

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Mireya Santos S.S.S. Professional Dry Cleaners, Inc. 3980 West 12 Avenue Hialeah, Florida 33012

Dear Mr. Santos:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 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

Mr. Ewart Anderson, Dade County cc:

P.14

6250686-200

P.14

3. existing large avea source should be marked

P.15

(b) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility	Owner/Company	v Name (Name	of corporation.	agency, or ir	dividual o	owner):		
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 5.5.5. TROFESSIONAL DRY CLEANERS, INC.							
3. <u>-</u>	<u>.5. 1,</u>	20FESS	510NA1	DRY	CLE	ANERS, INC.		
2. Site Na	2. Site Name (For example, plant name or number):							
3. Hazard	ous Waste Genera	ator Identification	on Number:					
						,		
4. Facility	Location: 26	Cro. (11 1	2 21=		_			
Street	Location: 39	80 W. Ta	ANCE					
City: /	HALEAH		County:	175	Zij	p Code: 2201n		
1					estato i minera i si 🔔 Scri	33012		
5. Facility	Identification N				0.	250686-200		
	are de la compa	k kapada saba			-65	S F T G		
and and and all and	and the second s			The second secon				
			Responsible C	official				
6. Name	nd Title of Respo	onsible Official:						
l 29								
MIRE	Sible Official Ma	PANTOS			<u>(T</u>	RESIDENT)		
7. Respor	sible Official Ma	iling Address:	1-1	700	-1-0	NERS INC.		
Street	ration/Firm: 55 Address: 3980	sproce	SSIONA I	DRY	CIEH	NEWS INC.		
City:	3480	$\omega \cdot \iota z A$	County:			Zip Code: 33012.		
<i> </i> -	HALEAH			DADE		33012		
J. 1105 J.	0 - 1 - 0 - 1 - 0 -		r:					
Teleph	one: (305)	825-86	40	Fax: ()	-		
			· -					
	Fa	cility Contact	(If different fro	om Responsil	ble Officia	al)		
0 31	lm'a cr 'i'	· 0 · · /F	1 1 .					
9. Name	nd Title of Facili	ty Contact (For	example, plant	manager):				
10. Facility	Contact Address	:	-					
C4mar.	. حا حاسم م م							
City:	ddress:		County:		7:	p Code:		
City.			County.		L I	ρ Code.		
	Contact Telepho	ne Number:						
Teleph	one: ()	-		Fax: ()	-		
						4		

RECEIVED

SEP 6 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	# /	1989	1981						
(1) w/ ref. condenser		1989							
(2) w/ carbon adsorber		1989							
(3) w/ no controls									
Washer Unit	#2	1989	1981		:				
(4) w/ ref. condenser		1989							
(5) w/ carbon adsorber		1989							
(6) w/ no controls		,							
Dryer Unit	#3	1989	1981	7. · .	v 1 v va	i i i i i		e de la companya de l	1.000
(7) w/ ref. condenser		1989							
(8) w/ carbon adsorber		1989							
(9) w/ no controls		1						_	
Reclaimer Unit		i a a si a	a	- 5.5	in the state	gir and the			Last Lott.
(10) w/ ref. condenser		<u> </u>							
(11) w/carbon adsorber								_	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [180] (b) If less than 12 mont	are re	equired to be	installed [_			n the latest 12	mor	nths?	
Check why it is less					New store	:] Did	not k	eep records:	

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Effective: 6-25-96

	cate with an "X".)	ired on machines	pursuant to section (5) of F	Part II of this notification form?
	Existing large area source Carbon adsorber		Refrigerated condenser	للإــا
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to Rule		that all steam and	d hot water generating unit	o use the general permit pursuant s on-site meet the following
boiler H	IP or less), and (2) are fire	d exclusively by n		0 million BTU/hr or less (298 ds of natural gas curtailment fired
	m and hot water generating units on-site	g units exempt		
	Equipm	ent Monitoring a	and Recordkeeping Inform	mation
Check a	Il logs which are required	to be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purc	hase receipts and solvent p	ourchases		\triangle
(b) Leal	detection inspection and i	repair		
(c) Refr	igerated condenser tempera	ature monitoring		1
(d) Carb	oon adsorber exhaust perc	concentration mon	itoring	K
(e) Instr	ument calibration			1
	t-up, shutdown, malfunctio			<u>T</u>

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
4	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
* Officer	maja Santo 9-2-96 Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: S.S. S. Professional Dny Cleanors, Inc. DATE: 3/7/97
FACILITY LOCATION: 3980 W 12 AVE
Hialeah, FL 33012
Annual Reporting Period: 7/910 19 TO 7/97 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: The first period of the general permit that has not been in continuous compliance during the reporting period stated above: The first period of non-compliance from The first period of non-compliance The first period of non-compliance
Tuchity has
Exact period of non-compliance: fromtoto
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: The year of the statements of the state
Name (Please Print) / Signature Date

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	JAL SPECTION		COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>09506860</u> date:_ FACILITY NAME: <u>S.S.P.</u> FACILITY LOCATION: <u>3980</u> <u>Hialea</u>	rofessional	Dny ve	Cleaners, In	E OUT:/	:40pm
PART I: NOTIFICATION					
(check appropriate box)	1/0/				a l
 Existing facility notified DARM by 9/1 New facility notified DARM 30 days p 					
3. Facility failed to notify DARM to use g	_				
					
PART II: CLASSIFICATION					
Facility indicated on notification form t (check appropriate box)	that 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-to transf both t	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-to transi both t</td><td>o-dry only fer only, 2 types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	dry-to transi both t	o-dry only fer only, 2 types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	YC	Мį́И		i	
If no, please check the appropriate classi	ification:				
☐ facility qualified for a g ☐ facility exceeds above l	•	_			
B. The total quantity of perchloroethyler facility was 40 gallons.	ne (perc) purchase	ed within	the preceding 12 month	ns by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON V NA					
2. Examining the containers for leakage?	DY ON V NA					
3. Closing and securing machine doors except during loading/unloading?	ON ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON N/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V						
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser					
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 refr (complete A and B below).	igerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	DY ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY QN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON √ NÁ					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY DAN					

