

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1997

Mr. Lourdes B. Sanchez Society Cleaners 3912 Southwest Eighth Street Coral Gables, Florida 33134

Re: Facility No.: 0250920

Dear Mr. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 14, 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,

 \sim 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

Air Quality

١.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Management Divis
	S'CORPORATION
2.	Site Name (For example, plant name or number):
	"SOCIETY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD-063624134
4.	Facility Location: 3912 S. W. STI STREET Street Address:
	City: CORAL GABLES County: DADE Zip Code: 33134
5.	Facility Identification Number (DEP Use):
	16 16 16 16 16 16 16 16 16 16 16 16 16 1
	Responsible Official
6.	Name and Title of Responsible Official:
	LOURDES B. SANCHEZ - PRESIDENT
7.	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:
7.	Responsible Official Mailing Address: Organization/Firm:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABOVE County: Zip Code: Responsible Official Telephone Number:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAUE AS ABOVE County: Zip Code:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABOVE County: Zip Code: Responsible Official Telephone Number:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABOVE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043A
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAUE AS ABOVE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043 A Facility Contact (If different from Responsible Official)
9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAUE AS ABOVE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043 A Facility Contact (If different from Responsible Official)
9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABONE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043A Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABOVE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043A Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME AS ABONE County: Zip Code: Responsible Official Telephone Number: Telephone: (305) AAA - 6611 Fax: (305) A45 - 043A Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:

RECEIVED

NOV 1 4 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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-9
Dry-to-Dry Unit									•
(1) w/ ref. condenser	1	18-FEB-8	18-FEB89	1		· .			
(2) w/ carbon adsorber									1
(3) w/ no controls									
Washer Unit		•	· • • • • • • • • • • • • • • • • • • •		•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		11,44				•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber					~				
(9) w/ no controls								-	1
Reclaimer Unit		1411		·		•			
(10) w/ ref. condenser							<u> </u>		
(11) w/carbon adsorber									-
(12) w/ no controls									<u> </u>
(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 raquant	equired to be ity of perchlons ow many? [e installed [_ oroethylene ((perc)	_].) purchased in				: []
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec ea so	et one classif	ication only.) ew sr	initions foun nall area sou rge area sour	rce [J	Part II?	
= 5 8							_		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Pa (Indicate with an "X".)	art II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 10 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	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 purchases	X
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	以

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

Surrender of Existing Air Permit(s)

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

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

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250920

S' CORPORATION LOURDEES B SANCHEZ 3912 SW 8TH STREET CORAL SPRINGS FL 33134 Bureau of Air Monitori & Mobile Sources

