

Department of Environmental Protection

0250685

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

Virginia B. Wetherell Secretary

August 23, 1996

Mr. Mark D. Mills Sir Galloway Dry Cleaners, Inc. 13007 Southwest 87 Avenue Miami, Florida 33156

Dear Mr. Mills:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 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 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. Ewart Anderson, Dade County

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

Revised 8/4/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):		ĺ	The state of the s
	mark D. Mills, Sir GALLOWAY Dry Cleaners, In	C	<u> </u>	
2.	Site Name (For example, plant name or number):			
M	lain Plant]	
3.	Hazardous Waste Generator Identification Number:		:	
	FLD 118130806-		1	
4.	Facility Location: Street Address: 13007 5. W. 87AVE City: Miami PL: County: Dade Zip Code: 33156			
	City: Miami PL: County: Dade Zip Code: 35156	-		
5.	Facility Identification Number (DEP Use):			
	Responsible Official			
6.	Name and Title of Responsible Official:	İ		
	Mark Mills, pres	i	,	
7.	Responsible Official Mailing Address: Organization/Firm: Sic GALLOWAY Dry Cleaners, Inc. Street Address: 13007 5.W.87AVE			,
	City: MI am FL County: Dade Zip Code:) <u> </u>	•
8.	Responsible Official Telephone Number:	1		
	Telephone: (305): 252-2000 Fax: (305) 255-596/		1	
	Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):		-	
	Na			
10.	Facility Contact Address;		1	
	Street Address:	!!		
	City: Zip Code:	11		
11.	Facility Contact Telephone Number:	+	-	
	Telephone: () - Fax: ()			
<u> </u>		ŤΪ	-	

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

Facility Information

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

	т	In .	100	·	Texas —	Ir.		In.	L.	<u> </u>
!	,	Date	Date	}	Date Machine	Date Control		Date Machine	. 1 [ate ontrol
		Machine Initially	Control Device		Initially	Device		Initially	11	evice
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	: ' !	stalled
i y pe of Machine	L 110	Turchased	(III) III		1 dicinasco	mistanco	1.1.	T di cirasca	1100	i i
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-97	•	#3	02-MAR-9	2 0.	2-MAR
Dry-to-Dry Unit										1
(1) w/ ref. condenser	7	Cel-MARS	15 OV MARYK	12	Ol Mar 9	SOLMECS			П	
(2) w/ carbon adsorber	-			+ -	 		*	1		
(3) w/ no controls				T				[' -		i
Washer Unit				<u></u>						
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls	1									1
Dryer Unit						,	:		1	
(7) w/ ref. condenser										1
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit	:	:			,				i	
(10) w/ ref. condenser	·			1			T		\prod	
(11) w/carbon adsorber	:									
(12) w/ no controls										
(c) No control devices 2.(a) What was the total of 280 (b) If less than 12 mont Check why it is less 3. What is the facility's son (Indicate with an "X". Sexisting small are Existing large are	juant gallo hs, ho than urce of Selec	ity of perchlo ons ow many? [months New owner; based on the cation only.)	perc) [e defi)	purchased i	e: [] Did d in section (l not k	eep records		
Existing range and	:		246	214 141	<u>.</u>		J			
	:									

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 What control technology is required on machines pursuan (Indicate with an "X".) 	nt to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrig	erated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser [X]	
5. A facility which contains non-exempt emissions units sha to Rule 62-213.300, F.A.C. Verify that all steam and hot wa exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a t boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than o	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
: :	
Equipment Monitoring and Rec	ordkeeping Information
Check all logs which are required to be kept on-site in accor	dance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	لــــــــــــــــــــــــــــــــــــــ
(b) Leak detection inspection and repair	LXJ
(c) Refrigerated condenser temperature monitoring	LX.1
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	נא
(f) Start-up, shutdown, malfunction plan	· LX
T. Control of the con	

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Perchloroethylene Dry Cleaning Facility Notification

AUG 5 1996

Facility Name and Location

Bureau of Air Monitoring

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Mobile Sources
	mark D. Mills, Sir Galloway Dry Cleaners, I	Inc.
2.	Site Name (For example, plant name or number):	
m	nain Plant	
3.	Hazardous Waste Generator Identification Number:	
	FLD 118130806	
4.	Facility Location: Street Address: 13007 5 W 87 AV2	
	City: Miami FL County: Dade Zip Code: 3315	6
5.	Facility Identification Number (DEP Use):	
	Airs ID. 0250685	

