

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. Fabio Almonte Stars and Stripes Cleaners 7904 West Pines Boulevard Pembroke Pines, Florida 33026

Dear Mr. Almonte:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November 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

cc: Mr. John Coppola, Broward County

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

01/2270

P.13

6. add title-Owner

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FABIO ACMONTE
2.	Site Name (For example, plant name or number):
	STAM X STRIPES CLEAVER
3.	Hazardous Waste Generator Identification Number:
	FLD 981 925 241
4.	Facility Location: 7904 WI PINES DWO Street Address:
	City: PEmanche Place County: Blown Zip Code: 33026
ſ 5.	Facility Identification Number (DEP Use):
	0112270
	Decree all to Official
	Responsible Official
6.	Name and Title of Responsible Official:
	FABIO ALMONTE
	•
/.	Responsible Official Mailing Address: Organization/Firm: 7994 (NEST P) NEST BL W =
	Organization/Firm: 7909 WEST PINES BLWD Street Address:
	City: PEMONTE Pries County: Brunno Zip Code: 33026
	SAULTE TOPES
8.	Responsible Official Telephone Number:
	Telephone: (954) 962 - 4925 Fax: () -
	(1-1) 7-2-1/23
	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:
	City. Zip Code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 2 9 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									·
(1) w/ ref. condenser	(/)	1986	1986					1	
(2) w/ carbon adsorber	~								
(3) w/ no controls									
Washer Unit					•	•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						1			
Dryer Unit					1		I		
(7) w/ ref. condenser				Ι -	T				
(8) w/ carbon adsorber								-	
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		<u> </u>		-					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	ication only.) Ne	ew sn	nitions found nall area sour	rce [3) of]	Part II?	
Existing large are	ca 50	uice []	INC	w iai	ge area sour	LE	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site in	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	\bowtie
(b) Leak detection inspection and repair	\simeq
(c) Refrigerated condenser temperature monitoring	[]
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

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



Department of Environmental Protection

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

David B. Struhs Secretary

June 25, 2001

Mr. Fabio Almonte Stars and Stripes Cleaners 7904 Pines Boulevard Pembroke Pines, Florida 33024

Dear Mr. Almonte:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 25.

In reviewing your submittal, it was noted that Stars and Stripes Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112270). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Stous & Stripes Cleaners DATE: 06/30/9 FACILITY LOCATION: 7904 W. Pines Blud, Sembrone Pines
FACILITY LOCATION: 7964 W. Pener Blod, Sembrone Pines,
Flourida 33026
Annual Reporting Period: Tuly 1997 TO July 1996
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
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
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: FABIO ALMONTE Signature Date Date

RECEIVED

^{*}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.

416 8 1997

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261130

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 21 97

Do NOT Remove Label

AIRS ID# 0112270

STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY . RE-INSPECTION .
TIME IN: 10:30 TIME OUT: 11:5	AIRS ID#: 0/12270
TYPE OF FACILITY: Dry Cleaning -	- Per C
FACILITY NAME: Stars & Stripes	leaners DATE: 06/3/97
FACILITY LOCATION: 7904 W. Pines 1	Rivol, Pembrone Pines
Florida 33026	
RESPONSIBLE OFFICIAL: Fatio Almonte	PHONE NUMBER: (45 4) 962-9925
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failely 1's in Compliance	
	-
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YESM NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: OCTAVIN	
INSPECTOR'S SIGNATURE: (PI	ease Print) PHONE NUMBER: (954) 519-1420
Page 2	of 7 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