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	·
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?	□ү □м
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN ·
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
Is the perc concentration equal to or less than 100 ppm?	DA DN
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DY MAN
3. Maintained leak detection inspection and repair reports for the following:	1
a. documentation of leaks repaired w/in 24 hrs? or;	DY UN Y NA
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 VA
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON VNA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	OY ON
Problem corrected?	OY ON √W
8. Maintained compliance plan, if applicable?	OY ON DONA
PART VI: LEAK DETECTION AND REPAIRS	

2	Which method of detection is used by the	e respons	sible official?			
۲.	Visual examination (condensed so	1	ø			
	Physical detection (airflow felt thro	•	<u>a</u>			
	Odor (noticeable perc odor)				σź	
	Use of direct-reading instrumentat	ion (FID	/PID/calorimetric	c tubes)	_ D	
	If using direct-reading instrument	•				
	a. Capable of detecting p	•				א⊂
	b. Calibrated against a st	-				_ -
	(PID/FID only)?		,		□Y (ПΠ
	c. Inspected for leaks and	l obvious	signs of wear or	a weekly basis?	DY (□и
	d. Kept in a clean and se	cure area	when not in use	?	DY DN	
	e. Verified for accuracy t	y use of	duplicate sample	es (calorimetric only)?	□Y I	□и
3.	Has the facility maintained a leak log?				OY !	₩ W
4.	Does the responsible official check the f	ollowing	areas for leaks?			
	Hose connections, fittings, couplings, and valves	ΦY	ПИ	Muck cookers	ūγ	ΠN
	Door gaskets and seating	QA.	ΩИ	Stills	M Y	ПИ
	Filter gaskets and seating	ΔY	ПN	Exhaust dampers	ØΥ	□N
	Pumps	QXY	ОИ	Diverter valves	ØΥ	ПN
	Solvent tanks and containers	DYY	ΠN	Cartridge filter housings	ØΥ	ПИ
	Water separators	ďΥ	ΩΝ			
	Mirena Sant	05				

Name of Responsible Official

Choic Triner

Inspector's Name (Please Print)

Inspector's Signature

3/7/97 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

tacility has recently purchased a new dry cleaning machine which was in operation business inspection Facility has been informed that they must notify the state of their equipment change.

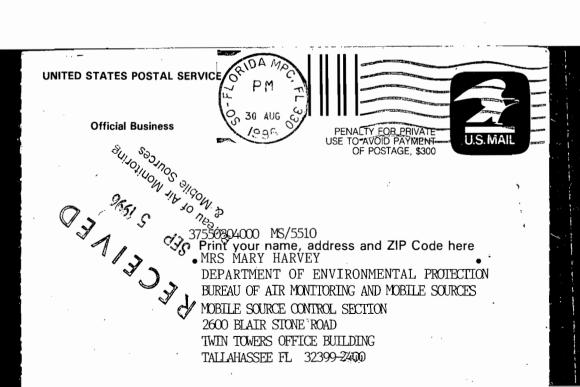
BEST AVAILABLE COPY

ANNUAL IX COMPLAINTDISCOVERY

TALE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00 TIME OUT: 1:40	AIRS ID#: 0250080
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: SSS Professional?	Dri Cleaners TAC DATE 2/7/97
FACILITY LOCATION: 3980 W. 12 AVE	of the state of th
Hialoah, FC 330	012
RESPONSIBLE OFFICIAL: MIREYA Santos	PHONE NUMBER: 835-8640
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- No Dara purchase los	- Need to start maintains
- No perc purchase log	- Need to start maintaining
	108-
- No leak inspection 10g	- Need to Start maintaining
Facility has not monitored + recorded	- Facility must begin monitoring
Facility has not monitored trecorded - temperature of the outlet exhaust stream of a refrigerated condenser on a weeking pasis	- Facility must begin monitoring trecording temp on a weekly basis
- Facility has recently replaced drycleaning machine.	- Facility must submit a letter to the state including info on new machine the must be signed by responsible Official
COMMENTS:	. ,
tacility and equ	represent is satisfactory
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/	78
	pproximate)
INSPECTION CONDUCTED BY:	Griner
	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372 - 6936
Page	05
- 206	of Revised 10/96

`_	Receipt for Certified M No Insurance Co Do not use for It (See Reverse)	l ail overage Provide			
	MS MIREYA SANIOS	-			
1	\$3980°W*12 AVENUE				
	HIALFAH FL 33012				
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
- 60	Return Receipt Showing to Whom & Date Delivered				
2	Return Receipt Showing, to Whom, Date, and Addressee's Address				
5	TOTAL Postage & Fees	\$			
13 rolli 3000, Julie 133	Postmark or Date August 28, 1996				

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	if space 1. Addressee's Address icle number. ind the date 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: -MS MIREYA SANTOS S S PROFESSIONAL DRY CLEANERS 3980 W 12 AVENUE HIALEAH FL 33012	4a. Article Number P 062 922 381 4b. Service Type ☐ Registered ☐ Insured XX Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 December 1991 *U.S. GPO: 1992–323	8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT





Department of Environmental Protection



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

Virginia B. Wetherell Secretary

THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

CERTIFIED MAIL

In the matter of notification of use of General Permit by:

Mireya Santos S.S.S. Professional Dry Cleaners, Inc. 3980 West 12 Avenue Hialeah, Florida 33012

This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for S.S.S. Professional Dry Cleaners, Inc. pursuant to your submittal received August 6, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

X	insufficient facility information
	insufficient equipment information
	insufficient equipment control information
	ineligibility based upon emissions
	inapplicable source category
	incomplete/unsigned certification statement
X	other (Signature is not the responsible official on page 13, line 6.)

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.

