

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 3, 1998

Ms. Yolaine Saint-German Sabal Family Cleaners 5305 Northeast 2nd Avenue Miami, Florida 33137

Facility No.: 0250953 Re:

Dear Ms. Saint-German:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 27, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

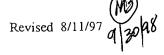
Wheel 3/16 Im 3/23 IM

PERCHLOROETHYLENE DRY CLEANER & ECEIVED

COMPLIANCE INSPECTION CHECKLIST

	ANNUAL)ZT	COMPLAINT/DIS	SCOVERY 2 7 1998
	RE-INSPECTION	o .		Bureau of Air Monitori
				- Mobile Sources
AIRS ID#: 0250953	DATE: 09/30/98	TIME II	N: 4:00 pm T)	IME OUT: 4:20pm
FACILITY NAME:SQ	bal Farmily	Clear	rers.	
FACILITY LOCATION:				·
	Miami Fl			
RESPONSIBLE OFFICIAL			7	į.
CONTACT NAME:	Seme.		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	M 30 days prior to startup		•	
2. Facility failed to notify DA	RM to use general permit			. 🗅
L				
PART II: CLASSIFICATIO	\\\\\	 		-
THE ENGLISHMENT	<u> </u>			
Facility indicated on notifica			☐ No notification	ì
Facility indicated on notifica (check appropriate box)				form of business/petroleum
Facility indicated on notifica	ition form that it is:	New small a	☐ Drop store/out	ì
Facility indicated on notifica (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 ga	urce 2.	y-to-dry only,	☐ Drop store/out area source x < 140 gal/yr	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	urce 2. al/yr dryr tra	y-to-dry only, ansfer only, x	Drop store/out area source x < 140 gal/yr < 200 gal/yr	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 ga	urce 2. dryr dryr tra bo	y-to-dry only, ansfer only, x oth types, x <	Drop store/out area source x < 140 gal/yr < 200 gal/yr	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is: arce 2. al/yr dry tra bo	y-to-dry only, ansfer only, x oth types, x <	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤	tion form that it is: arce 2. al/yr dry yr tra bo 1) (cc arce 1 4. 2,100 gal/yr dry	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only,	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ ga}$	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,8	tion form that it is: urce 2. al/yr dry yr tra bo 1) (cc 2,100 gal/yr dry 800 gal/yr tra	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/y}$	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤	tion form that it is: arce 2. al/yr dry tra bo 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bo	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ ga}$	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce 2. al/yr dry tra bo 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bo 1) (cc	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$	of business/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility If no, please check the	tion form that it is: arce 2. al/yr dry tra bo 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bo 1) (cc	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on Y \bigcup N \big	□ Drop store/out Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determinated the control of the control	of business/petroleum





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 X N/A				
2. Examining the containers for leakage?	DY DN X N/A				
3. Closing and securing machine doors except during loading/unloading?	XX DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON XN/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 refrig (complete A below).	gerated 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 installed prior to September 22, 1993	· · · · · · · · · · · · · · · · · · ·				
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	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?	DY DN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A/NO NO YO				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY □N □N/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

В.	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?	ΩΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ַ אַ ַ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N (
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?	O Y	ו אם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	□и П	□N/Ā
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	□И	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	uП	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?	□Λ Δ μ			
3. Maintained leak detection inspection and repair reports for the following:	·			
a. documentation of leaks repaired w/in 24 hrs? or;	DY X V DN/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 X N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	ANAKA NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	ANDE NO YO			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	AWA NO YO			
Problem corrected?	avv a			
8. Maintained compliance plan, if applicable?	OY ON DENIA			

PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MD DN	
2. Has the facility maintained a leak log?			DA X M	
3. Does the responsible official check the	following areas for leaks?		,	
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	AVIO NO YD	
Door gaskets and seating	DO ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	DAY ON ON/A	
Pumps	AND NO YEA	Diverter valves	XY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	TY ON ONA	
Water separators	ALL ON ONIV			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed :	solvent on exterior surfaces)		X	
Physical detection (airflow felt the	rough gaskets)		<u>a</u>	
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? □Y □N				
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	OY ON	
c. Inspected for leaks a	and obvious signs of wear or	a weekly basis?	OY ON	
d. Kept in a clean and	secure area when not in use	?	OY ON	
e. Verified for accurac	y by use of duplicate sample	es (calorimetric only)?	OY ON	
Inspector's Name (Please Print) Date of Inspection				
Kristal Gy	90n	09/99	Next Inspection	

I left the Annual Compliance Certification form at facility, so Ms. Saint-German Gould fill it in and send it to D.E.R.M. Office.