CO	MPLIANCE II	YSPECT	ION CI	BECKLIST		
TYPE OF INSPECTION: A	NNUAL		ÀT,	COMPLAINT	DISCOVERY	a
R	E-INSPECTION	N	a			
						
AIRS ID#: 6//2270 DAT					TIME OUT:	11:45
FACILITY NAME: Star	2 Str	1122	<u> </u>	eoners		
FACILITY LOCATION: 790	4 W. P	100	Blu	d. Pem	brace Pi	رن
	Floride					
			·			
PART I: NOTIFICATION						
(check appropriate box)						
L. Existing facility notified DARM to	y 9/1/96		.• •			*
2. New facility notified DARM 30 d	ays prior to stan	tup				a
3. Facility failed to notify DARM to	use general per	mit				a .
PART II: CLASSIFICATION						
Facility indicated on notification for (check appropriate box)	rm that it is:	<u> </u>				
(cueex appropriate odx)						
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	. а	dry-to-d transfer both typ	ry anly, only, x es, x<1	trea source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	(28	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y="" yr=""><td>•</td><td>dry-to-d transfer both typ</td><td>ry only, only, 20 es, 140</td><td>trea source 140<x<2, 100="" g<br="">00<x<1,800 gal="" y<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>ут</td><td></td></x<2,>	•	dry-to-d transfer both typ	ry only, only, 20 es, 140	trea source 140 <x<2, 100="" g<br="">00<x<1,800 gal="" y<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	ут	

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

Revised 10/25/96

facility qualified for a general permit as number _____above

facility exceeds above limits and is not eligible for a general permit

ΥE

DИ

This is a correct facility classification

 \Box

If no, please check the appropriate classification:

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry eleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON	
2. Examining the containers for leakage?	DY ON	
3. Closing and securing machine doors except during loading/unloading?	AY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON N	'/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אולם אם אם	ľA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification I 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 cheeked, 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)

(con appropriate society			
L.	Equipped all machines with the appropriate vent controls?	ДΥ	ИП	L
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ÒΥ	MD.	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПN	Ġ ₩A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	фY	ПΝ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	줘 [.]	ДK	
б.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ÞΥ	ОΝ	

В.	Has the responsible official of an existing large or new large area source also:	
L.	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?	מאַ מאַ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	מע מא
ĵ.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AMD ND YD
P	TOTAL DECORPORTEDING PROTECTION OF THE	
	ART V: RECORDKEEPING REQUIREMENTS	
B	as the responsible official: theck appropriate boxes)	,
H (c	as the responsible official:	άγ □и
B (c)	as the responsible official: heck appropriate boxes)	Дх Ои Дх Ои
E (c)	as the responsible official: theck appropriate boxes) Maintained receipts for perc purchased?	
E (c)	as the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
E (c)	as the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON QNY OY ON QY ON
E. (c. 2. 3.	as the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON GANY OY ON OY ON QY ON
E (c) L. 2. 3	in the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON QUIY OY ON AY ON AY ON
E (c) L. 2. 3 6	in the responsible official: wheek appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained califoration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	MY ON
E (c) L. 2. 3 6	in the responsible official: Theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	MY ON MY ON MY ON MY ON MY MY ON MY MY MY MY MY MY MY MY MY M
E (c) L. 2. 3. 6 7	in the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained califoration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY ON WAY
E (c) L. 2. 3. 4 5 6 7 8	in the responsible official: theck appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	MY ON MY MY ON MY ON
E (c L 2. 3 6 7 8	in the responsible official: theck appropriate boxes) Maintained receipts for perc purchased? Maintained rotling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	MY ON MY MY ON MY ON

2.	Which method of detection is used by	the respon	sible off	icial?		
	Visual examination (condensed s	solvent on	exterior	surfaces)	b	
	Physical detection (airflow felt th	rough gas	kets)			
	Odor (noticeable perc odor)			,	8	
	Use of direct-reading instrument	ation (FID	/PID/ca	lorimetric tubes)		NA
	If using direct-reading instrum	entation,	is the e	quipment:		
	a. Capable of detecting	perc vapo	r coacer	ntrations in a range of 0-500 ppm?	QΥ	ΩN ·
	b. Caliorated against a (PID/FID only)?	standard g	gas prior	to and after each use	QΥ	ПИ
	c. Inspected for leaks a	nd obviou	s signs o	f wear on a weekly basis?	QΥ	ИΩ
	d. Kept in a clean and	secme ste	a when i	not in use?	ΩŸ	ΩИ
	e. Verified for accuracy	y by use of	duplica	te samples (calorimetric only)?	ΩY	ŪN .
3.	Has the facility maintained a leak log?	· ·			QΥ	□и
4.	Does the responsible official check the	following	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	ΔY	Ωи	Muck cookers	₽A	ПИ
	Door gaskets and seating	ØΥ	ΩИ	Sulls	by	_ ND
	Filter gankets and seating	A Y	ПΩ	Exhaust dampers	QY	ON MI
	Pumps	a.	ΩИ	Diverter valves	ΩY	ON 4/1
	Solvent tanks and containers	G.A.	ПD	Cartridge filter housings	; QY	שוא אם
	Water separators	ΩY	ИD		·	
_	FABIO ALHON Name of Responsible Office					
	OCTAVIAN C		c.	06/30/97	7	
_	UCIAVIIIV C	10/	<u>, </u>			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

