
3. Closing and securing machine doors except during loading/unloading?	ey on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AIV NO YED
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON 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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	NO N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אוחם מם צ⁄ם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	dy on on/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	oy ØN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON TOWA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY ON

B. Has the responsible official of an existing large or new large area source also:	
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?	□У □И
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?	OY ON ON/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) MY DN 1. Maintained receipts for perc purchased? DY DAY 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON WN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON MANA and parts installed w/in 5 days of receipt? DY DN ZNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD AM 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? DY DN CN/A Problem corrected? DY DN DNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETE	ECTION AND REPA	ORS .			
1. Does the responsible of	fficial conduct a weekly	y (for small sources, bi	-weekly) leak detection an	d repa	ir
inspection?	•			T Y	ПИ
2. Has the facility mainta	ined a leak log?			ΠY	on I
3. Does the responsible official check the following areas for leaks?					
Hose connections couplings, and	,	□n □n/a	Muck cookers	ΩY	ON CON/A
Door gaskets and	seating \square_Y	□N □N/A	Stills	a Y	DN □N/A
Filter gaskets and	d seating	□N □N/A	Exhaust dampers	ODE	□N □N/A
Pumps	d Y	□N □N/A	Diverter valves	œ √ Y	DN □N/A
Solvent tanks and	d containers dy	ON ON/A	Cartridge filter housings	Y	□N □N/A
Water separators	ZY	ON ON/A			
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				Image: section of the	l
Physical detectio	Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				₫	
Use of direct-rea	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					A
a. Capa	able of detecting perc v	apor concentrations in	a range of 0-500 ppm?	ΠY	DИ
	orated against a standa //FID only)?	rd gas prior to and afte	er each use	ΩΥ	ПИ
c. Inspe	ected for leaks and obv	ious signs of wear on a	a weekly basis?	ΠY	□N
d. Kept	in a clean and secure	area when not in use?		ΩY	ПN
e. Veri:	fied for accuracy by use	e of duplicate samples	(calorimetric only)?	ΟΥ	ПИ

Inspector's Name (Please Print)

3~18-98

Date of Inspection

Inspector's Signature

MANCH (999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	 		
			•
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			•
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			•
	•		
			·
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·			
1			

AIRS 10#: 0250915

Rev J

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: D & 67 C/RANGERS DATE: 3-18-98
FACILITY LOCATION: 850 TWS DAIRY Kel 7-61
M. MIAMI BERCH
<u> </u>
Annual Reporting Period: 11-5 1997 TO 3-13 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No LEAK 109, Temp 109, Penc. 109. Exact period of non-compliance: from 11-5-97 to 3-18-98
Exact period of non-compliance: from $11-5-97$ to $3-18-98$
Action(s) taken to achieve compliance: STANT MANTHINING LOGS & RECEI
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:
RECEIVED
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: X AIN GEOBGES TIME (Please Print) Signature Date
Name (Please Print) Signature Date

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	.	COMPLAIN'	T/DISCOVER	Υ	<u> </u>
AIRS ID#: <u>0250915</u> DA	re: 5/14/	99 TIME	IN: 1245	TIME OU	T: 100 P	W
FACILITY NAME:	> 4 A	Clean	iers			
FACILITY LOCATION: 8	50 =	I ves	Di	iny b	٤٦.	1-61
	0				0 ~~ .	
RESPONSIBLE OFFICIAL : 人	Min to	estes	_ PHONE:	654-	- 0	31
CONTACT NAME:			_ PHONE:	CITY OF		
				S. P.	17	
PART I: NOTIFICATION				Solo	40	0
(check appropriate box)			,	70 10 10 10 10 10 10 10 10 10 10 10 10 10		<u> </u>
		•		0.	Ž.	_
1. New facility notified DARM 30	days prior to star	rtup			u -	
 New facility notified DARM 30 Facility failed to notify DARM t 	•	-		· · · · · · · · · · · · · · · · · · ·		
-	o use general per	-	□ No notific	cation form		_
PART II: CLASSIFICATION Facility indicated on notification is (check appropriate box)	o use general per	-		cation form e/out of busine	ess/petro	
PART II: CLASSIFICATION Facility indicated on notification is (check appropriate box)	o use general per	2. New small dry-to-dry only transfer only, sooth types, x	Drop store area source y, $x < 140$ gal/yr x < 200 gal/yr	e/out of busine	ess/petro	0
2. Facility failed to notify DARM to PART II: CLASSIFICATION Facility indicated on notification of (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	o use general per form that it is:	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	□ Drop store area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/9	e/out of busine (1) 00 gal/yr gal/yr	ess/petro	
PART II: CLASSIFICATION Facility indicated on notification of (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/both types, 140 ≤ x ≤ 1,800 gal/	o use general per form that it is:	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	area source y, $x < 140$ gal/yr x < 200 gal/yr x < 140 gal/yr or after 12/9/9 area source y, $140 \le x \le 2,12$ $200 \le x \le 1,800$ $0 \le x \le 1,800$ ga	e/out of busine (1) 00 gal/yr gal/yr al/yr	ess/petro	
PART II: CLASSIFICATION Facility indicated on notification of (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/ (constructed before 12/9/91) 5. This is a correct facility classing the source of	o use general per form that it is:	2. New small dry-to-dry only transfer only, sooth types, x < (constructed of transfer only, both types, 14 (constructed of the types, 14)	area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/9 area source y, $140 \le x \le 2,1$ $200 \le x \le 1,800$ $0 \le x \le 1,800$ ga on or after 12/9/9	e/out of busine (1) 00 gal/yr gal/yr al/yr	ess/petro	
PART II: CLASSIFICATION Facility indicated on notification of (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/ (constructed before 12/9/91) 5. This is a correct facility classing large check the approximation of the constructed before 12/9/91)	o use general per form that it is:	2. New small dry-to-dry only transfer only, sooth types, x < (constructed of transfer only, both types, 14 (constructed of the types, 14)	area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/9 area source y, $140 \le x \le 2,1$ $200 \le x \le 1,800$ $0 \le x \le 1,800$ ga on or after 12/9/9	e/out of busine (1) 00 gal/yr gal/yr al/yr (1) etermine	ess/petro	0