I also left a copy of the DIE.P. calendar for record, keeping at site.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINTYDISCOVERY RE-INSPECTION
TIME IN: 4:00 pm. TIME OUT:	4:20pm AIRSIDH: 02509571
TYPE OF FACILITY: Existing Si	mall area Source Duy Cleaner
FACILITY NAME: Sabal Family	Cleaners, DATE: 09/30/98.
FACILITY LOCATION: 5305 N.E.	
Miani F	-L 33137
RESPONSIBLE OFFICIAL: Ms. Yolaine	2 Saint-Germa PHONE NUMBER (305) 754-4053
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florida	ments evaluated during this inspection, the facility is found to be in da Administrative Code (F.A.C.).
Based on the results of the compliance requirer discrepancies were noted:	ements evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PRO	
No records of perc. purch available on premises	lost 5 yrs. purchasos.
No records of leak detection and inspection available on premises	detection and inespections.
premises	2.
S	
	·
<u> </u>	•
COMMENTS:	
	: :
The Annual Compliance Certification form has been p	properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 09	199 (Approximate)
INSPECTION CONDUCTED BY: KR	(STAL Y (PON
INSPECTOR'S SIGNATURE: Rustal	(Please Print) PHONE NUMBER: (305) 372-6925
i i	

Page___of___.

Revised 10/96

RECEIVED

MAR 10 1998

ECLESSEE INS

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sabal Family Cleaners & Warman German Division
2. Site Name (For example, plant name or number):
Sabal Family Cleans
3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-Nr. Or 10596 Sev-Nr.
4. Facility Location: Saba / Plan Place Street Address: 5305 N.E 2 A.V
Street Address: 5305 N. E 2 A. V City: M. County: Dade Zip Code: 33137
City: Miam; County: Dade Zip Code: 33137
5. Facility Identification Number (DEP Use): 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
Responsible Official
6. Name and Title of Responsible Official:
Could so atile (Washer
7. Responsible Official Mailing Address: 5305 N.E 2 A.V
Organization/Firm: ///A
Street Address:
City: Zip Code: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (305) 754-4053 Fax: () -
.077033
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Collact Address.
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
1 un. ()

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ON:

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLA	INT/DISCOVERY	. 0
AIRS ID#: <u>() > 505 53</u> DA	TE: 4/17/00	_ TIME IN:/5/5	TIME OUT:	1550
FACILITY NAME:	Sabal tanil	y - Clamais		·
FACILITY LOCATION:	5305 NE	2 ave.		
	Mini F	L		
RESPONSIBLE OFFICIAL :	Sonel Gui	Maule PHONE:	· .	
CONTACT NAME:S	et Miller	PHONE:	305-754-	4005
PART I: NOTIFICATION				
(check appropriate box)			70	
New facility notified DARM 30 Facility failed to notify DARM to		Bureau & N	JIM CE	
		Mo le	- J	
PART II: CLASSIFICATION	*			
Facility indicated on notification (check appropriate box) A.	_	Orop sto	fication form O	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-t trans	ew small area source o-dry only, x < 140 gal/ fer only, x < 200 gal/yr	yr	
both types, x < 140 gal/yr (constructed before 12/9/91)		types, x < 140 gal/yr structed on or after 12/9	/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal/(constructed before 12/9/91)	gal/yr dry-t al/yr trans yr both	ew large area source odry only, $140 \le x \le 2$, fer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ structed on or after $12/9$.	0 gal/yr gal/yr	
5. This is a correct facility classi	fication \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□N □Can not	determine	
	ualified for a general p	ermit as number d is not eligible for a ger	above neral permit	
B. The total quantity of perchloroet facility was gallons.	hylene (perc) purchase	d within the preceding l	2 months by this dry	cleaning
	Lof	5/3/60	Rev	ised 9 [5/9]