Responsible Official

6.	Name and Title of Responsible Official:
	Mark Mills, Pres
7.	Responsible Official Mailing Address:
	Organization/Firm: Sir GALLOWAY Dry Cleaners, Inc
	Street Address: 13007 500 87AVC
	City: MIami Fi County: Dade Zip Code: 33156
8.	Responsible Official Telephone Number:
	Telephone: (305) 352-2000 Fax: (305) 255-596/

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For	example, plant manager):	
	Na		
10.	Facility Contact Address:		
	Street Address: City:	County:	Zip Code:
11.	Facility Contact Telephone Number: Telephone: () -	Fax: () -

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

Facility Information

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

		Date	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-9
Dry-to-Dry Unit				\			$\overline{}$		
(1) w/ ref. condenser	1/	MARILYS	MARIL 95	1/2	magh ge	MARIN 95	1		
(2) w/ carbon adsorber	1	77770	Minkel 45	 	1. 11.44/13	X	—— '	1	
(3) w/ no controls	\		/ / / / /					, —	-
Washer Unit	. `								
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit							<u> </u>		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•						•	•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re quant gallo	equired to be ity of perchlons ow many? [_	rinstalled [perc)	purchased in				
Check why it is less 3. What is the facility's so (Indicate with an "X".	urce	classification	based on the	e defi	- -			•	
(Marcate William A.			italion omy.)	•					
Existing small ar	ea so	urce	Ne	w sn	nall area sour	ce [
Existing large are	ea soi	ırce []	Ne	w lai	ge area sour	ce 🔽			٠

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

4. What control technology is required on machines process. (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	we a total heat input of 10 million BTU/hr or less (298 ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
. · · · · · · · · · · · · · · · · · · ·	
Equipment Monitoring an	d 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	[,X_]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan .	

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

Surrender of Existing Air Permit(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 additions notification. I hereby certify, based on information and belief formed after reasonable inquiristatements made in this notification are true, accurate and complete. Further, I agree to operate maintain the air pollutant emissions units and air pollution control equipment described above so comply with all terms and conditions of this general permit as set forth in Part II of this notification.	
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility add this notification. I hereby certify, based on information and belief formed after reasonable inquir statements made in this notification are true, accurate and complete. Further, I agree to operate maintain the air pollutant emissions units and air pollution control equipment described above so	
this notification. I hereby certify, based on information and belief formed after reasonable inquir statements made in this notification are true, accurate and complete. Further, I agree to operate maintain the air pollutant emissions units and air pollution control equipment described above so	
	y, that th and as to
I will promptly notify the Department of any changes to the information contained in this notifical	

AIRS 10#: 0250685

) ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT

R	TRAVES	4 30/	10136	5]])
77	JUN	13	1997	(الله

	13001 000 8711	Dry Cleaner. Ive Miami	FL 33156	
			•-	
nnual Reporting Period:	JAN	19 <u>96</u> TO _	Dec	19 <u>_9</u> &
ased on each term or condition	of the Title V general ni	r navnit one facility has same	pined in compliance Hai	th THD Dule
2-213.300, Florida Administrat		• • •	\	MI DEF RIBE
NO, complete the following:	•		, .	
1. Term or condition of the gen	neral permit that has not	been in continuous complian	ce during the reporting	period stated above:
	•	,		•
xact period of non-compliance	· from		b REC	EIVED
action(s) taken to achieve comp				4 6 1007
•			•	1 6 1997
Method used to demonstrate con	nphance:		Bureau 8. M	of Air Monitoring obile Sources
	neral permit that has not	been in continuous complian	_	
2. Term or condition of the ge				
2. Term or condition of the ge		1		
	e: from			
Exact period of non-compliance		t)	· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance Action(s) taken to achieve comp	pliance:	t)	
Exact period of non-compliance	pliance:	t)	
Exact period of non-compliance	pliance:)	
Exact period of non-compliance Action(s) taken to achieve comp Method used to demonstrate cor	pliance: mpliance: mediance:			
Exact period of non-compliance Action(s) taken to achieve comp Method used to demonstrate con Letter the responsible official, I here and in this notification are tru upon rolling averages of purcha	npliance: mpliance: reby certify, based on info ie, accurate and complete ase receipts, does not excu	. Further, my annual consul	nption of perchloroethy	viene solvent, based
Exact period of non-compliance Action(s) taken to achieve comp Method used to demonstrate cor As the responsible official, I her made in this notification are tru upon rolling averages of purcha- vear for transfer or combination	npliance: mpliance: reby certify, based on info ie, accurate and complete ase receipts, does not excu	. Further, my annual consul	nption of perchloroethy	viene solvent, based