£. 10 06/02/99 WO LATINA

PART III: GENERAL CONTROL REQUIREMENTS is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/ 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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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 refrige (complete A and B below).	rated condenser
	Has the responsible official of all new sources and existing large area sources: eck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	ON ON
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?	ON ON/A
[A	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located
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?	QY QN QN/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,	on,
or expansion; and downstream from no other inlet?	QY QN QN/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	
Has the responsible official: (check appropriate boxes)	
1) Maintained receipts for perc purchased?	OY ZN
2.) Maintained rolling monthly total of perc consumption?	DY DAN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON OM/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DWA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	אאס אס צם
6. Maintained startup/shutdown/malfunction plan?	MO- AM
7. Maintained deviation reports?	DY DN QN/A
Problem corrected?	OY ON ENVA
8. Maintained compliance plan, if applicable?	DY DN MN/A

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			AN ON		
2. Has the facility maintained a leak log	?		DA QN		
3. Does the responsible official check th	e following areas for leaks	5?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON OX/A		
Door gaskets and seating	DY ON ON/A	Stills	AVO NO YO		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	AND NO YOU		
Pumps	MY ON ON/A	Diverter valves	AND NO YES		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfac	es)			
Physical detection (airflow felt	through gaskets)	,			
Odor (noticeable perc odor)			Ø.		
Use of direct-reading instrumer	tation (FID/PID/calorimet	tric tubes)	0		
Halogen leak detector					
If using direct-reading ins	trumentation, is the equi	pment:	N/A		
a. Capable of detection	g perc vapor concentration	ns in a range of 0-500 ppm?	OY OÑ		
b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	'סץ סא		
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 u	se?	אם אם		
e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	, אם אם		

. 1

5/14/99 Date of Inspection

5/2000 .
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
i	·	
·		
	•	
	·	
·		
8.		
		•

		IMARY REPORT	
TYPE OF INSPECTION: ANNUAL		PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:TIME (
TYPE OF FACILITY:			
FACILITY NAME:			DATE:
FACILITY LOCATION:			
RESPONSIBLE OFFICIAL:		•	
Based on the results of the compliance a compliance with DEP Rule 62-213.300	•	•	lity is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evalua	ated during this inspection, the foll	owing compliance
COMPLIANCE REQUIREMENT	PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	,		
			-
COMMENTS:			· · · · ·
The Annual Compliance Certification form has	been properly certi	fied and submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION:	(A	pproximate)	
NSPECTION CONDUCTED BY:	•	Please Print)	
NSPECTOR'S SIGNATURE:		PHONE NUMBEI	₹:

Page___of___.