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y · (□и	□N/A
2. Examining the containers for leakage?	□Y (ПN	□N/A
3. Closing and securing machine doors except during loading/unloading?	ΩYΩ	ЛΝ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□y (ו אב	□n/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY (П	□N/A
PART IV: PROCESS VENT CONTROLS			.1
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 refrigation (complete A below).	erated co	onder	nser .
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	-		stalled
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated co	onder	ıser
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?	OY C	JN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΟY C] N C	A/NC
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY C	ם אנ	DN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	0 Y C	И	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY C]N [A/AC
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY O	N	

2 of 3

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 ppm?	DA DN DNIV
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
	<u> </u>
PART V: RECORDKEEPING REQUIREMENTS	

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

P	PART VI: LEAK DETECTION AND REPAIRS					
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			□Y □N		
2.	Has the facility maintained a leak log?			□Y □N		
3.	Does the responsible official check the	following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	OY ON ONA	Cartridge filter housings	□Y □N □N/A		
	Water separators	OY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surface	es)			
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 instr	umentation, is the equip	oment:	□N/A		
	a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	DY DN '		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	אם צם		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	חם אם אם		
	d. Kept in a clean and so	ecure area when not in us	se?	אם עם		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
			,	1		
	Time Famous 4/17/m					
	Inspector's Name (Please Prin	nt)	Date of Inspection			

Revised 9/15%"

Approximate Date of Next Inspection

Currently operating as dispostore

Have not puchased per at all during

1999 or 2000.

Machine contains perc. Informal contact

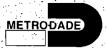
that 1999 fee of 175 needs to be paid

NOV. payable w/n 7 days.

If they have perc removed, air permit

is no longer vecessary. For receipts.

\$/19/00 1999 peint fee paid 5/8/00.





NOTICE OF VI	OLATION ENVIRONMENTAL RESOURCES MANAGEMENT
	MIAMI, FLORIDA 33130-1540 (305) 372-6789
TO: Sonel Guill	
ADDRESS: 5305 NE 2	Ave. Miam. FL 33137
SOURCE/LOCATION: Sabal Family	Cleaners
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER
Specifically Title V Av General Por	mit for the calender year 199
expired on March 1, 2000. Re-	
ha Rule 102-213-205 Florid	a Administrative Code (F.A.C.)
In view of the above, and pursuant to the authority governmental Protection Ord	ranted to me by Sections 24-54 and 24-5(15)a,
Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or violation(s). FICE, submit to this office in writing the steps which
you have taken to ensure that no furth	ner violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NO 372-6925 to discuss air permit requirem	TICE, contact the Air Section of this Department at ents.
□ Within days of receipt of this NC discuss other Departmental permitting re	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 ar	
For further information regarding the above, please conta	act the Air Section of this office at 372-6925.
	Sincerely
ILENIE	John W. Renfrow, P.E. Director
Received by:	By: Ivan Fannin
Title: Rep	Signature: Mas American

Change fac	Return eX		e V E	imission Fee –		ODMINIOE
	RS ID 0250953 BAL FAMILY CLE BAL FAMILY CLE	ANERS	6 A	OFFICE SEDA COUNTY	SE: DADE DADE	ARMINV05-
Year	1999					
Amount Due	\$50.00				Due Date	01-MAR-2000
Amount Paid	\$75.00				Paid Date	08-MAY-2000
Penalty	\$25.00			Penal t	y Begin Date	02-MAR-2000
Refund Due	\$0.00	Total	Due	\$0.00 To	tal Due Date	02-MAR-2000
Init. Notice Second Notice	01-DEC-1999				turn Receipt turn Receipt	08-MAY-2000

Enter YEAR for Title V Fees

Comment

Count: 1 v <Replace>

Account Closed Y

Change fac	Return eX ———		e V Er	mission Fee —	_	ARMINV05-
1	RS ID 0250953 BAL FAMILY CLE BAL FAMILY CLE	ANERS	S A	OFFICE SEDA COUNTY	SE: DADE DADE	IRMITHV03-
Year	1998					
Amount Due	\$50.00				Due Date	01-MAR-1999
Amount Paid	\$75.00				Paid Date	07-FEB-2000
Penalty	\$25.00			Penal t	y Begin Date	02-MAR-1999
Refund Due	\$0.00	Total	Due	\$0.00 To	tal Due Date	02-MAR-1999
Init. Notice Second Notice	03-DEC-1998				turn Receipt turn Receipt	07-FEB-2000
Comment						

Account Closed Y

Enter YEAR for Title V Fees

Count: *1

<Replace>

Facility Information

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

		Date	Date		Date	Date		Date	Date Co
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		<		-					
(1) w/ ref. condenser		MM 89	MBR 89	П					
(2) w/ carbon adsorber	i	<u> </u>							
(3) w/ no controls		T '• '							
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	1	·'				_			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b)	Control devices are required, but not yet installed	
(c)	No control devices are required to be installed [✓].

