



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 29, 1998

Mr. John Olsen
Keystone Dry Cleaners & Laundry, Inc.
12711 Biscayne Boulevard
Miami, Florida 33181

Re: Facility No.: 0250976

Dear Mr. Olsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 16, 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,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

0250976

p13

4,7,10

9

add City

add Title of Facility Contact

p14

1(a)

add date control device
installed.

Responsible official sign and
date for changes.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|--------------------------------------|-----------|-------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | Keystone Dry Cleaners & Laundry Inc. | | |
| 2. Site Name (For example, plant name or number): | SAME | | |
| 3. Hazardous Waste Generator Identification Number: | 950 2073 | | |
| 4. Facility Location: | | | |
| Street Address: | | | |
| City: | 12711 Biscayne Blvd | County: | Dade |
| | NORTH MIAMI | Zip Code: | 33181 |
| 5. Facility Identification Number (DEP Use): | 0250976 | | |

RECEIVED
DEC 16 1993
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

| | | | |
|--|-----------------------------|-----------|-------|
| 6. Name and Title of Responsible Official: | David Sadig John Olsen Sec. | | |
| 7. Responsible Official Mailing Address: | | | |
| Organization/Firm: | D | | |
| Street Address: | | | |
| City: | 12711 Biscayne Blvd | County: | Dade |
| | MIAMI | Zip Code: | 33181 |
| 8. Responsible Official Telephone Number: | | | |
| Telephone: | 305) 891-1820 | Fax: | () - |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---------------------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | David Sadig | | |
| 10. Facility Contact Address: | | | |
| Street Address: | | | |
| City: | 12711 Biscayne Blvd | County: | Dade |
| | MIAMI | Zip Code: | 33181 |
| 11. Facility Contact Telephone Number: | | | |
| Telephone: | 305) 891-1820 | Fax: | () - |

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 | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 | | | | | | | | | |
| Dry-to-Dry Unit | 1 | 12/1/97 | | | | | | | |
| (1) w/ ref. condenser | | yes | | | | | | | |
| (2) w/ carbon adsorber | | yes | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are 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?

80] gallons

(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:

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 on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

| | |
|-----------------------------------|-------------------------------------|
| <u>Existing large area source</u> | |
| Carbon adsorber | <input type="checkbox"/> |
| | Refrigerated condenser |
| | <input type="checkbox"/> |
| <u>New small area source</u> | |
| Refrigerated condenser | <input checked="" type="checkbox"/> |
| <u>New large area source</u> | |
| Refrigerated condenser | <input type="checkbox"/> |

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
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

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

Signature JOTHW OISEN

Date 12/10/98

06-2229-008-6120

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT
PLAN REVIEW SECTION

PLAN PROCESSING No. File # 2422

| REVIEW TYPE | APPROVED | DATE | DISAPPROVED | DATE |
|-------------------|----------|------|-------------|----------|
| ENV. CORE | | | | |
| FLOOD PLAIN | | | | |
| INDUSTRIAL ETC. | | | | |
| ASBESTOS | | | | |
| PAVING / DRAINAGE | | | | |
| STORAGE TANK | | | | |
| INDUSTRIAL WASTE | | | | |
| WATER SUPPLY | | | | |
| WASTEWATER | | | | |
| AIR | X | (NB) | | 12/10/98 |
| AGRICULTURAL | | | | |
| AIRPORT | | | | |
| UPLAND & FW. R. | | | | |
| OTHER | | | | |

DEPT. OF ENVIRONMENTAL
RESOURCES MANAGEMENT
METROPOLITAN DADE COUNTY
ENVIRONMENTAL
FACILITIES ONLY
APPROVED

BY _____

DATE _____

* PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL
IS ISSUED BY PLAN REVIEW SECTION.

X Must contact Marcelo Bannio
at 33 SW 2 Ave 9 Floor
Change of owner
* Must comply with 145-02623 (PSSO)
condition

APPLICATION FOR OCCUPATIONAL LICENSE
776 NE 125 STREET, NORTH MIAMI, FL 33161

Pursuant to the Code of Ordinances of the City Of North Miami and any amendments thereto, I (WE) hereby make application for an Occupational License to conduct the business described below, and I (WE) expect to commence operation, or have commenced operation of said business on or about :11/17/98

1. Date:11/17/98
2. Business Name:KEYSTONE DRY CLEANERS & LAUNDRY INC
3. Corporate Name Or Employed By:
4. Business Address (P.O. Box NOT accepted):12711 BISCAYNE BLVD
5. Mailing Address:12711 BISCAYNE BLVD NORTH MIAMI FL,33181
6. Business Telephone No:305-891-1820
7. Name and Address of Principal Owner Of The Company Or Corporation
SIDDIQ, DAVID (SECY) 16508 NE 26 AVE N. MIAMI BEACH FL 305-354-7900 09/07/4
8. Nature of Business (In Detail):
DRY CLEANING/LAUNDRY
(ON PREMISES)
3 WASHING MACHINES
3 DRYERS