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

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

ATTN MISS Riveria



PLANT & OFFICES 13007 S.W. 87th Avenue Miami, FL 33176



Ms. R. RIVERIA

DERM

Air Quality Mgmt

33 SW 2nd Avenue, Suite 900

Miami, PL 33130-1540

ささ1さの/1540

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM RECEIVED

MARK D. MILLS MARK D. MILLS 13007 SW 87 AVE MIAMI FL 33156 AIRS 1D#0250685

JAN 2 9 1998

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

	10 <u>NO</u>	L Remove Laber	
Annual Reporting Period:		_19 TO	19
Based on each term or condition of t	•	•	ė –
62-213.300, Florida Administrative	Code (F.A.C.), during the period	od covered by this statement.	YES UNO
If NO, complete the following:			
#1. Term or condition of the genera	l permit that has not been in co	ntinuous compliance during	the reporting period stated above:
Exact period of non-compliance: fro	om	to	JA RE
Action(s) taken to achieve complian	ce:		N CE
Method used to demonstrate compliant	ance:		98 005 00/EII
#2. Term or condition of the genera	l permit that has not been in co	ntinuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	om	to	
Action(s) taken to achieve compliance	ce:	· 	
Method used to demonstrate compliant	nnce:		•
•	·		
As the responsible official, I hereby cer notification are true, accurate and com does not exceed 2,100 gallons per year	plete. Further, my annual consu	mption of perchloroethylene so	olvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	MARK M.//s Name (Please Print)	Musmil	1-13-97
	Name (Please Print)	Signatu	re 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL D COM	PLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 2:25 pm TIME OUT: 4:00 pm TYPE OF FACILITY: New large area say FACILITY NAME: Six Halloway FACILITY LOCATION: 13007 SW 87 Que	omAIRS ID#: 0250685
TYPE OF FACILITY: New large area sou	uce
FACILITY NAME: Sie Galloway	Dry Cleanus DATE: 12.4.96
FACILITY LOCATION: 13007 SW 87 Que	Miami H.
	, 132 4010
RESPONSIBLE OFFICIAL: Mark D. Mills	PHONE NUMBER: 372-6942
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
COMMENTS:	
MARK MILLS	
MARK MILLS	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12.4.97	
(A ₁	pproximate)
INSPECTION CONDUCTED BY: Rosana (P) INSPECTOR'S SIGNATURE: Rasana	PHONE NUMBER: 372-6942

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU. RE-INS	AL SPECTION		COMPLAINT/DISCO	OVERY	0
AIRS ID#: 0250685 DATE: 1/2 FACILITY NAME: Six Sala FACILITY LOCATION: 13007	2.4.96 Coway Sw 87	Dry Que	N: <u>2:25 pm</u> TIM Cleanus) . Miami,	E OUT: _	4:00 pm
			•		
PART I: NOTIFICATION					
(check appropriate box)][
1. Existing facility notified DARM by 9/1	/96				<u> </u>
2. New facility notified DARM 30 days pr	rior to startup				9
3. Facility failed to notify DARM to use g	eneral permit	•			
PART II: CLASSIFICATION					
Facility indicated on notification form to (check appropriate box)	hat it is:				
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)	dry-t trans both	o-dry only fer only, x types, x<1	area source , x<140 gal/yr <200 gal/yr 40 gal/yr , or after 12/9/91)	0	
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="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-1 trans both</td><td>to-dry only sfer only, 2 types, 140</td><td>area source , 140<x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" a="" after="" gal="" or="" td="" yr=""><td>P</td><td></td></x<2,></td></x<2,>	dry-1 trans both	to-dry only sfer only, 2 types, 140	area source , 140 <x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" a="" after="" gal="" or="" td="" yr=""><td>P</td><td></td></x<2,>	P	
This is a correct facility classification	ДY	ПN			
If no, please check the appropriate classic	fication:				
facility qualified for a g facility exceeds above li	*	_	above a general permit		
B. The total quantity of perchloroethylen facility was 595 gallons. (1995)		sed within	the preceding 12 mont	hs by this d	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY DN 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN EVNA 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 DY DN BNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/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 prior to September 22, 1993 installed 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? PLY ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	QÝ □N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON
Is the temperature differential equal to or greater than 20° F?	GY 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 128√1/A
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?	ОУ ОИ БИР
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	בערם אם אם אם
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 	DY ON
2. Maintained rolling monthly averages of perc consumption?	
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	
 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 	DY ON
 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? 	DY ON DY ON
 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) 	DY ON DY ON OY ON E.VA
 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? 	DY ON DY ON CY ON C.VA OY ON WA
 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? 	DY ON