2.((a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	
((b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []	ر

3.	What is the facility's source classification based on the definitions found in section (3) of Part II?
	(Indicate with an "X". Select one classification only.)

Existing small area source	New small area source	[
Existing large area source []	New large area source	[]

4. What control technology is required (Indicate with an "X".)	ired on machines p	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			BURNE MAR
New large area source Refrigerated condenser			WIR OF BIT WORKS
5. A facility which contains non-ento Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and	d hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	d exclusively by ne	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipm	ent Monitoring a	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 p	urchases		
(b) Leak detection inspection and a	repair		
(c) Refrigerated condenser temperated	ature monitoring		
(d) Carbon adsorber exhaust perc	concentration mon	nitoring	
(e) Instrument calibration			<u></u>
(f) Start-up, shutdown, malfunction	on plan		

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

Surrender of Existing Air Permit(s)

Plea	se indicate	with an "X" the appropriate selection:
	(X)	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
		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 notific statements maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
٠	I will proi	mptly notify the Department of any changes to the information contained in this notification.
×	Signature	Date 2 11- +3-97

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

RECEIVED

Bureau of Altimobile Sources

Facility Name and Location

NOV 0 7 1997
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sabal Family Cleaners & Wantagement Division 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Sabal Family Cleans
3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-Dr. for 10596 Ser-Nr.
4. Facility Location: Saba / Plam Place Street Address: 5305 N.E. 2 A.V
Street Address: 5305 N. E 2 A. V City: M. County: Dade Zip Code: 33137
City: Miam; County: Dade Zip Code: 33137
S. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
7. Resportsible Official Mailing Address: 5305 N. E 2 A. V
7. Responsible Official Mailing Address: 5305 N.E. 2 A. V
Organization/Firm: // A Street Address:
City: County: Zip Code:
Sign State of the
8. Responsible Official Telephone Number:
Telephone: (305) 754-4053 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
Telephone: () - Fax: () -

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

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	1.	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit							_		
(1) w/ ref. condenser		MM 89	MM2 89	П					T -
(2) w/ carbon adsorber	V	<u> </u>	,,,,,,,,			1		-	
(3) w/ no controls		-							
Washer Unit			L	·	·		<u> </u>		
(4) w/ ref. condenser						1			
(5) w/ carbon adsorber									
(6) w/ no controls								-	
Dryer Unit		<u> </u>						1	
(7) w/ ref. condenser			Ī				1		
(8) w/ carbon adsorber					-				
(9) w/ no controls							1		<u> </u>
Reclaimer Unit		·:				1			
(10) w/ ref. condenser									T
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small a	Sele rea se	ct one classif	ication only. N	ew s	mall area sou	ırce [(3) o	f Part II?	
Existing large an	ea so	ource []	N	ew i	arge area sou		J		

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

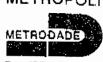
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration (f) Start-up, shutdown, malfunction plan
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this noti statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	comptly notify the Department of any changes to the information contained in this notification. $ \frac{1}{2} + \frac{1}{2} + \frac{3}{2} - \frac{97}{2} $ The information contained in this notification.
X	A X

METROPOLITAN DADE COUNTY, FLORIDA



DERM

Department of Environmental Resources Management	F
33 S.W. 2nd Avenue Miami, FL. 33130-1540	A
SEND TO:	Y
Name: Rick Bothers	1
Company/Department: 1527 / 152 M	V.
Phone Number: 850-921-9586	1
Fax Number: 850-922-1362	R
Message:	A
	N
	11
	S
	\mathbf{M}
FROM:	I
Name: Marcelo Barros	T
Division/Section: DERM 175	An .
Phone Number: (305) 372-6944	1
Fax Number: (305) 372-6954	\mathbf{A}
Date: 4/7/98	\mathbf{L}
Number of Pages (including this one):	

5

4.