July 1998
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112270

FABIO ALMONTE FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	Ton	_1998	то		Jan. 19 <u>99</u>
Based on each term or condition of the Title 1 62-213.300, Florida Administrative Code (F.A.	A.C.), during the period	my-facility od covered	by this statement	t. VYES	NO
If NO, complete the following:				•	
#1. Term or condition of the general permit t	that has not been in co	ntinuous c	compliance during	g the reporting per	iod 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 t	hat has not been in co	ntinuous c	compliance during	g the reporting per	iod 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 notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to	erther, my annual consu	amption of p	perchloroethylene	solvent, based upon	purchase receipts,
	e (Please Print)	101V	Signat	ure	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.

KIB

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Stars & Stripes (leoners & DATE: \$2/10	1/98
FACILITY LOCATION: 7904 W. River Blud. 48 2 2 L	
Pandrone Pines, f1.33026 86,74 39	2
Annual Reporting Period: Hard 1997 TO March 1	9 <u>98</u>
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. AYES	
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 about 1.	ove:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the reporting period stated about the continuous compliance during the continuous con	ove:
Exact period of non-compliance: from	
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 stateme made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, bas upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer combination facilities. RESPONSIBLE OFFICIAL: FABIO ALHONTE	sed
Name (Please Print) Signature Date	1 -

^{*}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.

TTPE OF INSPECTION:	ANNUAL 🕎	COMPLAINT/0	DISCOVERY	BEST AVAIL	
TIME IN: 1-2:00	TIME OUT:/	14.00	AIRS ID#:	0112270	
TYPE OF FACILITY: Du	y Cleanin	9			
FACILITY NAME: STO	us & Stripe	y Clean	ers	DATE:	2/98
FACILITY LOCATION: 7	904 W. P1	ices Blv	ol	·	
	autrone Sic	$\frac{\omega}{1}$	33026	(541 / 10/2	
RESPONSIBLE OFFICIAL:	HBIO ALA	ONIT	PHONE NUMBER	(954)962	- 4855
	the compliance requirement Rule 62-213.300, Florida A	_		cility is found to be in	
Based on the results of discrepancies were not	the compliance requirement ed:	nts evaluated during	this inspection, the fo	llowing compliance	
COMPLIANCE REQ	UIREMENT/PROBL	EM FC	DLLOW-UP ACT	ION REQUIRE	0
			P	^	
Facility is	in Coleylia	en ce	Bureau of The Maria	E.	· · ·
			Pit Monitor	§ 6	
				.	
COMMENTS:					
٠.					
The Annual Compliance Certif	ication form has been prop	erly certified and sub	omined to the inspecto	or. YES	NO
DATE OF NEXT INSPECTI	ON:	Herch	1999		
INSPECTION CONDUCTED	DBY: 0(71	/ (Please Print	OPRIS		
INSPECTOR'S SIGNATURE	E:	<u> </u>	PHONE NUMBER	(454) 519	7-1420
		Page 2 of 2.			Revised 10/96