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1245 PM TIME OUT: 100 PM	AIRSID#: OZSO 905
TYPE OF FACILITY: Perc Dm	Clemes
FACILITY NAME: D& C GALLE	DATE: 5/17/99
FACILITY LOCATION: 850 JUES	Doing Rd.
RESPONSIBLE OFFICIAL: Allin George	PHONE NUMBER: 659 - 9531
Based on the results of the compliance requirements evaluate	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
R.O. neither maintain	R.o. needs to mandain +
up date leak log + recrepts	
of teg purchased	Perc Purchased
update Consumption log + bg of	update consumption to + 1-45
temperature months	of temperature months
•	
•	
	·
· ·	
	• • •
COMMENTS:	
Plecond Keeping violets.	> ~
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/20.	9 0
(Ap	proximate)
INSPECTION CONDUCTED BY:	Syart
$\mathcal{L}_{\mathcal{L}}$	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6922
Page 🖠	of 1. Revised 10/96

ACO

AIRS ID#: 0250915

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DEC	Cleane S	DATE:	5/17/99
	es Basing	<u> </u>	
FACILITY LOCATION:	25 3 1100 9	+Ca, 1	
	<u> </u>		· .
Annual Reporting Period:	19 <u>98</u> TO	May	19 <i>99</i>
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during t			Ruje ZNO
If NO, complete the following:			
#1. Term or condition of the general permit that has not be			
Exact period of non-compliance: from	98 to	May &	7
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	records		·
Method used to demonstrate compliance:	DEP (Talendars	·
#2. Term or condition of the general permit that has not be	en in continuous compliance	during the reporting period	stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	·
Method used to demonstrate compliance:			 .
As the responsible official, I hereby certify, based on inform made in this notification are true, accurate and complete. I upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print	Further, my annual consumple 12,100 gallons per year for a	ion of perchloroethylene soi	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY
	RE-INSPECTION	,	Ви	
AIRS ID#: 02509/5	DATE: 4/4/00	TIME IN:	: <u>/050</u> % rin	16 TUT: 0/30
FACILITY NAME:	D&G CLE	angrs	Air i	,
FACILITY LOCATION:	850 Ive	s Darry	Rd. our	
·	D. Mia.	mi, FL	es (Oring)	
RESPONSIBLE OFFICIAL	: Alain Ge	orses]	PHONE: 305 - 6	654-9531
CONTACT NAME:		1	PHONE:	
PART I: NOTIFICATION	<u> </u>	*	·	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)				:
1. New facility notified DARA	M 30 days prior to starti	up		<u> </u>
2. Facility failed to notify DA	RM to use general pern	nit		
PART II: CLASSIFICATIO	N			
Facility indicated on notifical	tion form that it is:	• .	☐ No notification fo	эгт
	tion for the that it is.		- No hourication to	
(check appropriate box)	don to the that it is.		☐ Drop store/out of	
(check appropriate box) A.		1	□ Drop store/out of	business/petroleum
(check appropriate box) A. 1. Existing small area sou	urce 🗓	2. ivew small are	□ Drop store/out of a source	
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	ırce 🗆 I/yr r	2. Ivew small are dry-to-dry only, x transfer only, x < 2	□ Drop store/out of a source < 140 gal/yr 200 gal/yr	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	irce 🗆 I/yr r	2. Evew small are dry-to-dry only, x transfer only, $x < 2$ both types, $x < 14$	□ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	irce 🗆 I/yr r	2. Ivew small are dry-to-dry only, x transfer only, x < 2	□ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	irce 🗆 l/yr r	2. Evew small are dry-to-dry only, x transfer only, $x < 2$ both types, $x < 14$	□ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 both types, x < 14 (constructed on or 4. New large are: dry-to-dry only, 14	☐ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 ≤ x ≤ 2,100 gal/yr	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,8	rce	2. Evew small are dry-to-dry only, x transfer only, x < 14 to types, x < 14 (constructed on or 4. New large are dry-to-dry only, 14 transfer only, 200	☐ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 both types, x < 14 (constructed on or 4. New large are: dry-to-dry only, 14	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after $12/9/91$) a source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or dry-to-dry only, 14 transfer only, 200 both types, 140 ≤ 1	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after $12/9/91$) a source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or dry-to-dry only, 14 transfer only, 200 both types, 140 < 14 (constructed on or dry-to-dry only, 14 (constructed on or dry-to-dry only, 14 (constructed on or dry-y and dry-to-dry only, 140 < 14 (constructed on or dry-y and dry-y	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr after 12/9/91)	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 galyr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the property of the	rce	2. ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or 4. New large are: dry-to-dry only, 14 transfer only, 200 both types, 140 < 15 (constructed on or	□ Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determine	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of fac	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or 4. New large areadry-to-dry only, 14 transfer only, 200 both types, 140 < 2 (constructed on or Type only, 140 ion:	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determine	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of fac	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or 4. New large are dry-to-dry only, 14 transfer only, 200 both types, 140 < 12 (constructed on or \forall Y \text{DN} \text{ion:} ion: tral permit as numbers and is not eligible.	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr x \le 1,800 gal/yr after 12/9/91) Can not determine per above the for a general permit	business/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facil facil facil. B. The total quantity of perchl	rce	2. Ivew small are dry-to-dry only, x transfer only, x < 14 (constructed on or 4. New large are dry-to-dry only, 14 transfer only, 200 both types, 140 < 12 (constructed on or \forall Y \text{DN} \text{ion:} ion: tral permit as numbers and is not eligible.	Drop store/out of a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr x \le 1,800 gal/yr after 12/9/91) Can not determine per above the for a general permit	business/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ZÍNA
2. Examining the containers for leakage?	□Y □N ØN/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ØN/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 refrige (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	ØY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ZÍY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y Ø N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ØN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ØN