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification ECEIVEN
Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sahal Family Claners Co Wilcon A Frydlynaid
2. Site Name (For example, plant name or number):
Sabal Family Cleans
3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-ur. for 10596 serur.
89F 527222 Ser-Ur. Or 10596 Ser-Ur. 4. Facility Location: Saba I Plan Place Street Address: 530 5 N. F. 2 A.D. Place
Street Address: 5305 N. E 2 A. V. City: Miam; County: Dade Zip Code: 33137
Special light (Georgia - Februari Berko) (Application of the Control of the Contr
Responsible Official
6. Name and Title of Responsible Official:
7. Resportsible Official Mailing Address: 5305 N. E 2 A. U
Organization/Firm: //// Street Address:
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (305) 754 4053 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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

Facility Information

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

Type of Machine	ID	Machine	ا س	1				Date	
	I ID		Control	1	Machine	Control	[Machine	Control
	110	Initially	Device		Initially	Device		Initially	Device
Sxample	110	Purchased	Installed	D	Purchased	Installed	ΙĐ	Purchased	Installed
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Τ								
(1) w/ ref. condenser	 -	MM ST	MM2 89	1	1	T	1	1	
(2) w/ carbon adsorber	 	** /////	3/	+			├	 	<u> </u>
(3) w/ no controls	-			-	 		 		
Washer Unit	 -	<u> </u>		<u> </u>		1	<u> </u>	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
(4) w/ ref. condenser	 	1	1		<u> </u>		T	T	1
(5) w/ carbon adsorber	 			 			1-	<u> </u>	
(6) w/ no controls			 	╁		 			 -
Oryer Unit	 	J	·	<u> </u>	1	<u> </u>	<u> </u>		<u> </u>
(7) w/ ref. condenser	 			Т-	T	T	1	Τ	· · · · · · · · · · · · · · · · · · ·
(8) w/ carbon adsorber	┼	<u> </u>		-	<u> </u>		+		
(9) w/ no controls	-	+		-			 	-	
Reclaimer Unit	-			ــــــــــــــــــــــــــــــــــــــ			Щ.,		<u> </u>
(10) w/ ref. condenser-	-	1		1	1	1	T .	· · ·	<u> </u>
(11) w/carbon adsorber				 -					
(12) w/ no controls	╬					 	 -		
(b) Control devices ar (c) No control devices	•		-		_].				
2.(a) What was the total			oroethylene	(perc) purchased i	in the latest l	2 mo	nths?	
(b) If less than 12 mon									
Check why it is les	,3 1114			· [_] New ston	e: [] Did	not	keep records	: []
	Ource	classificatio	n based on th	ne de		·			: []
Check why it is les 3. What is the facility's so	ource Sele	classificatio	n based on th	ne det		nd in section			: []

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)	
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	ł
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:	t
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit	::
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration (f) Start-up, shutdown, malfunction plan	
(f) Start-up, shutdown, malfunction plan	
•	

04. 07. 98 10:17AM *DADE COUNTY D. E. R. M. P04

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

X 1/- +3-97

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	INCORPOR	CLON
IXPE	Or	INSPECT	LIUN

ANNUAL **RE-INSPECTION**

COMPLAINT/DISCOVERY CELVED

JUN 2 5 1999

AIRS ID#: 0250953 DATE: C\$ 05199 TIME IN: 12 NOON TIME OUT: Mobile Squire	toring es
FACILITY NAME: Sobol Formily Cleaners	
FACILITY LOCATION: 5305 NE 2nd Ave	
MiAM: FL 33137	
RESPONSIBLE OFFICIAL: Yoleine Sant PHONE: (305) 754409	3
CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

	· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
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 Acan not determine
	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was (ANK gallons.	urchased within the preceding 12 months by this dry cleaning

Review

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?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	□Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
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 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 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 refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY 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 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?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser local	ated
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?	DY DN DN/A
X / 4/	
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 adsorder?	DY DN DN/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?	□Y □N □N/A
or expansion, and downstream from no other milet.	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	_
condenser coils?	DA DN DNIV
6. Routed airflow to the carbon adsorber (if used) at all times?	DY QN DN/A