NOTICE

Occupational licenses are issued only after approval of the Building and Zoning Department, Fire Department Inspection (if necessary), Health Department Inspections (if necessary), or various other approvals have been received. NO SIGNS ARE TO BE INSTALLED OR PAINTED ON ANY PREMISES WITHIN THE CITY OF NORTH MIAMI WITHOUT PRIOR APPROVAL FROM THE BUILDING AND ZONING DEPARTMENT. I certify that all information shown above to be true and correct, and I do understand that the said business and/or premise is non-transferable, without City Approval. Licenses obtained on a misrepresentation of a material fact are null and void.

Account 993161

| Class No. | Description | Fee |
|-----------|---|--------|
| 7216 | DRYCLEANING PLANTS, EXCEPT RUG CLEANING | 176.25 |
| ZON | ZONING COMPLIANCE REVIEW FEE | 25.00 |
| | TOTAL FEES DUE FOR LICENSE | 201.25 |

PERCHLOROETHYLENE DRY CLEANERS

RECEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAY 19 1999

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250976 DATE: 4/23/99 TIME IN: 12¹³ AM TIME OUT: 12⁵² AM
 FACILITY NAME: Key Stone Cleaners
 FACILITY LOCATION: 12716 Biscayne Blvd
Miami, FL 33181
 RESPONSIBLE OFFICIAL: Dawood SADDIQ PHONE: 953-2441
 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

A.

- | | |
|---|--|
| <p>1. Existing small area source <input type="checkbox"/> 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)</p> | <p>2. New small area source <input checked="" type="checkbox"/> 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)</p> |
|---|--|

- | | |
|--|--|
| <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p> |
|--|--|

5. This is a correct facility classification Y N 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) purchased within the preceding 12 months by this dry cleaning facility was unk gallons.

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 N N/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
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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? Y N
- 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 condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/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? Y N 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? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y 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

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: N/A

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

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

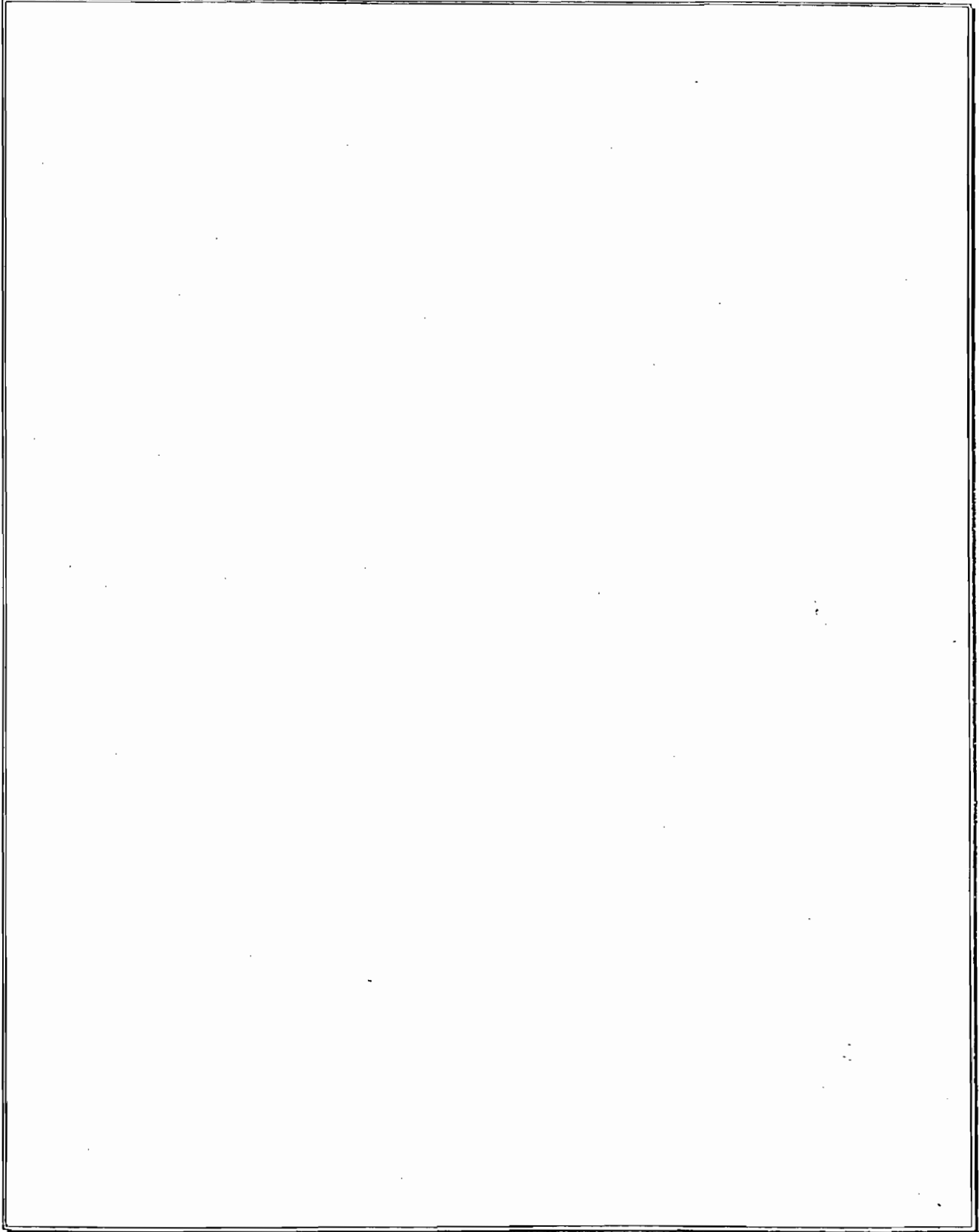
LEO SMART
Inspector's Name (Please Print)