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection? □Y □N

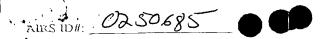
2.	Which method of detection is used by	the respon	sible offi	cial?		
	Visual examination (condensed	solvent on	exterior	surfaces)		
	Physical detection (airflow felt the	hrough gas	skets)	•	1	
	Odor (noticeable perc odor)				<u>a</u>	ı
	Use of direct-reading instrument	tation (FII)/PID/cal	orimetric tubes)	B	
	If using direct-reading instrum HALOGEN LEAK DEVEE a. Capable of detecting	nentation, To Te C perc vapo	is the eq AUNOT or concen	uipment: DETERMINE RANGE (ONLY Pre trations in a range of 0-500 ppm?	Senc DY 1	e). Dn
	b. Calibrated against a (PID/FID only)?				OY !	⊓מ
	c. Inspected for leaks a	ınd obviou	s signs of	f wear on a weekly basis?	ΟY	□и
	d. Kept in a clean and	secure are	a when n	ot in use?	□Y	□и
	e. Verified for accurac	y by use of	duplicat	e samples (calorimetric only)?	ΩY	ΩΝ
3.	Has the facility maintained a leak log	?		•	ΩY	□и
4.	Does the responsible official check the	e following	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	DAY	ΩN	Muck cookers	Ω X	ПN
	Door gaskets and seating	ĽY	ПN	Stills	DY	ПN
	Filter gaskets and seating	· tay	ПИ	Exhaust dampers	Φ¥	ПИ
	Pumps	ШY	ΩИ	Diverter valves	σx	_ □N
	Solvent tanks and containers	ØÝ	ПИ	Cartridge filter housings	DY	ПN
	Water separators	ØY	ПИ			
_	Mark D. Mills Name of Responsible Office) cial				
	Rosanas RivERA	9		12-4-	96	
_	Inspector's Name (Please P	rint)		Date of Insp	ection	

12-4-97 Approximate Date of Next Inspection

- III. 1. The day cleaning unit filtering septem consists of spin discs.
 - II. A. 1. Bry cleaning unit has a new generation" system; hence the door cannot be open unless all vapaes have been removed from the washing drum/chamber.
 - I 5. Meas Leak detection system/equipment cansists of a halogen detector.*
 - I. 7. No major changes in the facility.
 - I handed out a copy of the annual Compliance Certification to Mis. Starey Stephan, office manager.

* Spec's not available. * HI 400 NOVA automated Halogen Leak defector.

NO A ROLL SUIVI	MARY REPORT BEST AVAILABLE COPY
	PLAINT/DISCOVIE RE-INSPECTION
TIME IN: 2000 TIME OUT: 3:07	AIRS ID#: 025 0645
TYPE OF FACILITY: Dry to Dry	
FACILITY NAME: CIR Galloway Changes	DATE: 8/28/98
FACILITY LOCATION: 13007 SW 87 HUX	2
RESPONSIBLE OFFICIAL: Mark M,1/5	PHONE NUMBER (BOS) 282-200
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	•
	·
<u> </u>	
COMMENTS:	
COMMENTS.	
<i>:</i>	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8/99	
NSPECTION CONDUCTED BY: Mydehell	oproximate) FISHKIND
	lease Print)
NSPECTOR'S SIGNATURE: That of Mul	PHONE NUMBER: (308)372-6925
Pagc_	of Revised 10/90





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SIr Galloway	Chouners	<u>.</u>	DATE: 8/18/28
FACILITY NAME: SIT Galloway FACILITY LOCATION: 13007	SW 87th AR		
· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period: 8/97		то8/	7 719
Based on each term or condition of the Title V g			•
If NO, complete the following: #1. Term or condition of the general permit tha	t has not been in continuo	us 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 the	at has not been in continuo	ous compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	FCFIVED
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			SEP 2 8 1998
	 	E	Bureau of Air Monitoring
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities.	d complete. Further, my a	nnual consumption of perd	le inquiry, that the statements chloroethylene solvent, based facilities or 1,800 gallons per
	DMIIIS - (Please Print)	Manuel Signature	8-28-98 Date

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

telk/me

^{*}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.