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

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct	a weekly (for small sources, b	oi-weekly) leak detection a	nd repair		
inspection?			OY ON		
2. Has the facility maintained a leak log	OY ON				
3. Does the responsible official check th	e following areas for leaks?				
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
Filter gaskets and seating	DY DY DN/A	Exhaust dampers	□Y □N □N/A		
Pumps	TOY ON CON/A)	Diverter valves	OY ON ON/A		
Solvent tanks and containers	DE CINA	Cartridge filter housings	□Y □N □N/A		
Water separators	ON ON ONLY				
4. Which method of detection is used by the responsible official?					
Visual examination (condensed	solvent on exterior surfaces)	, ,			
Physical detection (airflow felt t	through gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumen	abes)				
Halogen leak detector					
If using direct-reading inst	□n/a				
a. Capable of detecting	DY DN				
b. Calibrated against a (PID/FID only)?	חם אם				
c. Inspected for leaks a	and obvious signs of wear on a	a weekly basis?	□Y □N		
d. Kept in a clean and	secure area when not in use?		מם צם		
e. Verified for accurac	y by use of duplicate samples	(calorimetric only)?	БХ ¤И		
		•			

LEO SMART	4/5/99
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

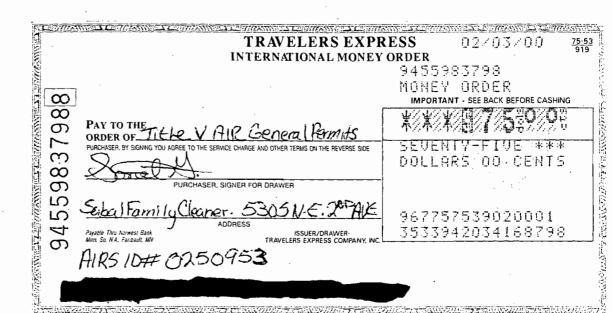
M.D. Was not present of time of inspection. Ceft Series of messages and have not received regonse. Pagerns a week witheld from inspection proceedings.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 17 NOON TIME OUT: 1215 PM TYPE OF FACILITY: Perc Dry Cles	AIRS ID#: 0250953
FACILITY NAME: SABAL FAMILY FACILITY LOCATION: 5305 NE END	DATE: Apr:) 5, 1999 Ave
RESPONSIBLE OFFICIAL: YO AINE SAIN GEMM	PHONE NUMBER: 754-4053
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	tive Code (F.A.C.).
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Paperwork available	need to have gepework present at time of inspection
	4
COMMENTS: 20. failed to be uspection left to be an appearance of the left to he in appearance	eresent et scheduled seres et messeges no response ene executs enculable for
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector.
11	proximate) A2T
	PHONE NUMBER: (305) 372-6922
Page	of Revised 10/96

3755





RECEIVED MAIL ROOM FEB - 7 00

	•	•
		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from ited If YES, enter delivery address below	
10 AIRS ID# 0250953001AG SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN		
5305 NE 2ND AVENUE	3. Service Type	
MIAMI FL 33137	Certified Mail Express Ma	iil eipt for Merchandise
· !	4. Restricted Delivery? (Extra Fee)	☐ Yes

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
5 17	and the Cale and Cale					
3	OFFICIAL USX					
7976	Postage \$					
1 ~	Certified Fee					
- <u>1</u>	Return Receipt Fee (Endorsement Required)					
1000	Restricted Delivery Fee (Endorsement Required)					
<u>ا</u>	Total Postagi 10 AIRS ID# 0250953001AG					
03	Sent To SABAL FAMILY CLEANERS					
	YOLAINE SAINT GERMAIN Street, Apt. No. 5305 NE 2ND AVENUE or PO Box No. 5305 NE 2ND AVENUE					
7007	City, State, ZIP. MIAMI FL 33137					
ì	PS Form 3800, January 2001 See Reverse for Instructions					

.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400







BUENA VISTA STATION 33137

BUENA VISIA STATION 20137

ECE 1 2003

WAR 3 1 2003

Bureau of Air Monitorine Sources

Bureau Mobile Sources

mp

10 AIRS ID 025095300 AG SABAL FAMILY CLEANERS YOKAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMITY 33137 Sabal Family Cleaners 5305 N.E. 2nd Avenue. Micimi, FL. 33137