.....UKI UKI CLEANEKS

TITLE V GENERAL PERMIT

BEST AVAILABLE COPY

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTION

ANNUAL

▼ COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2270 DATE: 03/12	198 TIME IN: 12:00 TIME OUT: 14:00
FACILITY NAME: Stars & St	upes (leaners
FACILITY LOCATION: 7904 W.	Pines Blud,
Combrace	Pines, Flavidap37026
RESPONSIBLE OFFICIAL: Falio A	luouse PHONE: (954) 262-4925
CONTACT NAME:	PHORE: N
	2/
	OF E
PART I: NOTIFICATION	\$ 18 8 O
(check appropriate box)	To To To
L. New facility notified DARM 30 days prior to star	qup 🔭 🛴 🗆
2. Facility failed to notify DARM to use general per	mit 🗀
PART U: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
t. Existing small area source Acy-to-dry only, x < 140 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, $x \le 140$ gallyr
both types, x < 140 gal/yr	both types, $x \le 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
_	<u>_</u>
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2.100 \text{ gal/yr}$	dry-to-dry only. $140 \le x \le 2.100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1.300$ gal/yr
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
(consulated before (21717))	(constructed on or after (21717))
5. This is a correct facility classification	YaY □N □Can not determine
ff no. please check the appropriate classific	tation:
☐ facility qualified for a gen	neral permit as numberabove
	nits and is not eligible for a general permit
R. The total awasting of perchloroethylene (perc) no	victored within the preceding 12 months by this day cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? MY UN UNIA 2. Examining the containers for leakage? MY ON ONA 3. Closing and securing machine doors except during loading/unloading? MD AQ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AMO NO YE 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AYMD MD YA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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). Curbon 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:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

(check appropriate boxes)

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

OY ON

MO AD

ND YD

YND YD YD

AMD NO YO

AWE WE YE

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?	אם אם
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?	AND ND YD
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
s the perc concentration equal to or less than 100 ppm?	OF OR OWA
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?	אואכי אס אס
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONIA
6. Routed airflow to the carbon adsorber (if used) at all times?	AMD ND YD
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	ØY □N
Has the responsible official: (check appropriate boxes)	da A O M da A da
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	· `
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	· `
Eas the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	May UM
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	QYY DY DYYY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	014 ON ON/Y
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)	DAY ON ON/A DAY ON ON/A DAY ON DN/A
Eas the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	01 ON ON/A 01 ON ON/A 01 ON ON/A 01 ON ON/A 02 ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	01

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			AD A DA		
2. Has the facility maintained a leak log?			ØY ON		
3. Does the responsible official check the	following areas for leaks	?			
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	AND ND YER		
Door gaskets and seating	1	Sulls	TOY ON ONA		
Door gaskets and seating	AND UNDA	Sulls	MI ON OWA		
Filter gaskets and seating	AYY ON ONIA	Exhaust dampers	ANNE NO YO		
Pumps	AND NO YE	Diverter valves	AINK NO YO		
Solvent tanks and containers	AND NO YE	Cartridge filter housings	AIND ND YA		
Water separators	AND NO YE		-		
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	olvent on exterior surface	· ·	i ∑ β		
Physical detection (airflow felt th	rough gaskets)		\$1		
Odor (noticeable perc odor)			≱		
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	\$		
Halogen leak detector			\$		
If using direct-reading insti	umentation, is the equip	oment:	MNA		
a. Capable of detecting	NO YO				
b. Calibrated against a (PD/FD only)?	standard gas prior to and	after each use	UY UN		
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	UY UN		
d. Kept in a clean and s	secure area when not in us	se?	UY UM		
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	UV UN		
		4	1		
OCTHVIAN	OPRIS	03/12	198		
Inspector's Name (Please Pri	nt)	Date of Inspe	ction		
A.		March	1999		
Inspector's Signature		Approximate Date of	Next Inspection		

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS 10#0112270

FABIO ALMONTE FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026 Bureau of Air Monitoring & Mobile Sources

70

177

Do NOT Remove Label

Annual Reporting Period:	Jan 11 1997 TO	Jan 11 19 98
Based on each term or condition of the 62-213.300, Florida Administrative Co	Title V general air permit, my facility has remained in ode (F.A.C.), during the period covered by this statemen	L DYES UNO
If NO, complete the following:		,
#1. Term or condition of the general pe	ermit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	to	Mot P
Action(s) taken to achieve compliance:		e Squ 4
Method used to demonstrate compliance	ee:	1998 Monitoring Sources
#2. Term or condition of the general pe	ermit that has not been in continuous compliance during	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance	e:	·
notification are true, accurate and complete	y, based on information and belief formed after reasonable ate. Further, my annual consumption of perchloroethylene a dry-to dry facilities or 1,800 gallons per year for transfer of	solvent, based upon purchase receipts,

^{*}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.