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Æ	COMPLAINT/DISCO	VERY	
	RE-INSPECTION				
	KE-INSI ECTION	J			
		.,			47
AIRS 10#: 0250685	date: <u>8/28/98</u>	? TIME II	N: OZ!OOFTIME	OUT:	0 /
FACILITY NAME: 517	Galloway Ch	euners		~	
FACILITY LOCATION: L	2007 541	47 Ave.	BI	S.	1
FACILITY LOCATION:E	<u> </u>	07770	\$	St. Co	
	MIami R	33/56	7	On B	
RESPONSIBLE OFFICIAL:	Mark Mills	S, Station	PHONE: (305)2	200	<i>e e e</i>
CONTACT NAME MAKE	m 11 Stan Sto	Ohan Bookeape	DUONE.	W.C. TOT	
CONTACT NAME: TINGTE	11,113 squey over	, , , , , , , , , , , , , , , , , , , 	PHONE:	<u> </u>	-
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)					
New facility notified DARM	30 days prior to startu	ıp			
2. Facility failed to notify DAR	M to use general perm	nit			
PART II: CLASSIFICATION					
Facility indicated on notificati	on form that it is:		☐ No notification for		-1
(check appropriate box) A.			☐ Drop store/out of l	ousiness/petr	oleum
1. Existing small area sour	ce 🗆	2. New small a	irea source		
dry-to-dry only, x < 140 gal			, x < 140 gal/yr		
transfer only, x < 200 gal/yr	-	transfer only, x			
both types, x < 140 gal/yr		both types, x <	140 gal/yr		
(constructed before 12/9/91)	'	(constructed on	or after 12/9/91)		
3. Existing large area sour	·ce 🗓	4. New large a	raa courca	X	
dry-to-dry only, $140 \le x \le 2$, 140 ≤ x ≤ 2,100 gal/yr	. T	,
transfer only, $200 \le x \le 1.80$, 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr		1
both types, $140 \le x \le 1,800$	~ .		$0.0 \le x \le 1,800 \text{ gal/yr}$ $0.0 \le x \le 1,800 \text{ gal/yr}$		£
(constructed before 12/9/91)			or after $12/9/91$)		
		Λ			
5. This is a correct facility c	lassification	MD AN	□Can not determine		
If no, please check the	appropriate classificat	tion:			
☐ facil	ity qualified for a gene	eral permit as n	ımberabove	;	
☐ facil	ity exceeds above limi	its and is not eli	gible for a general perm	nit	
B. The total quantity of perchlo	proethylene (perc) pur	chased within the	ne preceding 12 months	by this day	cleaning
facility was 234 gallons		onasca within ti	is preceding 12 months	by this dry (cicanning





PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

		□N/A
NO.	ПΝ	□N/A
M		



AINE NO YO

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?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?





- NO NO VA
- MA ON
- ANO NO YE





B.	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?	XY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN ASMA
	ls the temperature differential equal to or greater than 20° F?	DY DNON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON SANA
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?	DY DN SKIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY , JONIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואפארום אם

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	_
Maintained receipts for perc purchased?	- BX-IDN
2. Maintained rolling monthly total of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	· · ·
a. documentation of leaks repaired w/in 24 hrs? or;	Y 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?	À ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN SKN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MINA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	AND NO YA
8. Maintained compliance plan, if applicable?	AND NO YA





PART VI: LEAK DETECTION AND REPAIRS

Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?				
Has the facility maintained a leak log?				
Does the responsible official check the following areas for leaks?				
Hose connections, fittings, couplings, and valves ON ON/A Muck cookers ON ON/A				
Door gaskets and seating TY ON ON/A Stills TY ON ON/A				
Filter gaskets and seating TY ON ON/A Exhaust dampers TY ON ON/A				
Pumps Pumps Diverter valves Diverter valves				
Solvent tanks and containers \Box Y \Box N \Box N/A Cartridge filter housings \Box Y \Box N \Box N/A				
Water separators ON ON/A				
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and secure area when not in use?				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Inspector's Name (Please Print

Inspector's Signature - -

Date of Inspection

1/-

Approximate Date of Next Inspection

2- UMOD

Machines pushelled

1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL COMPLAINT/DISCOVERY U
AIRS ID#: 0250085 DATE: 5/28/99 TIME IN: 10:45 TIME OUT 125 FACILITY NAME: Sir Galloway Cleaners FACILITY LOCATION: 13007 SW 87 Ave. 30 5 7 Miamy, FL 33150 6 7 RESPONSIBLE OFFICIAL: Mark Mills PHONE: 35925000 CONTACT NAME: PHONE: 3
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) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility 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 33/-5 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? 2. Examining the containers for leakage? DY DN RNA 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 beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ONA condenser exceeded 45° F?

arauna arang kanang kalang kalang at ang kalang kanang kanang kanang kanang kanang kanang kanang kanang kanang

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

verifying that the coolant had been completely charged?