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					ノニ	
·	r	Oo <u>NOT</u> Remove	Label		UQ	
Annual Reporting Period:	ARY-15T	19	то	DECEMBER	2319	19
Based on each term or condition of the	•			. 4.	,	
62-213.300, Florida Administrative C	ode (F.A.C.), during the	e period covered	by this	statement. YF	ES '	∟ NO
If NO, complete the following:						
#1. Term or condition of the general p	permit that has not beer	in continuous c	complia	nce during the repor	rting perio	d stated above:
Exact period of non-compliance: from	1			_ to		
Action(s) taken to achieve compliance	:	· ·				
Method used to demonstrate complian	ce:					
#2. Term or condition of the general p	permit that has not beer	in continuous c	complia	nce during the repor	rting perio	d stated above:
Exact period of non-compliance: from	1			to		
Action(s) taken to achieve compliance	:	· 				
Method used to demonstrate complian	ce: <u>·</u>					
As the responsible official, I hereby certinotification are true, accurate and computes not exceed 2,100 gallons per year fo	lete. Further, my annual	consumption of	perchlor	roethylene solvent, ba	sed upon p	urchase receipts,
RESPONSIBLE OFFICIAL:	URDES B. SANCH	HF2 5	Je s	ndh) zezr	hay -	1-22-98
	Name (Please Print)			Signature		Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	SPECTION (CHECKLIST		
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DI	SCOVERY	
	RE-INSPECTION	ر ا ا		JOO . BICT	
	KE-INSPECTION	, ,			
AIRS ID#: 250920	0 7/-0	98	1530	IME OUR	1600
			IN: // // 1	IME OUT: _	7600
facility name:	CLETY CLEANE	TRS		7	
FACILITY LOCATION: _	3912 SW 8 S	57			<u>`</u>
	miaini, 331	34	Sur.	ું જેંદ્રું '	1
RESPONSIBLE OFFICIAL			PHONE: 3054	2944-1A	6/1/8
		(0 -		01/201/20	0
CONTACT NAME:	***		PHONE:	- MOUNTING	<u> </u>
<u></u>			 -	<u> </u>	2,
PART I: NOTIFICATION			,		
(check appropriate box)				- 1	
1. New facility notified DAR	M 30 days prior to star	tup			
2. Facility failed to notify DA	RM to use general per	nit			
PART II: CLASSIFICATION	NC				
Facility indicated on notifica	ation form that it is:		☐ No notificatio		
(check appropriate box) A.	,		☐ Drop store/ou	t of business/	petroleum
1. Existing small area so	urce 🗷	2. New smal	l area source		
dry-to-dry only, x < 140 g	al/yr		ly, $x < 140 \text{ gal/yr}$		
transfer only, x < 200 gal/ both types, x < 140 gal/yr		transfer only, both types, x	x < 200 gal/yr		
(constructed before 12/9/9			on or after 12/9/91)		
3. Existing large area so	urce 🔘	4. New large	e area source	D	
dry-to-dry only, $140 \le x \le$	€2,100 gal/yr	dry-to-dry or	aly, $140 \le x \le 2,100 \text{ g}$	al/yr	
transfer only, $200 \le x \le 1$,			$200 \le x \le 1,800 \text{ gal/}$		
both types, $140 \le x \le 1.80$ (constructed before 12/9/9			$40 \le x \le 1,800 \text{ gal/yr}$ on or after 12/9/91)		
	,		, , , ,		

If no, please check the appropriate classification:

facility qualified for a general permit as number ______ above
facility exceeds above limits and is not eligible for a general permit

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

ΩN

5. This is a correct facility classification



□Can not determine

Revised 9/15/97



PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN CYNA				
2. Examining the containers for leakage?	DY DN CN/A				
3. Closing and securing machine doors except during loading/unloading?	AY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part Il-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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	*				
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:				
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	YANO NO YOU				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ראם אם א				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DYCON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	·. DY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after					

۴.

b. This the responsible official of an existing large of 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? 1s 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?	ר/אם אם אם
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?	□Y □N □N/A
D. DELL. DECODENCE PROVIDENCE	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, l
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	DY GN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON WAYA
 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 BNIA
4. Maintained calibration data? (for applicable direct reading instruments)	בואם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN WN/A
6. Maintained startup/shutdown/malfunction plan?	/
or anomalies standards and the plant	MO AM
7. Maintained deviation reports?	DY ON ONIA

8. Maintained compliance plan, if applicable?

OY ON WNIA

PART VI: LEAK DETECTI	ON AND REPAIR	RS			
1. Does the responsible officia	l conduct a weekly	(for small sources,	bi-weekly) leak detection an	d regai	r
inspection?				ØΥ	DN
2. Has the facility maintained	a leak log?			ΟY	ØN
3. Does the responsible officia	I check the follow	ing areas for leaks?			1
Hose connections, fitt couplings, and valve		□N □N/A	Muck cookers	dy o	ב/אם אב
Door gaskets and seat	ing CY	□N □N/A	Stills	ØY (A/ND NC
Filter gaskets and sea	ting 🗹 Y	ON ON/A	Exhaust dampers		AND NC
Pumps		ON ON/A	Diverter valves	GY (AINO NC
Solvent tanks and cor	ntainers DY	ON ON/A	Cartridge filter housings	CY I	AND NC
Water separators	ZY	□N □N/A			
4. Which method of detection	is used by the res	ponsible 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 detecto	or			\mathbf{a}	
If using direct-r	eading instrumen	tation, is the equip	ment:	□N/	Α
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					NO
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΟY	ΩN
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ÜN
d. Kept in a clean and secure area when not in use?					ON
e. Verified	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
L					