PC *

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· _	
FACILITY NAME: Star & Stri	yes: Cleoners	DECELYAF	E: 04/02/9
FACILITY LOCATION: 7904 W	Pices Blud.	KEC - 1945)
Paulous	Pines Blvd. Pines, Fl. 33	APR - 0 W.	ring
	11ws , 11. 33	Dureau of All Mon	rces
Annual Reporting Period:	19 <u>98</u> то _	Bureau of All Molle Sou	19 <u>99</u>
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), de	-		DEP Rule
If NO, complete the following:	·		
#1. Term or condition of the general permit that has	not been in continuous compliand	ce during the reporting pe	eriod stated above:
Exact period of non-compliance: from		10	
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 compliand	ce during the reporting pe	riod stated above:
Exact period of non-compliance: from	to	·	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		<u>. </u>	
	<u> </u>		
As the responsible official, I hereby certify, based on made in this notification are true, accurate and comp upon purchase receipts, does not exceed 2,100 gallon combination facilities. RESPONSIBLE OFFICIAL:	lete. Further, my annual consum is per year for dry-to dry facilitie	ption of perchloroethyler	ne solvent, based
Name (Pleas	e Print)	Signature	'Daté ' '

"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.

LENGTLORUETHYLENE DRY CLEANERS

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:
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ANNUAL

Ø

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2270 DATE: 04/02/99 TIME IN: 10:00 TIME OUT: 11:00

FACILITY NAME: Stand Stripes Cheaners

FACILITY LOCATION: 7904 W. Pines Blud.

Pembrone Pines Fl. 33026

RESPONSIBLE OFFICIAL: FABIO ALMONTE PHONE: (954) 962-4925

CONTACT NAME: PHONE:

а
. •

Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) X 1. Existing small area source 2. New small area sourcedry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2.100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2.100 \text{ gal/yr}$ transfer only, $200 \le x \le 1.800$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification \square 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 60 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	ÇYY □N □N/A
2. Examining the containers for leakage?	AND NO WA
3. Closing and securing machine doors except during loading/unloading?	ØYY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MAN UN UNIA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ОУ ОИ Ж И/А
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 mus prior to September 22, 1993	- 1
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?	אם צם
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?	אומם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
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?	מם עם

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?	QΥ	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	 □Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	DИ	□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 (DИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY (ИD	□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?		ΩN	□N/A
١.	of expansion, and downstream from no other miet:	u , ,	. 10	CINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? $\nabla V \cap V$ 2. Maintained rolling monthly total of perc consumption? $\mathbf{Z} \setminus \Box \mathcal{N}$ 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: BY ON ONA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? MANG NG YE AME NO YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? AME NO YO AY DK 6. Maintained startup/shutdown/malfunction plan? OY ON MINA 7. Maintained deviation reports? DY DN XVA Problem corrected? DY DN KONA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?			Ø¥Y	ПИ			
2. Has the facility maintained a leak log	?	·	ØY	ПN			
3. Does the responsible official check the	e following areas for leaks	?					
Hose connections, fittings, couplings, and valves	DALA ON ONIV	Muck cookers	XY	□N ÖN/A			
Door gaskets and seating	AND NO AND	Stills	MY	AND ND			
Filter gaskets and seating	AND NO THE	Exhaust dampers	G CY	AIND ND			
Pumps	AND NO YA	Diverter valves	ØYY	AINO NO			
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	⊠ Y	AINO NO			
Water separators	AL ON ONIA						
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)			Þ				
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	<i>ا</i> ر د	1/K			
Halogen leak detector							
If using direct-reading inst	trumentation, is the equip	pment:	אאם	A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ΩY	ンス			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	QΥ	ИD			
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	ΩY	N D			
d. Kept in a clean and secure area when not in use?			ΩY	ИC			

OCTAVIAN OPRIS	04/02/99
Inspector's Name (Please Print)	Date of Inspection
A,A	April 2000
Inspector's Signature	Approximate Date of Next Inspection