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?	XQY	ΩN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	N DANA
	Is the temperature differential equal to or greater than 20° F?	ΩY	DN XN/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?	ΩY	ON XN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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, or expansion; and downstream from no other inlet?	ΩY	□n b n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON MN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ON XN/A
			

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN XM/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? \square N 7. Maintained deviation reports? DY DN XVIVA Problem corrected? ND YD 8. Maintained compliance plan, if applicable? NO YO

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair
	inspection?			XY ON
2.	Has the facility maintained a leak log	?		AA DN
3.	Does the responsible official check the	e following areas for leaks	s?	•
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	OY ON WN/A
	Door gaskets and seating	ХА ОИ ОЙИ	Stills	Y ON ON/A
	Filter gaskets and seating	AA ON ONIV	Exhaust dampers	Y ON ON/A
	Pumps	אותם עם אא	Diverter valves	AND NO ANA
	Solvent tanks and containers	אאנט אם אא	Cartridge filter housings	DY ON ON/A
	Water separators	AY ON ONIA		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	ss) .	X
	Physical detection (airflow felt t	hrough gaskets)		Z
	Odor (noticeable perc odor)		`	X
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	N/A
	a. Capable of detecting	gperc vapor concentrations	s in a range of 0-500 ppm?	' אם צם
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	חם עם
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in use	e?	OYON
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	מם צם

\$ \$. T :

5/28/99 Date of Inspection

5/2000
Approximate Date of Next Inspection

2 union machines.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:45 TYPE OF FACILITY: Per FACILITY NAME: Sir FACILITY LOCATION: / RESPONSIBLE OFFICIAL: /	Galloway (3007 SW 8 Jiami, FL 3:	AIRS ID#: 03° Cleaners 7 Ave 31500 PHONE NUMBER	DATE: 5/28/99 305)372-6936
	,		2 - 0 - 10 - 10 - 10 - 1
compliance with DEP R Based on the results of discrepancies were note	Rule 62-213.300, Florida Adminis the compliance requirements eval d:	luated during this inspection, the follo	wing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
· 		·	
			• • •
COMMENTS: Good	Housekeeping	· ·	
The Annual Compliance Certific	cation form has been properly cer	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		00	,
INSPECTION CONDUCTED	BX: Debor	Approximate) Approximate) Please Print)	•
INSPECTOR'S SIGNATURE		PHONE NUMBER:	(305)372-093
	Page	/ of /.	Revised 10/96

AC

AIRS ID#: 0250685

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	ir Gallow	ay (Peane	rs	DATE	5/28/9	99
FACILITY LOCATION:	13007 S	w 8	7 AVR				•
	Miami, F	 ,	3156				
					_		
Annual Reporting Period:		5	_19] & -	ro	5	19_1	19
Based on each term or condition 62-213.300, Florida Administration of the following:	rative Code (F.A.C.), de	_	-		V-f	EP Rule NO	
#1. Term or condition of the g		not been in	continuous con	mpliance during	the reporting peri	od stated above	e:
Exact period of non-compliance	ce: from			to		-	
Áction(s) taken to achieve con	npliance:			·		_	
Method used to demonstrate co	ompliance:	· 					
#2. Term or condition of the g	general permit that has	not been in o	continuous co	mpliance during	the reporting peri	od stated above	e:
Exact period of non-compliance	ce: from	•		to			
Action(s) taken to achieve con	npliance:					· 	
Method used to demonstrate co	ompliance:						
As the responsible official, I h made in this notification are to upon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL	rue, accurate and comp hase receipts, does not on facilities.	lete. Furthe exceed 2,10	er, my annual	consumption of	perchloroethyle <mark>n</mark> e	solvent, based	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.

Page _____ of _____.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKS

	COMPLAINT/DISCOVERY -
RE-INSPECTION □	
	8
AIRS ID#: 0250635 DATE: 5/2/00 TIME	IN: /050 (RIME QUT: 1100
FACILITY NAME: SIR GIRLLOWAY	Cleaners S. E. S.
FACILITY LOCATION: 13007 SW &	\(\frac{\pi}{\pi}\)
Miami, FL	<u></u>
RESPONSIBLE OFFICIAL: MARIC MILLS	PHONE: (305) 353 - 3000
CONTACT NAME:	PHONE:
B. DT. L. NOTIFICATION	
PART I: NOTIFICATION	<u> </u>
(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:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source \(\omega \) 2. New Small	area source
dry-to-dry only, x < 140 gal/yr dry-to-dry only	y, x < 140 gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr	y, x < 140 gal/yr x < 200 gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91)$ (constructed or	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91)
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91)$ (constructed of 3. Existing large area source \Box 4. New large	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91)$ (constructed of dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only	y, x < 140 gal/yr x < 200 gal/yr 5 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91) (constructed of dry-to-dry only, 140 \le x \le 2,100 gal/yr dry-to-dry only, 140 \le x \le 1,800 gal/yr transfer only, 200 \le x \le 1,800 gal/yr transfer only, 200 \le x \le 1,800 gal/yr$	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91) (constructed of dry-to-dry only, 140 \le x \le 2,100 gal/yr dry-to-dry only, 140 \le x \le 1,800 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr$	y, x < 140 gal/yr x < 200 gal/yr 5 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91) (constructed of dry-to-dry only, 140 \le x \le 2,100 gal/yr dry-to-dry only, 140 \le x \le 1,800 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr$	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < (constructed before 12/9/91) (constructed of dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) (constructed of constructed of constructe$	y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr n or after 12/9/91)
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1 of 5