M. ENRIQUE FLORES	8-21-90
Inspector's Name (Please Print)	Date of Inspection
monique Hores	8/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- # POLLUTION PREVENTION BOOKLET AND INSPECTION CAVENDAR ISSUED TO RESPONSIBLE OFFICIAL
- * INSTRUCTIONS ON HOW TO FILL OUT INSPECTION CALENDAR WERE GIVEN TO OWNER'S REPRESENTATIVE (HIS NAUGHTER, MS. LOURDES SANCHEZ)

massection sum	IMARY REPORT BEST AVAILABLE COPY
TYPE OF INSPECTION: ANNUAL V COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1530 TIME OUT: 1600 TYPE OF FACILITY: PIRC BRY CLEPNER	AIRS ID#: 250920
FACILITY NAME: SOCIETY CLEANERS FACILITY LOCATION: 3912 SW 8 57.	DATE: 8-21-98
MIAMI 33134 RESPONSIBLE OFFICIAL: JUSTO STACHEZ	PHONE NUMBER: 305 - 444 6411
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the facility is found to be in rative Code (F.A.C.). ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO RELLIAG, LOG OF PERC CONSUMED TUR LAST 12 INDNIMS.	TMIES FOR INSPECTION.
NO RELEABLEEP ING OF LEAK INSPECTIONS	STAKT KEEPING TRHCK OF LEPK INSPECTION. DONE ON IMPROHINE.
KEEP LECEIPTS OF PERC PLRCHASES FLK 5 YEARS	MANE KICCIPT AVIIINCLE FOR
	·
COMMENTS: LUUIPINENT IN SATISTACTORY OF	
CLUNER ADVISED TO KEEP SECORD	S ON SITE.
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION:	ified and submitted to the inspector. YES NO
/ (A	approximate)
INSPECTION CONDUCTED BY:	LIQUE FLOKE'S Please Print)
NSPECTION CONDUCTED BY: NSPECTOR'S SIGNATURE: (1) (Curique (170))	PHONE NUMBER: 383-372-6925
Page	of Revised 10/96

AIRS ID#: 250920

per

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: SOCIETY (LE	ANERS	DATE: 8.21-98
FACILITY LOCATION: 3912 SW		
miami,		
· · · · · · · · · · · · · · · · · · ·		
Annual Reporting Period:8	7 19 TO	8/98
Based on each term or condition of the Title S2-213.300, Florida Administrative Code (F.		
If NO, complete the following:		
1. Term or condition of the general permit	that has not been in continuous compli	iance during the reporting period stated above:
DID NOT MAINTAIN RECORDS OF	LEAK INSPECTIONS, PERC.	PURCHASED AND CONSUMED.
Exact period of non-compliance: from	8/57	PURCHASED AND CONSUMED. 10 8/98 PING OF ABOVE ITEMS.
Action(s) taken to achieve compliance:	WILL INITIATE RECORDIKEED	PING OF ABOVE ITEMS.
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compl	iance during the reporting period-stated above:
Exact period of non-compliance: from		to_ RECEIVED
Action(s) taken to achieve compliance:		SEP 2 8 1998
Method used to demonstrate compliance:		Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual condoes not exceed 2,100 gallons per year	ad after reasonable inquiry, that the statements insumption of perchloroethylene solvent, based ar for dry to dry facilities or 1,800 gallons per Signature

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLA	AINT/DISCOVERY	
AIRS ID#: 250 920 DAT FACILITY NAME: Societ FACILITY LOCATION: 3 RESPONSIBLE OFFICIAL: Le CONTACT NAME: Lon	1/2 S.W.	8tt 8t.,	ureau of A & Mobi	2:15/2 CE V 56611
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 30 da 2. Facility failed to notify DARM to	•			
PART II: CLASSIFICATION				
	2. Ne dry-to transfe both ty (const	Drop so the small area source and only, $x < 140$ galfer only, $x < 200$ galfyr types, $x < 140$ galfyr tructed on or after $12/9$ and large area source and only, $140 \le x \le 2$ for only, $200 \le x \le 1,800$ and the original of the original	2,100 gal/yr 00 gal/yr gal/yr 9/91) t determine above	troleum
B. The total quantity of perchloroethy facility was 60 gallons.			-	cleaning