Title VAIR General Permits Post Office Box 3070 Tallahassee, FL. 32315-3070

32315/3070

Inflantational Inflation Inflation Inflational Inflation

Ot adolavna to dot tavo anil te	PIOJ
■ 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 # 0250953 SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Ret	Registered Return Receipt for Merchandise Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra fee) Yes Yes 102595-99-M-1789

and an analysis of the service of th
ervice
for Certified Mail
Coverage Provided.
or International Mail (See reverse)
AIRS ID # 0250953
AINT GERMAIN AVENUE 137
,,,
ivery Fee
t Showing to Delivered
howing to Whom, he's Address
ge & Fees \$
ate .

	of new over to the state of the over to the result of the result.
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to: AIRS ID # 02.	D. Is delivery address different from item 1?
SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137	3. Service Type Certified Mail
Z 210 663 150	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) PS Form 3811, July 1999 Domesti	ic Return Regeipt 102595-99-M-1789

ř

	<u> </u>	з Э.	150	
SAB YOL 5305	US Postal Service Pacaint for Cerl AL FAMILY CLEAN AINE SAINT GERM NE 2ND AVENUE MI FL 33137	· .A	IRS ID # 0250953	
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered		_	
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
⁵ S 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,	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
or on the front if space permits.	Addressee
Article Addressed to:	D. Is delivery address different from item 1? — Yes If YES, enter delivery address below: No
AIRS ID # 0250953 SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN	
MIAMI FL 33137	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail S.O.P.
2210 66/873	4. Restricted Delivery? (Extra Per)
2. Article Number (Copy from Bervice label)	7/1/
P8 Form 3811, July 1999 Domestic Ref	turn Receipt V 102595-99-M-1789

_							
		Z	510	661	873		
		IC Bootol Co	nuico.		1000		
	Deceint for Certified Mail						
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0250953						
	,			A	AIRS ID # 0250953		
	SA	BAL FAM	LY CL	EANER	S		
		LAINE SA			N		
- 1)5 NE 2ND		IJΕ			
	MI	AMI FL 33	137				
	i i	Postage		Þ			
		Certified Fee					
		Special Delive	ry Fee				
	,,	Restricted Del	ivery Fee				
	199	Return Receip Whom & Date		to			
	April	Return Receipt S Date, & Address					
	PS Form 3800 , April 1995	TOTAL Posta		\$	· .		
	ကို	Postmark or D	ate				
	l o						
	SF						
	ă						

394921

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0250953

SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 OF Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER Ot adolarua to dot large autilities Complete items i and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
ADDRESS completed	AIRS ID # 0250953 SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN S305 NE 2ND AVENUE MIAMI FL 33137	4a. Article N 4b. Service Registere Express Return Red 7. Date of Date	Type ed	
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addresses or Agent) PS Form-3811, December 1994	8. Addressed and fee is	e's Address (Only if requested	

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

AIRS ID # 0250953

SABAL FAMILY CLEANERS
YOLAINE SAINT GERMAIN
5305 NE 2ND AVENUE
MIAMI FL 33137

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

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to: AIRS ID # 0250953	4a. Article N	333 660 50 / E		
IETURN ADDRESS completed	SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137	4b. Service			
				Certified Continued Line	
		l /	eipt for Merchandise		
		7. Date of De	livery \mathcal{V}	you fo	
	5. Received By: (Print Name)		Addresse's Address (Only if requested and fee is paid)		
your E	6. Signature: (Addressee or Agent)	,	v		
ls yc	X yokaINP				
_	PS Form 3811 , December 1994 102	2595-97-B-0179	Domestic Ret	urn Receipt	

	- Z Å 33 1	(0.50	J (N			
		260 20°	" (1/1/			
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
AIRS ID # 0250953 SABAL FAMILY CLEANERS						
	305 NE 2ND AVENU	E.				
MIAMI FL 33137						
	*		. •			
	Certified Fee					
	Special Delivery Fee					
S	Restricted Delivery Fee					
199	Return Receipt Showing to Whorn & Date Delivered					
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address					
800	TOTAL Postage & Fees	\$				
٦ ع ا	Postmark or Date					
For						
န						
<u> </u>						