A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;
- (b) A statement of how and when each petitioner's received notice of the Department's action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action;
- (d) A statement of the material facts disputed by petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;
- (f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, F.A.C.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLICANT: Mireya Santos FDEP TRACKING NO.: U250686

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Howard L. Rhodes

Director

Division of Air Resources
Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on <u>August 18,1996</u> to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

AUG 5 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Hazardous Waste Cleanup Section

	Contraction of the Contraction o	. 1
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
ر ,	Site Name (For example, plant name or number):	
2.	Site Name (For example, plant name or number):	
3.	Hazardous Waste Generator Identification Number:	
4.	Street Address:	
	City: HAZ/EAL County: DAJE Zip Code: 330	12
5.	Facility Identification Number (DEP Use):	
	0250686	
	Responsible Official	
	•	
6)	Name and Title of Responsible Official:	
	Name and Title of Responsible Official: Mineya Santos Responsible Official Mailing Address: Organization/Firm: 555 Profession and Dry cleaners Inc. Street Address: 3990 W. 12 AUE City: County: Dry 2 Responsible Official Telephone Number:	
7.	Responsible Official Mailing Address:	
	Street Address: 25 A CE	
	City: Himlenh, County: Drode: Zip Code: 3301	
	HIAICAN, ANDE 3301	2
8.	· · · · · · · · · · · · · · · · · · ·]
	Telephone: (305) \mathcal{S} \mathcal{S}^{-} $\mathcal{S}^$	
	T. W. C	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	·	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
	D F C F I V E D	

RECEIVED

AUG 6 1996

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Bayeau of Air Monitoring & Mobile Sources

AUG 6 1996

BUREAU OF AIR REGULATION

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	1989	1981						
(1) w/ ref. condenser		1989							
(2) w/ carbon adsorber		1989							
(3) w/ no controls		, <u>, , , , , , , , , , , , , , , , , , </u>							
Washer Unit	#2	1989	1981						
(4) w/ ref. condenser		1989							
(5) w/ carbon adsorber		1989							
(6) w/ no controls		,							
Dryer Unit	43	Aug (III) et e	and the second					٠.	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	J. J.			- 1,					
(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 [/80]	uant gallo	ity of perchlo	proethylene (perc)	purchased in	the latest 12	! moi	nths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".	urce (Selec	classification t one classifi	based on the cation only:)	e defi	nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce 🚣	Ne	w sn	nall area sour	ce []			
Existing large are	Existing large area source [] New large area source []								

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification. \[\frac{7-37-96}{Date} \]

	WASHING!
REST AVAILABLE COPY	le_
02506ac	
3. existing RECEIVEN	
1. Facility Owne Should be marked Management Division 2. Site Name (F) 2. Site Name (F) 3. Existing large DECEIVED OCT 24 1996 Air Quality Management Division	
1. Facility Owne Should be marked Air Quality 5.5.9 P.15 Management Millian	
2. Site Name (F	
2. Site Name (F 3. Hazardous) Should be marked	
4. Facility L	
Street Ad City: 11 : 33012	
5. Facility 0.686-2.0 © 1.1111111111111111111111111111111111	
6. Nam	
MIREYA SINGESIDENT)	
7. Responsible Official Mailing Address: Organization/Firm: 555 Profession/Al Dry UERS INC.	
HIALEAH DADE 33012	
8. Responsible Official Telephone Number: Telephone: (305) 825-8640 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	
\ \frac{1}{2}	

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6 1996 SEP

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
5.5.5. TROFESSIONAL DRY CLEANERS, INC
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 3980 W. 12 AVE Street Address:
City: HIALEAH County: DADE Zip Code: 3=010
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address:
Organization/Firm: 555 PROFESSIONAL DZY CIEANERS
7. Responsible Official Mailing Address: Organization/Firm: 555 PROCESSIONAL DZY CLEANERS Street Address: 3480 W. 12 AVECounty: City: JALEAH DADE Zip Code: 33012
111110711
Telephone: (305) \$25 - 8640 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
II. Facility Courted Talachara Nambara
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit				-					
(1) w/ ref. condenser		17/3/91	13/3/96	,					
(2) w/ carbon adsorber									
(3) w/ no controls		1							
Washer Unit		,		·		•		•	
(4) w/ ref. condenser		T	i						
(5) w/ carbon adsorber		· .				-			
(6) w/ no controls									
Dryer Unit	—				•			•	
(7) w/ ref. condenser				T					
(8) w/ carbon adsorber		·							
(9) w/ no controls	_								
Reclaimer Unit			'			-		1	
(10) w/ ref. condenser				_			T		
(11) w/carbon adsorber	_								
(12) w/ no controls				_		1			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are raquant gallo	equired to be ity of perchlo ons ow many? [_ i 12 months:	installed [_ proethylene (perc)	_]) purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classifi	ication only.)) ew sn	initions foun nall area sou rge area soui	rce 🔀		Part II?	
3 3			• •		5	٠			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)								
Existing large area source Carbon adsorber	[]	Refrigerated condenser	۲. ا					
New small area source Refrigerated condenser			·					
New large area source Refrigerated condenser								
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such that the s	that all steam and	I hot water generating units						
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for period	ls of natural gas curtailment					
All steam and hot water generating No such units on-site	units exempt							
Equipm	ent Monitoring a	nd Recordkeeping Inforn	nation					
Check all logs which are required t	to be kept on-site i	n accordance with the requ	irements of this general permit:					
(a) Purchase receipts and solvent p	urchases		\triangle					
(b) Leak detection inspection and r	epair		lyes					
(c) Refrigerated condenser tempera	ature monitoring		(大)					
(d) Carbon adsorber exhaust perc of	concentration mon	itoring	1					
(e) Instrument calibration			L					
(f) Start-up, shutdown, malfunction	n plan		L					

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

Surrender of Existing Air Permit(s)

Ple	ase indicat	with an "X" the appropriate selection:
	4	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
		No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statement maintain	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will pro	aptly notify the Department of any changes to the information contained in this notification.
À	X O	naja Santo 9-2-96 Date
X		1 Just 3/13/97
	Sis"	ature Sale



Department of (Environmental Protection

MB

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

Virginia B. Wethercll Secretary

THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

CERTIFIED MAIL

In the matter of notification of use of General Permit by:

Mireya Santos S.S.S. Professional Dry Cleaners, Inc. 3980 West 12 Avenue Hialeah, Florida 33012



Air Quality

Management Division

This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for S.S.S. Professional Dry Cleaners, Inc. pursuant to your submittal received August 6, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

X	insufficient facility information
	insufficient equipment information
	insufficient equipment control information
	ineligibility based upon emissions
	inapplicable source category
	incomplete/unsigned certification statement
X	other (Signature is not the responsible official on page 13, line 6.)

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.