Review + ARMS 5124199

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 XY ON ON/A 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 DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □Y □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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 į N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	۸/ ۱ ړ،
	Is the temperature differential equal to or greater than 20° F?	□Y □N	N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	□Y □N	i/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	1/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	!/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	N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 'X □N XN/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 and parts installed w/in 5 days of receipt? DY DN DXVA DY DN DYN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 50/V/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DAN/A 7. Maintained deviation reports? Problem corrected? DY ON DYNA 8. Maintained compliance plan, if applicable?

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves AY ON ON/A Muck cookers Door gaskets and seating YON ON/A Stills Filter gaskets and seating YON ON/A Exhaust dampers Pumps Solvent tanks and containers YON ON/A Diverter valves Solvent tanks and containers YON ON/A Cartridge filter housings YON 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? Physical descending instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? D. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? Q. On Only Only Only Only Only Only Only O	PART VI: LEAK DETECTION AND R	EPAIRS		
2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y	1. Does the responsible official conduct a	weekly (for small s	ources, bi-weekly) leak detection a	nd repair
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N N/A Stills X N N/A Filter gaskets and seating Y N N/A Exhaust dampers Y N N/A Pumps Y N N/A Diverter valves Y N N/A Solvent tanks and containers Y N N/A Cartridge filter housings Y N N/A Water separators Y N N/A 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? Q N N/A N/A N/A N/	inspection?			XY ON
Hose connections, fittings, couplings, and valves AY ON ON/A Muck cookers AY ON ON/A Stills Door gaskets and seating YON ON/A Stills Filter gaskets and seating YON ON/A Exhaust dampers YON ON/A Pumps FOR ON/A Diverter valves YON ON/A Solvent tanks and containers YON ON/A Diverter valves YON ON/A Cartridge filter housings YON 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON ON/A Huck cookers AU ON/A Exhaust dampers AV ON ON/A Cartridge filter housings AV ON ON/A Cartridge filter housings AV ON ON/A Cartridge filter housings AV ON ON/A Stills AV ON ON/A Cartridge filter housings AV ON ON/A Stills AV ON ON/A Cartridge filter housings AV ON ON/A 4. Which method of detection is used by the responsible official? Visual examination Visual examination (FID/PID/Calorimetric tubes) ON/A A ON/A A OBVERTED ON/A ON/A ON/A ON/A ON/A ON/A ON/A ON/A OR ON/A OR ON/A OR ON/A OR OR OR OR OR OR OR OR OR O	2. Has the facility maintained a leak log?			MA ON
couplings, and valves AY ON ON/A Door gaskets and seating YON ON/A Filter gaskets and seating YON ON/A Filter gaskets and seating YON ON/A Pumps YON ON/A Solvent tanks and containers YON ON/A Water separators YON ON/A 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON N/A Muck cookers XY ON ON/A Exhaust dampers YO ON ON/A Cartridge filter housings YO ON ON/A A. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) YO ON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A 4. Which method of detection is used by the responsible official? YON ON/A A. Which method of detection is used by the responsible official? YON ON/A A. Which method of detection is used by the responsible official? YON ON/A A. Which method of	3. Does the responsible official check the	following areas for	leaks?	,
Filter gaskets and seating YOUN NA Pumps YOUN NA Diverter valves YOUN NA Solvent tanks and containers YOUN NA Cartridge filter housings YOUN NA Water separators YOUN NA 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY NA ON/A Exhaust dampers YOUN NA Cartridge filter housings YOUN NA NA NA NA NA NA NA NA NA A Cartridge filter housings NA NA NA NA A LEXHAUST CARTRIDGE FILTER HOUSINGS NA NA NA NA NA A Cartridge filter housings NA NA NA NA NA NA NA NA NA A		XY ON ON/A	Muck cookers	MY ON ON/A
Pumps Solvent tanks and containers YY ON ON/A Cartridge filter housings YY ON ON/A Water separators YY ON ON/A Water separators YY 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Door gaskets and seating	YY ON ON/A	Stills	Y ON ON/A
Solvent tanks and containers AY ON ON/A Water separators VY 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	AND NO RA
Water separators Y	Pumps	JAY ON ON/A	Diverter valves	YY 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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Solvent tanks and containers	XY ON TINA	Cartridge filter housings	XY ON ON/A
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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Water separators	AVA UN UN/A		
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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	4. Which method of detection is used by the	e responsible offic	ial?	-
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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Visual examination (condensed so	lvent on exterior s	urfaces)	≱
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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Physical detection (airflow felt the	ough gaskets)		×
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? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Odor (noticeable perc odor)			×
If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	Use of direct-reading instrumenta	ion (FID/PID/calo	rimetric tubes)	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N d. Kept in a clean and secure area when not in use? □Y □N	Halogen leak detector			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 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?	If using direct-reading instru	imentation, is the	equipment:	° Ş (N/A
(PID/FID only)? □Y □N c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N d. Kept in a clean and secure area when not in use? □Y □N	a. Capable of detecting p	erc vapor concentr	rations in a range of 0-500 ppm?	OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?	b. Calibrated against a st	andard gas prior to	and after each use	
d. Kept in a clean and secure area when not in use?	(PID/FID only)?			OY ON
	c. Inspected for leaks an	d obvious signs of	wear on a weekly basis?	OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	d. Kept in a clean and secure area when not in use?			OY ON
	e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	□Y □N
KOISTAL VIRONI DELILI (99	,		,	