				,
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?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĮΩΥ	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Πи	□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?	ΟY	ПN	DN/A
	Is the perc concentration equal to or less than 100 ppm?	· □Y	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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩИ	□N/A
			,,,,,	
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official:			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y ØN
2. Maintained rolling monthly total of perc consumption?	OY ZW
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON OTN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	OY ON ZIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZIN/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ZINA
Problem corrected?	OY ON SN/A
8. Maintained compliance plan, if applicable?	OY ON ZINA

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	and repair		
inspection?			ØY ON		
2. Has the facility maintained a leak log?			OY ØN		
3. Does the responsible official check the	following areas for leak	s?			
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON ØN/A		
Door gaskets and seating	ØY ON ON/A	Stills	או מש אים אים		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	AA ON ONV		
Pumps	DY ON ON/A	Diverter valves	DA DU DINA		
Solvent tanks and containers	DA DINIA	Cartridge filter housings	DA ON ONIA		
Water separators	AND NO YA				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed so	olvent on exterior surfac	es)	Ø		
Physical detection (airflow felt th	rough gaskets)		ø		
Odor (noticeable perc odor)	, p				
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instr	ØN/A				
a. Capable of detecting	OY ON				
_	b. Calibrated against a standard gas prior to and after each use				
(PID/FID only)?			OY ON		
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and se	cure area when not in us	se?	אם עם		
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
Ivan Fann		4/4/0	υ		
Inspector's Name (Please Prin	t)	Date of Inspection			
Draw lan		4/01			
Inspector's Signature		Approximate Date of N	Jest Inspection		

No temp. log
lack log
rolling log
perc receipts

Provided another called,
explained rolling log to R.O.

Machine not in use during magnetion

5/00 - per recepts received - maintaining records

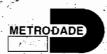
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /050TIME OUT: //3	30 AIRS ID#: 0250915
TYPE OF FACILITY: Perc Dry Clear	ner
FACILITY NAME: B& G Cleaners	DATE: 4/4/00
FACILITY LOCATION: 850 Ives Daw	ry Rd.
D. Mann, FL	
RESPONSIBLE OFFICIAL: Alain Garges	PHONE NUMBER: 305 - 654- 9531
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
temp. log, or rolling log or	Bejin record Keeping
perc purchases	Maintain receipts of
Not maintaining all recorpts of perc purchases	Maintain receipts of perc purchases on eite
COMMENTS:	
The Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/01	<u> </u>
INSPECTION CONDUCTED BY: Twan Fan	proximate) ~ - ~ ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305- 372-6936

Page___of___.

Revised 10/96

METROPOLITAN DADE COUNTY, FLORIDA



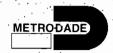


NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540

	(305) 372-6789
TO: Alain Georges	
ADDRESS: 850 Ives Daing Rd.	Williami, FC
SOURCE/LOCATION: D & G Clemens	
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit Ex	cessive Visible Emissions
Uncontrolled fugitive particulates Im	proper handling/removal of asbestos
Non-compliance with No Stage II Vapor Recovery	n-compliance with CFC regulations
	THER
Specifically: Not in compliance with Pornit Part II (6/2)(1): Facility of perc purclases for 5 years	Title V General Air
Parnit Part II (6/2)(1): Facility	must maintain receasts
of perc purchases for 5 year	- minjuum.
In view of the above, and pursuant to the authority gran Metropolitan Dade County Environmental Protection Ordinar	ted to me by Sections 24-54 and 24-5(15)a,
Cease and Desist the above-referenced vio	
you have taken to ensure that no further evidence of equipment repairs, adjustments	E, submit to this office in writing the steps which violations will occur. Said report may include, or servicing performed to correct the violation.
	E, contact the Air Section of this Department at
 Within days of receipt of this NOTIC discuss other Departmental permitting requi 	CE, contact Plan Review Section at 375-3330 to irements.
Failure to comply with the above or continued operation in enforcement and penalty provisions of Sections 24-55 and 2	
For further information regarding the above, please contact t	he Air Section of this office at 372-6925.
Main Goog Ges Si	ncerely,
flans (eve) Jo	hn W. Renfrow, P.E. rector
Received by:	Ivan tannin
Title: //ce Tres, Si	gnature: Draw Zannin