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

A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;
- (b) A statement of how and when each petitioner's received notice of the Department's action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action;
- (d) A statement of the material facts disputed by petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;
- (f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 600-2.010, F.A.C.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLICANT: Mireya Santos FDEP TRACKING NO.: 0250686

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Director

Division of Air Resources Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on Quart 58,1996 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

<u>ne Wise 8/28/96</u>
Clerk Date

AUG 5 1336

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Hazardous Waste Cleanup Section

	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
1,5	Site Name (For example, plant name of	/>	ale me						
2.	Site Name (For example, plant name of	or number).	3 620675	· · · · ·					
~.	one name (For example, plant name of	number).		•					
3.	Hazardous Waste Generator Identifica	tion Number:							
4.	Facility Location: 20 and 111	,), , , , , ,	(//						
٦.	Facility Location: 3990 W. Street Address:	1 01	08						
	City: //112/61/2	County: DA	. 1.	Zip Code:	33012				
	// // + / C 1/ !		+ # E	•	3301 P				
5.	Facility Identification Number (DEP-L	Jse):							
-11 Cf	10250686								
SHE		HARRIE POR PARTIE	ene varrenne et ess						
		Responsible	Official						
		2 -							
6)	Name and Title of Responsible Officia	ıl:		_					
	MINEYA SAN	tos							
7.	Responsible Official Mailing Address:	: ,	2	<i>i</i>					
	Responsible Official Mailing Address: Organization/Firm: 555 Profestreet Address: 3990 W.	essie wat	Dry cl	ENNERS IN	u .				
	Street Address: 3990 W.	12 AUE		7: 0					
	City: Hialcah,	County:	36 20	Zip Co	ode: 33012				
8.	Responsible Official Telephone Numb								
	Telephone: (3057 875 86	40	Fax: () -					
	Facility Contac	t (If different fi	rom Responsib	le Official)					
	, asmi, comuc	. (11 011101 0111 11	om zeoponore						
9.	Name and Title of Facility Contact (Fo	or example, plan	t manager):						
10	Facility Contact Address								
10.	Facility Contact Address:								
	Street Address:								
	City:	County:		Zip Code:					
11.	Facility Contact Telephone Number:								
	Telephone: () -		Fax: () -					
		RFCF	IVED						

AUG 6 1995

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

Bageau of Air Monitoring & Mobile Sources

AUG 6 1995

BUREAU OF AIR REGULATION

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.

T		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser					-				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	,								
(4) w/ ref. condenser				Ţ					·
(5) w/ carbon adsorber									
(6) w/ no controls		1							
Dryer Unit					•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls						_			
Reclaimer Unit	·								
(10) w/ ref. condenser									
(11) w/carbon adsorber	_								
(12) w/ no controls	_								
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months									
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec	classification	n based on th	e def		d in section (·	
Existing large are	a so	urce []	No	ew la	rge area soui	rce []		

DEP Form No. 62-213.900(2)

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

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:	t e			
\cong	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
	No air permits currently exist for the operation of the facility indicated in this notification form.				
Responsible Official Certification					
this notifi statement maintain	cation. I hereby certify, based on informa s made in this notification are true, accurd the air pollutant emissions units and air po	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and collution control equipment described above so as to permit as set forth in Part II of this notification form.			
I will prod	mptly notify the Department of any change	to the information contained in this notification. $\frac{7-37-96}{\text{Date}}$			
(M) Signa	Mega Sants ture	3/13/94- Note			

X



Department of Environmental Protection

NOV 0 1 1996

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

Air Qualitys, Wetherell Management Division

October 25, 1996

Mr. Mireya Santos S.S.S. Professional Dry Cleaners, Inc. 3980 West 12 Avenue Hialeah, Florida 33012

Dear Mr. Santos:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 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. Ewart Anderson, Dade County

PERCHLOROETHYLENE DRY CLEANERS

		ENERAL PERMIT	DISCOVARO AI MONIES	KIL
TYPE OF INSPECTION:	ANNUAL.	COMPLĂINTA	DISGOVANO . S.	190 4
	RE-INSPECTION	u u .	Oile Source Nonik	-3 0
AIRS ID#: 0250686	DATE: 6/15	99 TIME IN: 258	TIME OUT: 92	3m
FACILITY LOCATION:	3980 W	12 th Ave		
RESPONSIBLE OFFICIAL	: Mirena	Sandos PHONE:	825-864	6
CONTACT NAME:		PHONE:		
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAR	M 30 days prior to star	tup .		
2. Facility failed to notify DA	RM to use general per	mit		
D. DT. W. CV A COVERGATIVE				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	ation form that it is:	☐ No notifica	tion form out of business/petro	leum
A.		C Diop stores	out of ousiness/petro	icum
1. Existing small area so	ource	2. New small area source		
dry-to-dry only, x < 140 g		dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal		transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/9		both types, x < 140 gal/yr (constructed on or after 12/9/91)	
 Existing large area so dry-to-dry only, 140 ≤ x 		 New large area source dry-to-dry only, 140 ≤ x ≤ 2,10 	O gal/yr	

both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)

5. This is a correct facility classification

transfer only, $200 \le x \le 1,800 \text{ gal/yr}$

OY O

Can not determine

transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr

(constructed on or after 12/9/91)

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 work—gallons.

Revious

ARMS €.\$1 6115/99

BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS	·
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	ON BNIV
2. Examining the containers for leakage?	OY ON PANIA
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	EY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete Λ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	28:
1. Equipped all machines with the appropriate vent controls?	מס צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	חיאם אם אם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם 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?	מא מא

В.	Has the responsible official of an existing large or new large area source also:	The second secon		
	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?	ÜY:	DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	Ωи	_ □N/∧
	Is the temperature differential equal to or greater than 20° F?	ΟY	Ωи	□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?	ПΥ	ПΝ	Dn/a
	Is the perc concentration equal to or less than 100 ppm?			
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	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	DΥ	DИ	□N/A