Inspector's Name (Please Print)

Ob | 199

Ob | 200

Inspector's Signature

Ob | 200

Approximate Date of Next Inspection

ADDIT	TIONAL SITE INFORM	MATION:				
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	APLAINT/DISCOVERY RE-INSPECTION
FACILITY NAME: Society Cleaners. FACILITY LOCATION: 3912 S.IN. 8th St.	DATE: 05/14/99 Minni FL 33134
RESPONSIBLE OFFICIAL: Lourdes Sanch	PHONE NUMBER: (305-)444-66/1
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
N/A	N/A
COMMENTS	
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: 06/2000	ned and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: KRISTAL (PI	Y / PON ease Print)
INSPECTOR'S SIGNATURE: Kinstal Gip Page	on PHONE NUMBER: (305) 372 - 6925 Lof L. Revised 10/96

AIRS ID#: 150920

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Society Cleaners DATE: 05/14/99 FACILITY LOCATION: 3912 S.W. 8th St., Miani FL 33134
FACILITY LOCATION: 3912 S.W. 8th St., Miani FL 33134.
Annual Reporting Period: 08 / 21 1979 TO 05 / 14 1979
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to-demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: 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.

Arms 5124199 DG

Page ____ of ___

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D				
AIRS ID#: 0250920 DATE: 3/8/0 FACILITY NAME: Somety FACILITY LOCATION: 3912 M. am., RESPONSIBLE OFFICIAL: Lowdes CONTACT NAME:	Cleaner S & St. Phone: 305-444-6611				
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	·				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum				
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Inew small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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	AY Can not determine				
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was 100 gallons.	rchased 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 scaled and impervious containers?	ΩY	ΠN	ØN/A
2. Examining the containers for leakage?	ΩY	ΩN	ØN/A
3. Closing and securing machine doors except during loading/unloading?	ØΥ	ПN	
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØY	ΩΝ	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ΩN	A/480
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 refrig (complete A below).	erated	cond	enser .
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	٠,		
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated	condo	enser
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?	ŪΥ	□N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	□N	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	ПN	□n/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΠY	ПN	