4/23/99
Date of Inspection

[Signature]
Inspector's Signature

4/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12¹³ AM TIME OUT: 12⁵² AIRS ID#: 0250976
 TYPE OF FACILITY: Perc Dry Clean
 FACILITY NAME: Keyston DATE: 4/28/99
 FACILITY LOCATION: 12711 Biscayne Blvd
 RESPONSIBLE OFFICIAL: Dawood Sadiq PHONE NUMBER: 953-2441

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--|--|
| <u>IRo has not completely fill Perc consumption category</u> | <u>need to completely update Perc consumption category</u> |
| | |
| | |
| | |
| | |
| | |

COMMENTS: Minor Violation
NON-compliant

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 4/2000
(Approximate)

INSPECTION CONDUCTED BY: LEO SMART
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 372-6922

ACC

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

FACILITY NAME: Key Stone Cleaners DATE: 4/28/99
 FACILITY LOCATION: 12711 Disuynne Blvd

Annual Reporting Period: April 1998 TO April 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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:

Perc. Consumption log incomplete

Exact period of non-compliance: from April 98 to April 99

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: David Sudder [Signature] 4/28/99
 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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

| | | | |
|---|---------------------|----------------------------|-----------------------|
| AIRS ID#: <u>0250976</u> | DATE: <u>2/4/00</u> | TIME IN: <u>1135</u> | TIME OUT: <u>1200</u> |
| FACILITY NAME: <u>Keystone Cleaners</u> | | | |
| FACILITY LOCATION: <u>12711 Biscayne Blvd.</u> <u>N. Miami, FL</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Dariusz Sedlig</u> | | PHONE: <u>305-891-1820</u> | |
| CONTACT NAME: _____ | | PHONE: _____ | |

| | |
|---|--------------------------|
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to startup | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

RECEIVED
 Bureau of Air Monitoring
 Mobile Sources
 MAR 30 2000

| | |
|--|--|
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: (check appropriate box) | <input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum |
| A. | |
| 1. Existing small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine | |
| If no, please check the appropriate classification: | |
| <input type="checkbox"/> facility qualified for a general permit as number _____ above <input type="checkbox"/> 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 <u>102</u> gallons. | |

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 N N/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
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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? Y N
- 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 condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/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? Y N 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? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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: N/A

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

Ivan Fannin
Inspector's Name (Please Print)

2/4/00
Date of Inspection

Ivan Fannin
Inspector's Signature

2/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

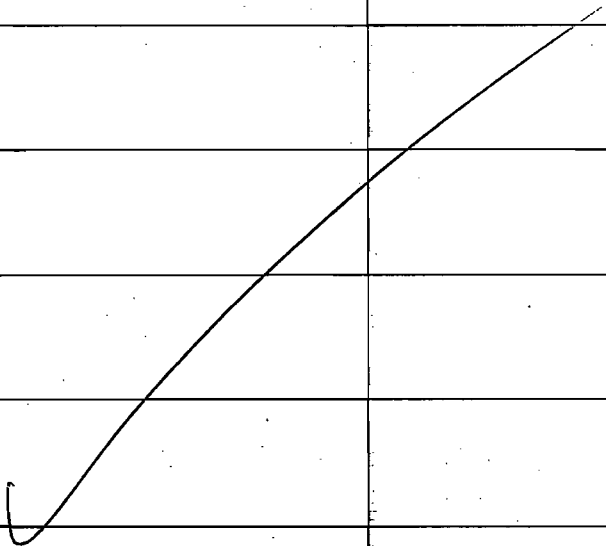
Good Housekeeping
Machine not operating being repaired

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1135 TIME OUT: 1200 AIRS ID#: 0250976
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Keystone Cleaners DATE: 2/4/00
 FACILITY LOCATION: 12711 Biscayne Blvd.
N. Miami, FL
 RESPONSIBLE OFFICIAL: Dawood Suddig PHONE NUMBER: 305-891-1830

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---------------------------|
|  | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: Good Housekeeping

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 2/01
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-372-6925

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Keystone Cleaners DATE: 2/4/00
 FACILITY LOCATION: 12711 Biscayne Blvd.
N. Miami, FL

Annual Reporting Period: Feb 1999 TO Feb 192000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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 _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 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-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Dawood Suddiq [Signature] 2/4/00
 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.