Andrew Town Control of the Control o

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

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PΛ	RT VI: LEAK DETECTION AND I	REPAIRS				
1.	Does the responsible official conduct a	weckly (for sm	iall sources, bi	-weekly) leak detection an	d repa	ii'
	inspection?				N	ON
2)	Has the facility maintained a leak log?				\Box Y	ØN
3.	Does the responsible official check the					
	Hose connections, fittings, couplings, and valves	ON ON C)N/A	Muck cookers	ОΥ	ON QNA
	Door gaskets and seating	QY QN C	DN/A	Stills	N	ON ON/A
	Filter gaskets and seating	MY ON C	A/MC	Exhaust dampers	ØΥ	ON ON/A
	Pumps	DY ON C	DN/A	Diverter valves	ØY .	ON ON/A
	Solvent tanks and containers	באי טא נ	AVA	Cartridge filter housings	9/	ON ONVA
	Water separators	DY ON C	ANG			
4.	Which method of detection is used by	the responsible	official?			
	Visual examination (condensed	solvent on exte	rior surfaces)			,
	Physical detection (airflow felt	hrough gaskets)			,
	Odor (noticeable perc odor)				0	
	Use of direct-reading instrumen	tation (FID/PII	D/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading ins	trumentation,	is the equipme	ent:	ZN.	/A
	a. Capable of detection	g perc vapor co	ncentrations in	n a range of 0-500 ppm?	DУ	ОN
	b. Calibrated against a (PID/FID only)?	a standard gas p	orior to and afte	er each use	ΟY	ON
	c. Inspected for leaks	and obvious sig	gns of wear on	a weekly basis?	ÜΥ	ÜN
	d. Kept in a clean and secure area when not in use?					אט
	e. Verified for accura	cy by use of du	plicate sample	s (calorimetric only)?	ΩY	אט
		erdirekter in entgeligherekterek inn het held var seuerstelligt stepenstellerer Viller de der viller flesseglichte seit der verdirekte viller de verdirekte				aland makkal ana kanamakan karalanda alah karalanda alah karalanda alah karalanda alah karalanda alah karaland Sangga karalanda karalanda da karalanda alah karalanda alah karalanda alah karalanda alah karalanda alah karal

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

6/2000

Approximate Date of Next Inspection

	DITIONAL SITI	EINFORMATION:			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SOM	WART REPORT
TYPE OF INSPECTION: ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 85644 TIME OUT: 923	AM AIRS ID#: OF SOBS G
TYPE OF FACILITY: Perc Dog	Cleaner By 1/2 Ba D
FACILITY NAME: 535 Profes	DAR 15/99
facility location: 3980 W 13	2th Ave Tog On
RESPONSIBLE OFFICIAL: Mireya Sande	PHONE NUMBER: 825-8640
Based on the results of the compliance requirements evaluat	ed during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administration	tive Code (F.A.C.).
Based on the results of the compliance requirements evaluat	ed during this inspection, the following compliance
discrepancies were noted:	EOLLOW UP A CTION DECUIDED
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO leak log	need leak log
No Pera Consumption log	need Pec Consumption Log
	log
	······································
<u>,</u>	
COMMENTS: Facility NON	Compliant
	·
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
	989
DATE OF REAL PROPERTY.	proximate)
INSPECTION CONDUCTED BY:	SMART
	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-69
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-69

Page 1 of 1.

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M	, , , , , , , , , , , , , , , , , , ,	ye semata 10/1	es not been in	continuous con	ipliance during	the reporting p	KHC3 (LOGAN
Charles and of	a regulating the			,	to		
Area of States	Section of please	·		Commence of the commence of	to the same areas and the same areas are same areas		
Michigan Andrews	en hat complia	(u)&		· · · · · · · · · · · · · · · · · · ·			
a	٠	per of that he	s not been in	continuous con	j fisnor dur. ag	the repairings	Majort Carlo
						***	:

a freely ver for tried in information and between formed after resionable inquiry, that is carries a virtue, an air se and symptotic. Further, my an mai consumption of perchlaraethylene self- a fi To the series of the domainst exceed 2,10% gallions per year for dry tredity facilities or 1 Young

*This forms to reduce matter to you as an aid in order to meet your annual compliance conflication requirements. It is at the discrete of our responses softical to use this form

ARS 10#: 250686

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SSS PR	OFESSIONAL DRY CLEANER	DATE;	9-28-98
FACILITY LOCATION: 398	0 W. 12 AVE.		
	LEAH, 33012		
Annual Reporting Period:	SD1.97 19	TOSEPT. 98	19
Based on each term or condition of	f the Title V general air permit, my facility l	has remained in compliance with DI	EP Rulc
62-213.300, Florida Administrativ	re Code (F.A.C.), during the period covered	by this statement. UYES	MNO
If NO, complete the following:			
#1. Term or condition of the gene	eral permit that has not been in continuous c	ompliance during the reporting peri	od stated above:
NO ROLLING LOG OF PERC	PURCHASES, LONDENSER TEM	P. READINGS OR LEAK INS	SPECTIONS
Exact period of non-compliance:	form 9/97	to9/98	
Action(s) taken to achieve compli	ance: WILL START BOGING IN	ABOVE REQUIRED ITEMS	·
Method used to demonstrate comp	pliance:		
#2. Term or condition of the gen	eral permit that has not been in continuous	compliance during the reporting per	iod-stated above:
	£		
Exact period of non-compliance:	from	to	
Action(s) taken to achieve compl	liance:		
Method used to demonstrate com	npliance:		
		•	
made in this notification are true	eby certify, based on information and belief e, accurate and complete. Further, my annuser receipts, does not exceed 2,100 gallons particles.	ual consumption of perchloroethyler	ie solvent, based

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

סכעו 8 2 ב 100

TYPE OF INSPECTION:

ANNUAL

 \Box

COMPLAINT/DISCORUTRAL of Air Monitoring & Mobile Sources

RE-INSPECTION

AIRS 10#: 250 684 DATE: 9-28-9	98 TIME IN: 1315 TIME OUT: 1345							
FACILITY NAME: SSS PROFESSIONAL DRY CLEANER								
FACILITY LOCATION: 3980 W. 12	FACILITY LOCATION: 3980 W. 12 AVE.							
HIALEAH, 33	HIALEAH, 33012							
RESPONSIBLE OFFICIAL: MIREYA SANTOS PHONE: 305-825-8640								
CONTACT NAME:	PHONE:							
PART I: NOTIFICATION								
(check appropriate box)								
1. New facility notified DARM 30 days prior to star	artup \square							
2. Facility failed to notify DARM to use general per	ennit .							
PART II: CLASSIFICATION	⁴ -д							
Facility indicated on notification form that it is:	☐ No notification form							
(check appropriate box)	☐ Drop store/out of business/petroleum							
1. Existing small area source	2. New small area source							
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$							
transfer only, x < 200 gaVyr	transfer only, x < 200 gal/yr							
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)							
3. Existing large area source	4. New large area source							
dry-to-dry only, $140 \le x \le 2,100$ 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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr							
(constructed before 12/9/91)	(constructed on or after 12/9/91)							
5. This is a correct facility classification	☐Y □N □Can not determine							
If no, please check the appropriate classifi	fication:							
1	general permit as number above							
☐ facility exceeds above li	limits and is not eligible for a general permit							
B. The total quantity of perchloroethylene (perc) percility was gallons.	purchased within the preceding 12 months by this dry cleaning							