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	Ωи	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	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,	Ωv		CD21/4
	if machines are equipped with a carbon adsorber?			ON/A
	Is the perc concentration equal to or less than 100 ppm?	ЦΥ	ЦN	□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?	ΠY	Πи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	□Y ⊠ N
2. Maintained rolling monthly total of perc consumption?	□A M N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON BAN/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 2 N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON QAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON QNA
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON OSANIA
Problem corrected?	OY ON ₽N/A
8. Maintained compliance plan, if applicable?	OY ON SANA

3 of 5

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ØY □N		
2. Has the facility maintained a leak log?			□Y DW		
3. Does the responsible official check the	following areas for leaks	s?			
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON PÂNA		
Door gaskets and seating	ØY ON ON/A	Stills	ØY □N □N/A		
Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	ŐY □N □N/A		
Pumps	DAY ON ON/A	Diverter valves	ZY ON ON/A		
Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	PY ON ON/A				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed so	olvent on exterior surface	es)	23		
Physical detection (airflow felt th	rough gaskets)		a		
Odor (noticeable perc odor)			2		
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instr	□N/A				
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם צם		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	OY ON		
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	חם אם		
d. Kept in a clean and se	_	•	חס ח		
e. Verified for accuracy			□Y □N		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,.			
	-				
Ivan Farnin		3/8/	loo		
Inspector's Name (Please Prin	t)	Date of Inspection			
Asion Paris		7/0	η		
Inspector's Signature	-	Approximate Date of N	Vext Inspection		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	L COMF	PLAINT/DISCOVERY	RE-INSPECTION
		AIRS ID#:O	2509Jo
TYPE OF FACILITY: Por	c Dry Clean	· · · · · · · · · · · · · · · · · · ·	·
FACILITY NAME: Sac		<u></u>	DATE: 3/8/00
FACILITY LOCATION: 39	1	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
M.			
RESPONSIBLE OFFICIAL: Lourd	. 1 -	•	
Based on the results of the compliance with DEP Rule 62-213	.300, Florida Administrat	tive Code (F.A.C.).	
Based on the results of the complia discrepancies were noted:	nce requirements evaluate	ed during this inspection, the follo	wing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
Net maintaining records	neite	he sept on	legs must
•			
		·	
		<u> </u>	
COMMENTS:			
The Annual Compliance Certification form	has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	<u>3/a</u> (App	oroximate)	
INSPECTION CONDUCTED BY:	Tran ,	Fannia ase Print)	
INSPECTOR'S SIGNATURE:	Jan Jan	·	305-37J-69 2 2
	Page	_of	Revised 10/96

AIRS ID#: 0250530

April

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Society	Cleaners		DATE: _	48/00
FACILITY LOCATION:	(
				•	· ·
Annual Reporting Period:		Morach	19 <u><i>9</i> 9</u> TO	March	10
Based on each term or conditio 62-213.300, Florida Administra	_	-			r Rule
If NO, complete the following:					
#1. Term or condition of the go	eneral permit tha	t has not been in	continuous complian	ce during the reporting period	stated above:
Alast maintaining	reads	arrailable	and onsite		
Exact period of non-compliance	e: from	. 1	moreh 29	o March OD	
Action(s) taken to achieve com	pliance:	Vantain	reends/c-pie	mortable for in	pertin
Method used to demonstrate co			· ,		
#2. Term or condition of the g	eneral permit tha	t has not been in	continuous compliand	ce during the reporting period	l stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:				·
Method used to demonstrate co	mpliance:	<u></u>	•	_	
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ue, accurate and ase receipts, doe in facilities. Lourdes	complete. Furth	er, my annual consun	ption of perchloroethylene so	olvent, based

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of _____.

discretion of the responsible official to use this form.