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

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISC	
AIRS 10#: 01/22 70	DATE: 7/29/00	TIME IN:	1530 TIM	е обт: <u>/630</u>
FACILITY NAME:	Stars & Strip	ies	Bur P	
FACILITY LOCATION:	7804 W. Pi	nes 16/4	d. Freg	
	Dembroke Pi	ines H.	3302402	
RESPONSIBLE OFFICIAL	: Fabio Alma	1/e p	HONE: (95%)	3962-4925
CONTACT NAME:	Same	P	HONE:	âne
PART I: NOTIFICATION				
(check appropriate box)				_
1. New facility notified DARN	A 30 days prior to startup			۵
2. Facility failed to notify DAI	RM to use general permit			۵
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	tion form that it is:		No notification for Drop store/out of b	
(check appropriate box) A.			Drop stote out of t	ousiness/petroleum
 Existing small area sou dry-to-dry only, x < 140 gal 	/yr dry	New small area $-$ to-dry only, $x <$	140 gal/yr	
dry-to-dry only, $x < 140$ gal transfer only, $x < 200$ gal/y	/yr dry r trar	-to-dry only, $x < 0$: 140 gal/yr 00 gal/yr	
dry-to-dry only, $x < 140$ gal	/yr dry r trar boll	-to-dry only, $x <$: 140 gal/yr 00 gal/yr gal/yr	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	/yr dry- r tran both) (con rece	-to-dry only, x < nsfer only, x < 20 h types, x < 140 nstructed on or a New large area -to-dry only, 140	140 gal/yr 00 gal/yr gal/yr ofter 12/9/91) source 0 ≤ x ≤ 2,100 gal/yr ≤ 1,800 gal/yr ≤ 1,800 gal/yr	о •
dry-to-dry only, $x < 140$ gal transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	/yr dry- r tran both (con rece	to-dry only, $x < 20$, asfer only, $x < 20$, types, $x < 140$ astructed on or a New large area to-dry only, 140 , asfer only, $200 \le 10$, types, $140 \le x$ astructed on or a	140 gal/yr 00 gal/yr gal/yr ofter 12/9/91) source 0 ≤ x ≤ 2,100 gal/yr ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91)	/yr dry- r tran both (con rece	to-dry only, $x < 20$ insfer only, $x < 20$ in types, $x < 140$ instructed on or a New large area to-dry only, 140 insfer only, $200 \le 100$ in types, $140 \le x$ instructed on or a $140 \le 100$ in 140	140 gal/yr 00 gal/yr gal/yr gal/yr utter 12/9/91) source 0 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr fter 12/9/91) Can not determine cr above	. ·

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

PART.III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	N/A	
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	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□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,	ОУ ОМ	
	or expansion; and downstream from no other inlet?	u i un	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

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

PART	PART VI: LEAK DETECTION AND REPAIRS				
l. Doe	s the responsible official conduct a	weekly (for small sources, t	oi-weekly) leak detection as	nd repair	
insp	COY ON				
2. Has	the facility maintained a leak log?			OY ON	
3. Doe	s the responsible official check the i	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	CHÝ ON DINIA	Exhaust dampers	ENY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	BY ON ON/A			
4. Whi	ich method of detection is used by th	ne responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces)		ख	
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)			ø,	
,	O N/A				
	□ и/и 				
	ON/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and aft	er each usc	OY ON	
	c. Inspected for leaks and	d obvious signs of wear on a	a weekly basis?	OY ON	
	d. Kept in a clean and se	cure area when not in use?		OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
Paul R. She /for 7/20/00					
	Inspector's Name (Please Print) Date of Inspection				
	1 OI	.,	Date of Inspec	Juon	
	March Shelene		7/20/01		
	Inspector's Signature		Approximate Date of 1	Vext Inspection	
rk Done	On The Premises				

III Wol Free Pick Up & Delivery Evening 6-10

STARS & STRIPES
DRY CLEANERS

1-F 7:30 - 6p.m. at 8:30 - 4:30

abio Almonte General Manager

7904 Pines Blvd. Pembroke Pines, FL 33024 962-4925

4 of 5

Revised 9/15/97

AIRS ID#: 0110240

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Kev/isea 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: States & Stryces	DATE: 7/28/00
FACILITY LOCATION: 7904 W. Pines Blue	
Pombroke Pines, FL. 33024	
<u> </u>	
Annual Reporting Period: July 28 2000 TO July 28	200/
Based on each term or condition of the Title V general air permit, my facility has remained in complian	nce 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 repo	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable into in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities. RESPONSIBLE OFFICIAL: Fham, Almonto Signature	lene solvent, based upon
Name (Please Print) Sygnature	Date

Page ____ of ____.