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

В.	Has the responsible official of an existing large or new large area source also:		
	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 O	٧
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	N DN/A
	Is the temperature differential equal to or greater than 20° F?	OY O	N DN/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 O	N DN/A
	Is the perc concentration equal to or less than 100 ppm?	OY O	AIND N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	OY O	N DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	A/MD NI

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) Y ON 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: DY ON DNIA 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 WN DN/A and parts installed w/in 5 days of receipt? DY WN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DNA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN WNA 7. Maintained deviation reports? DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN ØN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a v	veekly (for small source	s, bi-weekly) leak detection ar	id repair	
inspection?			QA ON	
2. Has the facility maintained a leak log?			DY GN	
3. Does the responsible official check the f	ollowing areas for leaks	?		
Hose connections, fittings, couplings, and valves	אוחם אם אוא	Muck cookers	OY ON ON/A	
Door gaskets and seating	QA ON ONVY	Stills	OY ON ONA	
Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	olvent on exterior surfac	ees)	Ø	
Physical detection (airflow felt th	rough gaskets)	:	₩.	
Odor (noticeable perc odor)				
Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	TO TO	
Halogen leak detector				
If using direct-reading instr	umentation, is the equ	ipment:) ON/A	
a. Capable of detecting	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	dafter each use	DY ON	
c. Inspected for leaks a	nd obvious signs of wea	r on a weekly basis?	מט עם	
d. Kept in a clean and secure area when not in use?			DY ON	
		mples (calorimetric only)?	אם אם	
	,	, , , , , , , , , , , , , , , , , , , ,		
M. ENRIQUE FLORES Inspector's Name (Please Pr	int)	9-28-98 Date of Inspection		
mspector's tvaine (Frease Fr	mn,	Date of Inspection		
manique Horos		SEPT 99		
Inspector's Signature	,	Approximate Date of	f Next Inspection	

ADDITIONAL SITE INFORMATION:

- MANUFACTURER FOR INSPECTIONS.
 - N STATES INSPECTION CALENDAR AND INSTRUCTIONS ON HOW TO FILL IT OUT WERE CIVEN IN SPANISH TO MS, SANTOS.
- SERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS WAS ALSO GIVEN TO ms. SANTOS.
- PROPERT OFFENDER STILL IN NOW-COMPLIANCE STATUS.

 FINSPECTION DATED MARCH 1997 FOUND THIS SITE TO BE IN

 NON-COMPLIANCE, NO EFFORT HAS BEEN MADE TO ACMIEVE COMPLIANCE

 STATUS.

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TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1317 TIME OUT: 1.	345, AIRS 1011: 250 686
TYPE OF FACILITY: PEAC BRY CHANGE	
FACILITY NAME: SSS PATTESTUNAL DRY CI	CANER DATE: 9-18-98
FACILITY LOCATION: 3986 1: 12 AVE.	
HINLENH, 33C12	
	PHONE NUMBER: 325-975-8640
RESPONSIBLE OFFICIAL: MILICYA SANTOS	PHONE NUMBER: 27.727.00.70
compliance with DEP Rule 62-213.300, Florida A	·
Based on the results of the compliance requirement discrepancies were noted:	nts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	EM FOLLOW-UP ACTION REQUIRED
NO KILLING LOG OF PEAC PLRCHASES	WILL START KEEP A ICH VE PERC PLROHISES
NO LINDENSER TEMP, READINGS	WILL STAKT PLUG OF CONNENSER TONP.
NC LENK INSPECTION LEG	WILL START A LOC OF LIAK INSPECTIONS
	·
COMMENTS: SHEP PND EGUIPMENT	IN SATISFACTORY CONDITIONS.
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	5(17 '99 (Approximate)
	FILL ENRIGUE FLORES
NSPECTOR'S SIGNATURE: //Comput	PHONE NUMBER: 305 - 372 - 6925

Page___of___.

Revised 10/96

* ARS ID#: 02.50686

ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY, NAME ITY 555 Profession DATE: 6/15/99 FACILITY, NAME ITY 555 Profession DATE: 6/15/99 FACILITY LOCATION: 3980 N 12th Ave. 70
BE ST P
Annual Reporting Period: 19 98 TO 0 0 19 99 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: 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: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: MIREVA SANTOS Name (Please Print) Signature Date

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

	DIEDE V AIR QUA	; (1)	1 ~		
DECENVED	INSPECTION	. Y			
TYPE OF INSPECTION:	ANNUAL 🖊	COMPLAINT/DI	SCOVERY	RE-INSPECTION	· ·
TIME IN 217998 M	TIME OUT: 92	3 AM	AIRS ID#: <u></u> O a	250686	- -
TYPE OF FACILITY:	erc Dry	cleaner	<u> </u>	Ci Take	_
IFAGILITY/NAME:	SS Rie			DATE 6/15/99	_
FACILITY LOCATION: 3	980	2" " Loe			_
				0-50	_ ·
RESPONSIBLE OFFICIAL:	your sontas		_PHONE NUMBER:	875 8640	
	e compliance requirements le 62-213.300, Florida Adm				
· ·	e compliance requirements	evaluated during th	is inspection, the follow	ing compliance	
discrepancies were noted		707	I OW UP A CONTO	N PROJERNA	
COMPLIANCE REQU		M FOL	LOW-UP ACTIO	N REQUIRED	<u>.</u>
No leol	00		leate	5	
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					<u> </u>
COMMENTS: Record	heepine v	, al at: on	5		
م م ر	·- Complian		-		9
The Annual Compliance Certifica	tion form has been properly	certified and subm	itted to the inspector	YES	
DATE OF NEXT INSPECTION	1:	6/200) 20.		
	1	(Approximate)			
INSPECTION CONDUCTED B	Y: LEO	34 M Z	Tree State professioning		
INSPECTOR'S SIGNATURE:_	Loo	(Please Print)	PHONE NUMBER:	(305) 372-6	<u> </u>
	P .	age of .		Revised 10	/96
				icevised 10	. , , ,