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

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

	1 1	- /				
TO:		onches				<u> </u>
ADDRESS:	39/2	- 1	8 st.	Mian	FL	
SOURCE/LOCATION:	Society	Clean	<u>ais</u>			
YOU ARE HEREBY No Chapter 24, Metropolitar Administrative Code, w	Dade County Enviro	nmental Pr		ance, and/or		
Operating with	out an Air Permit		Excessive \	√isible Emissi	ons	
Uncontrolled fu	ıgitive particulates	<u> </u>	Improper h	andling/remov	al of asbestos	
Non-compliand			Non-compli	ance with CF	C regulations	
Specifically: A Developing Re minimum of	lat complying	earth	Rula 6	2-213.	300/6/(a)	
Brondkonging 20	sand monts.	Lacon	ls must	be best	mesite for	<u>~ </u>
minimum of	fine yours.					<u> </u>
In view of the above, Metropolitan Dade Cou	and pursuant to the	authority	granted to m	e by Section	s 24-54 and 24	-5(15)a,
and the state of t	liately upon receipt of and Desist the above		and the same of th	rrective meas	sures to eliminat	e and/or
you ha	days of receip ave taken to ensure ce of equipment repa	that no fur	ther violation	s will occur.	Said report may	include
□ Within		pt of this No	OTICE, contac		tion of this Depar	
□ Within discus	days of rece s other Departmental				w Section at 375	-3330 to
Failure to comply with enforcement and penal						
For further information	regarding the above,	please con	tact the Air Se	ction of this o	ffice at 372-6925	5.
			Sincerely,			
			John W. Re Director	enfrow, P.E.		
Received by Lourda	s Sanchez		By:	Ivan Fa	nnin	
Title: Priside	n+		Signature:_	Derow	Man.	
Date: 3/9/00			Section:	AIR F	ACILITIES	

0390220

0358546

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 # 0250920 SOCIETY CLEANERS LOURDEES B SANCHEZ 3912 SW 8TH STREET CORAL SPRINGS FL 33134 FOR GOVERNMENT USE ONLO Fund: 20-2-035001 Obj.: 002273

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 # 0250920 SOCIETY CLEANERS LOURDEES B SANCHEZ 3912 SW 8TH STREET CORAL SPRINGS FL 33134

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

Obj.: 002273

300941

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RECEIVED
PAIL ROOM

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0250920

S' CORPORATION LOURDEES B SANCHEZ 3912 SW 8TH STREET CORAL SPRINGS FL 33134 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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(<u>)</u>	Certified Fee		Postmark	
2 1 1	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			
00	Total P	ATE	RS ID # 0250920	
	l .	CLEANERS	CS ID # 0230920	
		S B SANCHEZ TH STREET		
2000	CORAL SP	RINGS FL 33134		
	PS Form 3800, February	2000	See-Reverse IO	structions

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. Article Addressed to: AIRS ID # 0250920	A. Received by Please Print Clearly B. Date of Delivery C. Signature X Agent Addressee D. is delivery address different from item 1? Yes If YES, enter delivery address below:
SOCIETY CLEANERS LOURDEES B SANCHEZ 3912 SW 8TH STREET	
CORAL SPRINGS FL 33134	3. Service Type
	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 1825 6	683
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405664 FEB20 2001

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TOTAL AMOUNT DUE: \$50.00

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

Obj.: 002273

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7301	OFFICIAL USE	
801E E100	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
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CENDEN. COMPLETE TING	SECTION	COMPLETE THIS SE	ECTION ON DELIV	ERY
 Complete items 1, 2, and 3. item 4 if Restricted Delivery Print your name and address so that we can return the ca Attach this card to the back or on the front if space perm 	is desired. s on the reverse rd to you. of the mailpiece,	A. Received by (Please Love 165 So.) Signature	nchez Dack	3. Date of //2 9/
LOURDEES B SANCHEZ	250920001AG	/	s different from its fire	
SOCIETY CLEANERS 3912 SW 8TH STREET CORAL SPRINGS FL 33134	3	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Recei	ot for Merc

SCorp / Society Cleaners 3912 S.W. 8th Street Mailing: P.O. Box 141275 Coral Gables, FL 33134





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

3231343070 93

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AIRS ID # 0250920 SOCIETY CLEANERS

LOURDEES B SANCHEZ 3912 SW 8TH STREET

CORAL SPRINGS FL

33134

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Fund: 20-2-035001

Obj.: 002273