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

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

TO: Alain Georges	
ADDRESS: 850 Ives Dainy Rd. D. Miami Fl	-
SOURCE/LOCATION: D & Cloanes	<u>.</u>
YOU ARE HEREBY NOTIFIED that on the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.	
Operating without an Air Permit Excessive Visible Emissions	
Uncontrolled fugitive particulates Improper handling/removal of asbestos	• • •
Non-compliance with Non-compliance with CFC regulations	
Stage II Vapor Recovery OTHER	
	٠
Specifically: Not in compliance with Title I General Air Point for	12
Specifically: Not in compliance with Title I General Air Point Por (5)(6)(1)(d): Temperature Monitoring, Part II (6)(b): Rolling monthly (1) porc purchases, Part II (7)(a) Leak inspection log; Recordkeeping Re	ه.ن ۱
porc purchases, Part II (2)(a) Leak inspection log; Recordkeeping Re	J
In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:	
Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).	
Within 30 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.	
☐ Within days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.	
☐ Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.	
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.	
For further information regarding the above, please contact the Air Section of this office at 372-6925.	
Sincerely,	· ·
Main 6coa6cs John W. Renfrow, P.E. Director	ķ
Received by Alaus food By: Ivan Fannin	
Title: Vice Tres Signature: Signature:	
Date: 4-4 00 Section: Air tacities	

AIRS ID#: 0250915

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: D & G Cleaners DATE: 4/4/00
FACILITY LOCATION: \$50 Ives Dairy Rd.
N. Miam, FL
Annual Reporting Period: 19 99 TO April 19 99 TO
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
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:
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Exact period of non-compliance: from April 99 to April 60
Action(s) taken to achieve compliance: Begin record & eaping
Method used to demonstrate compliance: PAFP Calcular provided
#2 Town or and the second magnitude has been able to read the second sec
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Not mentaining recepts of perc purchases
Exact period of non-compliance: from April 99 to April 00
Action(s) taken to achieve compliance: Kaap receipt mit for five your
Method used to-demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: The transfer or combination facilities The transfer or combination
Name (Please Print) Signature Date

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



THIS PORTION MUST 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

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AIRS ID # 0250915

D & G CLEANERS ALLAIN GEORGES 850 IVES DAIRY ROAD T-61 NORTH MIAMI BEACH FL 33179

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
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, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
200	TOTAL Postage & Fees	\$
rs rom 3800, April 1995	Postmark or Date	

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
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Receipt for Certified Mail No Insurance Coverage Provided.
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Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, \$ TOTAL Postage & Fees Postmark or Date S

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 spa permit. Write "Return Receipt Requested" on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered at delivered.	1. Addressee's Address	eipt Service.
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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250915

D & G CLEANERS ALLAIN GEORGES 850 IVES DAIRY ROAD T-61 NORTH MIAMI BEACH FL 33179

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0250915

D & G CLEANERS
ALLAIN GEORGES
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH FL 33179

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	Certified Fee	
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800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

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 # 0250915 2. & G CLEANERS ALLAIN GEORGES 3.50 IVES DAIRY ROAD T-61	A. Received by (Please Print Clearly) B. Date of Delivery 2/12/4 C. Signature X
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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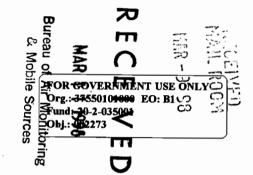
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

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RECEIVED TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0250915

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D & G CLEANERS
ALLAIN GEORGES
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH FL 33179

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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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ALLAIN GEORGES D & G CLEANERS 850 IVES DAIRY ROAD T-61 NORTH MIAMI BEACH FL 33179	3. Service Type Certified Mail
2. Article Number (Transfer from service label) 7000 1670	0013 3095 3614
0011	eturn Receipt 102595-01-M-1424

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 112 # 0250915 D & G CLEANERS

ALLAIN GEORGES 850 IVES DAIRY ROAD T-61 NORTH MIAMI BEACH FL

33179

FOR GOVERNMENT USE ONLY

415730 APR 8 2002

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

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