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: <u>0250U8U</u> DATE: <u>5/2/0</u> FACILITY NAME: <u>SSS Profes</u>	ssional Dry Cleaners
FACILITY LOCATION: 3980 W Hialeah	12 Ave - 33012
RESPONSIBLE OFFICIAL: Mireya	Santos PHONE: (305)825-8040
CONTACT NAME:	PHONE:
	a O
PART I: NOTIFICATION	Real Ext
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup S. N. Z.
2. Facility failed to notify DARM to use general pe	ermit Source Company
	&
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
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)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning $5b4b0$

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DW/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 A/KKEO NO YO 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 DY DN DN/A 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly 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? ND YD 4. Maintained calibration data? (for applicable direct reading instruments) \square Y \square N DY DN 'MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? DY DN 7. Maintained deviation reports? QY QN Problem corrected? 8. Maintained compliance plan, if applicable? DY DN

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A DY ON ON/A Muck cookers couplings, and valves Door gaskets and seating Y ON ON/A Stills DY ON ON/A Filter gaskets and seating A/NO NO YE Exhaust dampers ŹY □N □N/A ANA NO YO Diverter valves Pumps A'M' NO YE QN QN/A Solvent tanks and containers Cartridge filter housings Water separators Y 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? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis?

Approximate Date of Next Inspection

d. Kept in a clean and secure area when not in use?

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

אם עם

DY DN

Machine not in operation at time of inspection.

Spoke W/ Mr. Santos on the telephone.

He said they use the de machine

very little. He bought 20 sallons

in the last 12 months. Records

are very unorganized but are on

site. Need to be more consistent

W/ necordkeeping.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/45 am TIME OUT: 12:15 TYPE OF FACILITY: Perc Dry Cleane FACILITY NAME: SSS Professione FACILITY LOCATION: 3980 W 12 Av Hialan, FL 3: RESPONSIBLE OFFICIAL: Mireya Santos	pm airs 10#: 0250686 2 Dry Cleaners Date: 5/2/00 VE 3012 PHONE NUMBER: (305) 825-8040
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:	rative Code (F.A.C.). ated during this inspection, the following compliance
Logs incomplete	Begin Keeping Complete logs of leak inspection +
•	
comments: Mr. Santos reported	little use of the machine.
The Annual Compliance Certification form has been properly certification.	
INSPECTION CONDUCTED BY:	peroximate) (7/1/Lev lease Print) PHONE NUMBER: (205)372-6936
Page_	of Revised 10/96

AIRS ID#: 0250484

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SSS Professional Dry Cleaner DATE: 5/2/00
FACILITY LOCATION: 3980 W 12 AVE
Hialeal 33012
Annual Reporting Period: 5 1997 TO 5 5 1900
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance: Begin keeping all records
Method used to demonstrate compliance: Calendar + 109 Sheets
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature 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.

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

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

TO: SSS Professional	Dry Cleaners			
ADDRESS: 3980 W 17 A.	ve i			
	bove			
YOU ARE HEREBY NOTIFIED that on 500 Chapter 24, Metropolitan Dade County Environmental Production Administrative Code, was observed at the referenced loc				
Operating without an Air Permit	Excessive Visible Emissions			
Uncontrolled fugitive particulates	Improper handling/removal of asbestos			
Non-compliance with	Non-compliance with CFC regulations			
Stage II Vapor Recovery	OTHER			
Specifically:	+ Tomas + Conditions			
for a property of the	Trongeront to sure of the			
logs [tartlout_]	•			
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Ord				
Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s). Within days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. Mail a copy of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.				
□ Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.				
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.				
For further information regarding the above, please contact the Air Section of this office at 372-6925.				
	Sincerely,			
	John W. Renfrow, P.E. Director			
Received by: 2 / / Uga Ar II	By Debora Griner			
Title: 20	Signature 100			
Date: 5/2/00	Section: Au Facilities			

MIAMI-DADE COUNTY, FLORIDA





MAY 2 4 2000



ENVIRONMENTAL RESOURCES MANAGEMENT
INDUSTRIAL FACILITIES SECTION

33 S.W. 2nd AVENUE SUITE 600

MIAMI, FLORIDA 33130-1540 (305) 372-6600

Air Quality

PERMIT NO: IW5-0003028-2000/2001 (REG)-DCSO
SSS PROFESSIONAL DRY CLEANERS, INC. Management Division
3980 W 12 AVE

HIALBAH, FL 33012-

PERMITTEE:

Ms. Mireya Santos SSS PROFESSIONAL DRY CLEANERS, INC. 3980 W 12 AVE

HIALBAH, PL 33012-

INDUSTRIAL WASTE 5 ANNUAL OPERATING PERMIT

DESCRIPTION OF FACILITY/EQUIPMENT

This document, issued under the provisions of Chapter 24, Miami-Dade County (Dade County Environmental Protection Ordinance), shall be valid from May 01, 2000 through April 30, 2001. The above named permittee, is hereby authorized to operate the pollution control facility at the above location which consists of the following:

Dry cleaning facility using Perchlorethylene, Valclene or other cleaning solvents; served by sanitary sewer.

This facility is subject to conditions listed below and in the following pages (if any) of this permit.