^{*}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.

•	P 265 302	365	
•	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to	Provided.	
	AIRS FABIO ALMONTE FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL	ID#: 0112270 33026	
	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	-	\$	
PS Form 3800 , April 1995	Postmark or Date P265 302	365	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if 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 recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	ee's Address
ADDRESS completed	AIRS ID#: 0112270 FABIO ALMONTE FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026		360 36 Type ed	COD
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	e's Address (Only i paid) Domestic Reti	T
į	PS Form 3811 , December 1994		Dolliestic Lett	am neceibt

	Z 333 L US Postal Service Receipt for Cer No Insurance Coverage	tified Mail Provided.
		AIRS ID # 0112270
_	TARS & STRIPES CL	EANERS
	ABIO ALMONTE 904 W PINES BLVD	
	EMBROKE PINES FL	33026
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	Certified Fee	
	Special Delivery Fee	
. 10	Restricted Delivery Fee	
199	Return Receipt Showing to Whorn & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	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 card to you. ■ Attach this form to the front of the mailpiece, or on the back if spac permit. ■ Write "Return Receipt Requested" on the mailpiece below the article ■ The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	2. Restricte Consult postmas	ee's Address
IN ADDRESS completed	3. Article Addressed to: AIRS ID # 0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026	4b. Service 7 Registere Express I	Type Ind Mail Seipt for Merchandise	Certified Certif
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addresses and fee is	's Address (Only paid) Domestic Ret	Than

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(-was stored)

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

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PEMBROKE PINES FL 33026

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PEMBROKE PINES FL 33026

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TOTAL Postage & Fees

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(of envelope to	Fold		—;
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N ADDRESS completed	3. Article Addressed to: AIRS ID 0112270 FABIO ALMONTE FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026	4b. Service 1 ☐ Registere ☐ Express I	Type ad Certified Mail Insured ceipt for Merchandise COD	for using Return Re
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X X X X X X X X X X X X X	8. Addressee and fee is		Thank you
_	PS Form 3811, December 1994		Domestic Return Receipt	_

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Fund: 20-2-035001 Obj.: 002273

Z 3,33 6,57 230 US Postal Service **Receipt for Certified Mail** AIRS ID # 0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered
Return Receipt Showing to Whom,
Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

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	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) Z 33.3 66.7 7.30	
	nestic Return Receipt 102595-99-M-1789

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Sureau of Air Monitoria & Mobile Sources

Z 094, 212,750 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33026 Celuleu res Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date PS Form

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ADDRESS completed on	AIRS ID # 01 12270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 WPINES BLVD PEMBROKE PINES FL 33026 FALS ID # 01 12270 AIRS I		1: 212 750 Type ed Certified	you for using Return Rece
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested s paid) Domestic Return Receipt	Thank y

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Sorge: 37550101066 EO: B1

Frand: 262035001

GOM: 002273

3260	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Senvice MAIL RECEI	
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2000 0600	10 A FABIO ALMON STARS & STRIPI 7904 W PINES BI PEMBROKE PIN	ES CLEANERS LVD	G Se for Instructions

PLACE, STICKER AT, TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	
OCIADELLE CONTEST TO GOT IN GIANTE AND IG	IPLETE THIS SECTION ON DELIVERY
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1 Article Addressed to:	D. Is delivery address different from item 12 Tyes If YES, exter relivery address below:
10 AIRS ID # 0112270001AG FABIO ALMONTE STARS & STRIPES CLEANERS 7904 W PINES BLVD	JUN 1 1 201
PEMBROKE PINES FL 33026	3. Service Typeureau of Air Wonttoring
**************************************	☐ Certified Mails Midblides Malfices ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	026 4130 3260

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7904 W PINES BLVD PEMBROKE PINES FL 33026	3. Service Type Certified Mail	
2. Article Number (Copy from service label)	1/26 6725	† :
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