Revised 9.179"

TART III. GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN ØN/A
2. Examining the containers for leakage?	DY DN PN/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON DINA
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ØN/A
The party and once white costance of	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser .
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	C,
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	TY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	GY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QA ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON \$\forall \text{AN/A}
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY ON .

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	P N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ПИ	ØN/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,			,
ļ	if machines are equipped with a carbon adsorber?	QΥ	ΩИ	DN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ND	ZN/A ZN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠN	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	Øn/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	ØN/A

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

P	ART VI: LEAK DETECTION AND	REPAIRS		 -	
_	Does the responsible official conduct a		es hi-weekly) leak detection a	and repair	
,.	inspection?	wookly (for small source	es, or-weekry) reak detection a	шо герап 1 ⁄2 1Ү	DИ
2.	Has the facility maintained a leak log?				אם
	Does the responsible official check the	following areas for leak	s?	4	٠.,
	Hose connections, fittings,				
ı	couplings, and valves	QYY ON ON/A	Muck cookers	ΩΥО	n Qn/a
	Door gaskets and seating	AN ON ON/Y	Stills	© Y	N □N/A
	Filter gaskets and seating	ØY ON ONA	Exhaust dampers	QY O	N □N/A
	Pumps	MY UN UN/A	Diverter valves	OY O	N □N/A
	Solvent tanks and containers	ANNE NO YA	Cartridge filter housings	ZY O	N □N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfac	es)	9'	
	Physical detection (airflow felt th	rough gaskets)		Ŕ	
	Odor (noticeable perc odor)		-	7	
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)		
	Halogen leak detector			7	
	If using direct-reading instr	umentation, is the equip	oment:	□N/A	
	a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	OY O	٧.
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use		4
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?		4
	d. Kept in a clean and so	ecure area when not in us	e?	מס"עם	,
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?		۱
				· · · · · · · · · · · · · · · · · · ·	
	.*				
	Ivan Far	inin	5/2/00		
	Inspector's Name (Please Prin	t)	Date of Inspection		
			,		

Revised 9/15/97

Approximate Date of Next Inspection

. AIRS ID#: 0050625

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	ر کے کا	Louray	Clan	ر مره	D	ATE:	2/00
FACILITY LOCATION:	3007	<u> </u>	87	pure.			•
	Meani.	FL					
				-			
Annual Reporting Period:	May		19 <u>99</u>	то	M	7	_19≥
Based on each term or condition of t 62-213.300, Florida Administrative	. •	_			_	ith DEP Rule □NO	
If NO, complete the following:							
#1. Term or condition of the genera	I permit that ha	s not been in	continuous	compliance du	uring the reporting	g period stated	above:
			•				
Exact period of non-compliance: fro	om			to			
Action(s) taken to achieve compliant	ce:				<u>/</u>		
Method used to demonstrate complia	ance:						
#2. Term or condition of the genera	l permit that ha	s not been in	continuous	compliance du	uring the reporting	g period stated	above:
Exact period of non-compliance: from	om		<u> </u>	to			
Action(s) taken to achieve complian	ce:		·				
Method used to demonstrate complia	ance:						
Andha waxay ikki Marik I I kanaka		-		•			
made in this notification are true, ac upon rolling averages of purchase r	eceipts, does no				-to dry facilities	or 1,800 gallon	is per
As the responsible official, I hereby made in this notification are true, as upon rolling averages of purchase re year for transfer or combination fac	eceipts, does no	ot exceed 2,10			-to dry facilities	or 1,800 gallor	ns per

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

Page _____ of _____.

discretion of the responsible official to use this form.