SPECIFIC CONDITIONS

- 1. All wastes from facility operation shall be stored or disposed of in compliance with county, state and federal regulations.
- Facility shall have the ability to contain and collect any spill and properly dispose
 of contaminated materials. Accidental spills must be reported to this department
 within 24 hours at (305)372-6789.
- 3. Receipts from all industrial waste and/or wastewater disposal must be maintained at the business and be available for inspection by DERM personnel. Receipts shall contain clear information as to the name of the hauler, type of material transported, and quantity of material picked up. Records shall be kept for a period of three years.
- 4. Hazardous wastes (if allowed) shall not be stored longer than ninety (90) days, for GENERATORS, or one hundred eighty (180) days for SMALL QUANTITY GENERATORS, containers must be clearly labeled, and must have the date of the first day of storage marked on the outside of the container.
- 5. Receipts from all hazardous waste disposal (manifests), with data on volume, name of hauler and final destination, shall be maintained on file in order at the facility and be made available to this Department's representatives upon request. Records shall be kept for a period of three years.
- 6. All above ground tanks and storage areas for hazardous materials and hazardous waste (if allowed) must have secondary containment. Design and construction must have departmental approval.
- 7. Solvent recovery "still bottoms" are hazardous wastes and must be treated as such.

in some which is not to

Miami-Dade County
Department of Environmental Resources Management

File Number: 002796

John W. Renfrow, P.B., Director

CONDENSER TEMP LOG

MAY 2000 PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp than or e 45° F (7.	qualito
5-1-00	F 41	Y	N
5-8-00	F. 40	Y)	. N
5-15-00	F39	Y	N
5-22-00	F 40	Y)	N
		Y	N

TOTAL FROM LAST MONTH		18 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBTRACT PERC PURCHASED MAY 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
5-19-99	+/9.3	19.5
	+	

•	NOTES				
		,			-
• <u>-</u>	-				
			_	_	
ž					

INSPECTIONS

INSPECTED	LEAKING? DATE					DATE PARTS	DATE PARTS	DATE	
					,	ORDERED	RECEIVED	REPAIRED	
HOSES	N Y	NY	(N) Y	(N) Y	NY				
DOOR	N Y	N Y	N Y	N Y	NY				
PUMP	(N) Y	N Y	(N) Y	N) Y	NY				
SOLVENT TANK	(N) Y	(N) Y	N Y	N Y	NY				
WATER SEPARATOR	N Y	NY	N Y	(N) Y	NY	·			
MUCK COOKER	N Y	NY	N Y	(N) Y	NY				
STILL	(N) Y	N Y	N) Y	W Y	NY				
EXHAUST DAMPER	N Y	(N) Y	(N) Y	(N) Y	NY				
DIVERTER VALVE	$N \wedge$	(N) Y	N Y	(N) Y	NY				
FILTER GASKET	N Y	(N) Y	\mathbb{N}	(N) Y	NY				
CARTRIDGE FILTER	N Y	N Y	N Y	(N) Y	NY				
WASTE CONTAINERS	(N) Y	(N) Y	(N) Y	₹ 0 Y	NY	LABELED Y N	DATED Y N		

BEST AVAILABLE COPY

MAY 20 1999

Industrial Equipment and Supplies 2055 NW 7th Avenue

Miami, Florida 33127

(305) 324-0410

1-800-969-4766 (Florida Only)

05/19/99 09:50 am

ORDER NUMBER: 164057

ORDER DATE: 05/19/99

SOLD TO: SSS PROFESSIONAL DRY

SS398

CLEANERS, INC.

3980 W. 12TH AVE.

HIALEAH

FL 33012

SHIP TO:

SSS PROFESSIONAL DRY

CLEANERS, INC.

3980 W. 12TH AVE.

HIALEAH FL 33012

SHIP VIA OUR TRUCK

FOB MANNY P.O. #

TERMS

,SM

Net 30 days

07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

ORDERED SHIPPED BACKORD H/M UNIT PRODUCT # DESCRIPTION UNIT PRC **EXTENSION**

146.3

7.50

19.50 19.50 0.00 ** Gal PERK Perchloroethylene Tetrachlorethylene, 6.1, UN1897, PgIII, RQ,

Marine Pollutant. EMERGENCY # (316) 524-5751 The state of the s

FOR YOUR CONVENIENCE, WE NOW ACCEPT VISA, MASTERCARD, AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALES REPRESENTATIVE FOR OUR MONTHLY SPECIALS!!!!!

SUBTOTAL % % FREIGHT SALES TAX PERC TAX ENVRN TAX ADF TAX REGCOM 146.25 0 0 0.00 9.51 1.15 **97.**50 254.41 0.00 0.00



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

HECK EVERY 7 DAYS MRY 1,99			. 1		
Put N for No Leak	Week5/7	Week 5-14	Week 5:4	Week 5 Z8	Week
Put Y - for Perceptible Leak	Date	Date	Date	Date	Date
Hoses, pipe connections, fittings, couplings, and valves	N	N	N	M	N
2) Door gaskets and seatings		·N	N	N	N
3) Filter gaskets and seatings	N	~	N	N	N
4) Pumps	<i>N</i>	M	N	₩.	N
5) Solvent tanks and containers		N	N	N	N/
6) Water separators		~	₩'	N	N/
7) Muck cookers		~			
8) Stills	N	N	₩.	N	N
9) Exhaust dampers		مهامت			***
10) Diverter valves					
11) Cartridge filter housings	N	N	N	N	N
CHECK EVERY 7 DAYS (Applicable Sections Only)	Week	Week	Week	Week	Week
(Monitoring not required for existing plants until September 22, 1996)	Date	Date	Date	Date	Date
Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)	- `	-	_	_	_
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	F-38	F41	t ño	F37	F.39
Carbon adsorber concentration (ppm)		<u> </u>			
Perchloroethylene purchased: 19.5 Running 12 month total 19.5 Date and description of repairs or adjustments		calculate on per year.	first of every	month).	:
Were parts ordered? If yes, when and what p If yes, when were parts installed? Staple or keep all solvent purchase receipts which a	· · · · · · · · · · · · · · · · · · ·	NIA	N/A		



0353724

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 # 0250686

S.S.S. PROFESSIONAL MIREYA SANTOS 3980 W 12TH AVE HIALEAH FL 33012 Bureau of Air Mobile Source 37550101000 EO: B1 Funde 20-2-024011 Obj. 002273

₹

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259057

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

RECEIVED MAIL ROOM

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250686 S.S.S. PROFESSIONAL DRY CLEANRS INC MIREYA SANTOS 3980 W 12TH AVE HIALEAH FL 33012

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provi	ded)
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Bactage & Feee	ntellem
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MIREYA SANTOS 3980 W 12TH AVE HIALEAH FL 33012

S.S.S. PROFESSIONAL

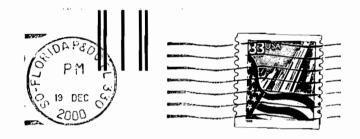
FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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\$\$ S Professional Dry Cleaners 3980 W. 12th Ave 305-825-8640



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

32315%3070

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This portion must be attached to remittance for proper handling 1.389850

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