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423468 FEB242003

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

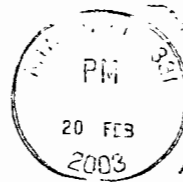
Do NOT Remove Label

| |
|---|
| AIRS ID#0250976 |
| KEYSTONE DRY CLEANERS JOHN OLSEN 12711 BISCAYNE BLVD NORTH MIAMI FL 33181 |

FOR GOVERNMENT USE ONLY
 Org.: 375501010000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

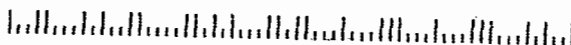
RECEIVED
 FEB 28 2003
 Bureau of Air, Mobile Services

KEYSTONE CLEANERS
 12711 BISCAYNE BLVD
 NORTH MIAMI FL 33181



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400665

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 # 0250976 |
| KEYSTONE DRY CLEANERS JOHN OLSEN 12711 BISCAYNE BLVD NORTH MIAMI FL 33181 |

| |
|--------------------------|
| FOR GOVERNMENT USE ONLY |
| Org.: 37550101000 EO: A1 |
| Fund: 20-2-035001 |
| Obj.: 002273 |

RECEIVED
MAIL ROOM
DEC 1 00

KEYSTONE CLEANERS
12711 BISCAYNE BLVD
NORTH MIAMI
FLORIDA 33181



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

32315+3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412024 DEC21 2001

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

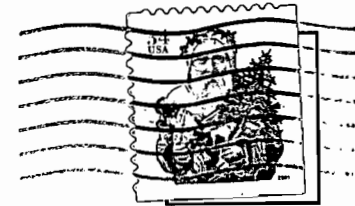
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250976
 KEYSTONE DRY CLEANERS
 JOHN OLSEN
 12711 BISCAYNE BLVD
 NORTH MIAMI FL
 33181

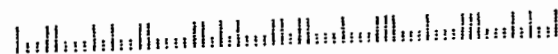
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

KEYSTONE CLEANERS
 2741 BISCAYNE BLVD
 NORTH MIAMI FL 33181



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390731

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

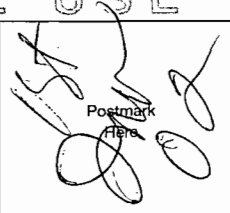
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250976
KEYSTONE DRY CLEANERS
JOHN OLSEN
12711 BISCAYNE BLVD
NORTH MIAMI FL 33181

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

RECEIVED
MAIL ROOM
JAN - 6 00

| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
|--|--|
| OFFICIAL USE | |
| Postage \$ |  |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| AIRS ID#0250976 | |
| KEYSTONE DRY CLEANERS JOHN OLSEN 12711 BISCAYNE BLVD NORTH MIAMI FL 33181 | |
| <small>PS Form 3800, January 2001 See Reverse for Instructions</small> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> 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 <u>27</u> C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| 1. Article Addressed to: <div style="text-align: right;">AIRS ID#0250976</div> KEYSTONE DRY CLEANERS JOHN OLSEN 12711 BISCAYNE BLVD NORTH MIAMI FL 33181 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>[Signature]</u> |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 2. Article Number (Copy from service lab.) <u>7001 0320 0001 7976 5181</u> | |
| <small>PS Form 3800, July 1999 Domestic Return Receipt 102595-99-M-1789</small> | |

| | |
|--|---|
| U.S. Postal Service™ | |
| CERTIFIED MAIL™ RECEIPT | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ | <i>Received Oct 03 / 1 Mesa AZ</i> Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage \$ | TO 0250976001AG |
| Sent To | KEYSTONE DRY CLEANERS |
| Street, Apt. No., or PO Box No. | JOHN OLSEN |
| City, State, ZIP+4 | 12711 BISCAYNE BLVD |
| | NORTH MIAMI, FL 33181 |
| PS Form 3800, June 2002 See Reverse for Instructions | |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TO 0250976001AG
 KEYSTONE DRY CLEANERS
 JOHN OLSEN
 12711 BISCAYNE BLVD
 NORTH MIAMI, FL 33181

2. Article Number

(Transfer)

7003 0500 0004 0144 3834

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

SEP 12 2003

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