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

RECEIVED MAIL ROOM

FEB 10 97

Do NOT Remove Label

AIRS ID# 0250685

SIR GALLOWAY CLEANERS MARK D. MILLS 13007 SW 87 AVE MIAMI FL 33156 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SIR GALLOWAY DRY CLEANERS, INC. MIAMI, FL 33176

015

VENDOR ID: 059

CHECK NO.:

15582

DATE: 02/07/97

PAYEE:

DEPT OF ENVIRONMENTAL PROTECTI MEMO:

INVOICE NUMBER

INVOICE

INVOICE

PREVIOUS
PAY/CREDIT

DISCOUNT TAKEN AMOUNT OF PAYMENT

TITLE V

01/17/97

50.00

50,00

AIRS ID#0250685

CHECK TOTAL:

*******50.00

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250685001AG MARK D. MILLS SIR GALLOWAY CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
13007 SW 87 AVE MIAMI FL	3. Service Type Certified Mail
2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Re	526,9936

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Dömestic Mail Only; No Insurance Coverage Provided)							
936	Article Sent To:		W.					
5	Z210	G63008	(OLD)					
526	Postage	\$						
	Certified Fee		Postmark					
[] []	Return Receipt Fee (Endorsement Required)		Here					
0021	Restricted Delivery Fee (Endorsement Required)							
0600	Total Postage & Fees	\$						
8	Name (Please Print Clearly) (to be completed by mailer)							
2000	Street, Apt. No.; or PO B	068500)1 AG					
	PS Form 3800, July 1999		See Reverse for Instructions					

X 570 PP3 009

US Postal Service
Receipt for Certified Mail

MIAMI FL 33156

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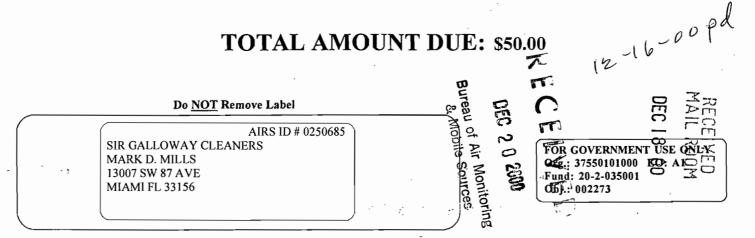
10 AIRS ID # 0250685001AG MARK D. MILLS

SIR GALLOWAY CLEANERS 13007 SW 87 AVE

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Aprij	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
Form 3800	Postmark or Date	

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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.





389407

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250685

SIR GALLOWAY CLEANERS MARK D. MILLS 13007 SW 87 AVE **MIAMI FL 33156**

FOR GOVERNMENT USE ONL

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

Obj.: 002273

SIR GALLOWAY DRY CLEANERS, INC. MIAMI, FL 33176

VENDOR ID: 044500

CHECK NO: 00038442

DATE: 12/10/99

PAYEE:

DEPARTMENT OF ENVIRONMENTAL

MEMO:

INVOICE NUMBER

INVOICE DATE

INVOICE AMOUNT

PREVIOUS PAY/CREDIT DISCOUNT TAKEN AMOUNT OF **PAYMENT**

TITLE V

12/01/99

50.00

0.00

0.00

50.00

ARS ID# 0250685

CHECK TOTAL: ******\$50.00

301068

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0250685

MARK D. MILLS MARK D. MILLS 13007 SW 87 AVE **MIAMI FL 33156**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оъј.: 002273

SIR GALLOWAY DRY CLEANERS, INC MIAMI, FL 33176

VENDOR ID: 056

CHECK NO.:

18419

DISCOUNT

TAKEN

DATE: 01/23/98

· PAYEE:

DEPARTMENT OF ENVIRONMENTAL

MEMO:

PREVIOUS

PAY/CREDIT

AMOUNT OF **PAYMENT**

NUMBER TITLE V

INVOICE

01/01/98

DATE

INVOICE

50.00

INVOICE

AMOUNT

50.00

ID# 0250685

CHECK TOTAL:

******\$50.00



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 # 0250685

SIR GALLOWAY CLEANERS MARK D. MILLS 13007 SW 87 AVE **MIAMI FL 33156**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

SIR GALLOWAY DRY CLEANERS, INC. MIAMI, FL 33176

035137

VENDOR ID: 060

CHECK NO.:

35137

DATE: 12/22/98

PAYEE:

DEPARTMENT OF ENVIRONMENTAL

INVOICE

AMOUNT

MEMO:

PAY/CREDIT

PREVIOUS

DISCOUNT **TAKEN**

AMOUNT OF PAYMENT

TITLE V

INVOICE

NUMBER

12/21/98

INVOICE

DATE

50.00

50.00

10#0250685

CHECK TOTAL:

*******50.00