

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 11, 1996

Mr. Mike Wallach General Manager Vanity Cleaners 8751 Southwest 131 Street Miami, Florida 33176

Dear Mr. Wallach:

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

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



Department of Environmental Protection

0250687

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

Virginia B. Wetherell Secretary

August 26, 1996

This thereof

Mr. Mike Wallach General Manager Vanity Cleaners 8751 Southwest 131 Court Miami, Florida 33176

Dear Mr. Wallach:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 6, 1996.

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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

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Slottx Wiltr

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

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

:	TD# 0250687
	Faxed in revised
:	form.
p. 15	4. New Small area
	Source should be
	Checked.
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BEST AVAILABLE COPY

-AUG-20-196 TUE 18:50 ID:

TEL NO:

#239 P02

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification	AUG 6 1996
Facility Name and Location	BUREAU OF AIR REGULATION
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
VANITY Cleaners.	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: MIAMI, F/. Street Address: MIAMI, F/.	
City: 8751 Sw 1310 County: DADE Zip Code:	33,76
5. Facility Identification Number (DEP Use):	
· Responsible Official	
6. Name and Title of Responsible Official:	
MIKE WALLACH, Gent Monages	
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	
City: SAME AS ABOUE County: Zip	Code: 3 ≥ 176
8. Responsible Official Telephone Number: Telephone: (
Telephone: (305) 251-2451 Fax: ()	
Facility Contact (If different from Responsible Official)	,
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS ABOUE	
10. Facility Contact Address:	To the second se
Street Address:	
City: County: Zip Code:	}
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	
	RECEIVE

AUG 6 1996

Bureau of Air Monitoring & Mobile Sources

AUG-20-'96 TUE 10:51 ID:

TEL NO:

#239 P03

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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.

	<u> </u>	Date	Date		Date	Date	1	Date		Date
		Machine	Control	ļ	Machine	Control		Maci	1	Control
1		initially	Davice	İ	initially	Device		Initia		Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	10	Purc	ased	Installed
Exomple	#/	03-OCT-93	12-004-93	#2	08-DEC-91		#3	02-1	1AR-92	02-MAR
Dry-to-Dry Unit	,					1				
(1) w/ ref. condenser		レルシ	3516		MACHW	(Ē				21 4161
(2) w/ carbon adsorber	ß	USEN	3516		MARHOUS			61	1018	6 NOV8
(3) w/ no controls										
Washer Unit					4 1 2 1	· · · · · · · · · · · · · · · · · ·	.'	,		`
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit				,						,
(7) w/ ref. condenser						ļ				
(8) w/ carbon adsorber										
(9), w/ no controls								Ţ		
Recialmer Unit								,		
(10) w/ ref. condenser								T		
(11) w/carbon adsorber										
(12) w/ no controls						,	T			
(b) Control devices are (c) No control devices 2.(a) What was the total (100) (b) If less than 12 mon Check why it is less	are r quani galli	tiry of perchlons	oroethylene (perc))) purchased in ひ <i>E</i> い	MACH	4 in	کےد		: ()
3. What is the facility's so (Indicate with an "X".					initions foun	d in section	(3) of	Part	117	
Existing small a	rea s	ource ()	N	ev si	nali area sou	rce 🔀	ر			
Existing large ar	ea so	ource	N	ew Ja	ırge ares sout	rce [١			
							,			

AUG-20-196 TUE 10:51 ID:

TEL MO:

#239 PØ4

BEST AVAILABLE COPY

4. What control technology is required on machines pu	irsuant to section (5) of Part II of this notification form?
(Indicate with an "X".)	
Existing large area source Carbon adsorber	Refrigerated condenser
New small area source Refrigerated condenser	eus Plant.
New large area source Refrigerated condenser	·
	•
S. A facility which contains non-exempt emissions un	its shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and it exemption criteria or that no such units exist on-site:	
	tve a total heat input of 10 million BTU/hr or less (298 ural gas except for periods of natural gas curtailment han one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
• •	d Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	يك ا
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(f) Stan-up, shutdown, malfunction plan	
(1) Sterr-up, Shutowal, mattunetion plan	

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

P.8"

AUG-20-'96 TUE 10:52 ID:

TEL NO:

#239 P05

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Date

7/2-6/96

•

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

BEST AVAILABLE COPY

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification AUG 6 1996

Facility Name and Location

BUREAU OF AIR REGULATION

	AIR REGULATION
1. Facility Owner/Company Name (Name of corporation, agency, or i	individual owner):
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
VANITY Cleaners	,
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	. 2
Street Address: City: Commity: County:	Zip Code:
City: 8751 Sw 1312 County: DADE	
5. Facility Identification Number (DEP Use): $O \ni 50676$	
Responsible Official	
6. Name and Title of Responsible Official:	t.
MIKE WALLACH.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	7: 0 1
City: SAME AS ABOUE County:	· Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 251-2451 Fax: (205))
Facility Contact (If different from Respons	sible Official)
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS ABOUE	-
10. Facility Contact Address:	, which
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
	RECEIVE

AUG 6 1996

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	1	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
		1						· · · · · ·	
Dry-to-Dry Unit	<u> </u>				<u>, </u>	•	:	<u> </u>	<u> </u>
(1) w/ ref. condenser	\\\\\\	NEW	35 lb:		MACHIN	E			
(2) w/ carbon adsorber				\	1	,		,	<u> </u>
(3) w/ no controls					,				
Washer Unit			· · · ·		1 1 1 1 1		:		1
(4) w/ ref. condenser					·				
(5) w/ carbon adsorber	Ш.								·
(6) w/ no controls									
Dryer Unit					e de la composición	78 P.Z			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
. (9) w/ no controls									
Reclaimer Unit			<u> </u>					. :	
(10) w/ ref. condenser									1
(11) w/carbon adsorbe	r								
(12) w/ no controls	<u> </u>								
(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? [
Check why it is le 3. What is the facility's s (Indicate with an "X"	ource	classification	n based on th	e def	_				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indic	eate with an "X" the appropriate selection:
	l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
لىك	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this no statem mainta comply	indersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in tification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ents made in this notification are true, accurate and complete. Further, I agree to operate and tin the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. The promptly notify the Department of any changes to the information contained in this notification.
Signet	7/26/36 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT	IDAS COVERY	SE C
AIRS ID#: 0250687 FACILITY NAME: $\sqrt{6}$	DATE: 6/11/9 anity Ci	9 TIME I	N: 1:25	TIME GUE	1:28
FACILITY LOCATION:	-				
	liami				
RESPONSIBLE OFFICIAL :	Michael U	<u>Vallach</u>	_phone: <u>(30</u>	5)759-1	3545
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM :	30 days prior to startu	р			
2. Facility failed to notify DARM		•			
,			`		
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box) A.	n form that it is:		☐ No notificat☐ Drop store/o	ion form out of business/	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r d tr b	. New small a ry-to-dry only, ransfer only, x ooth types, x < 1 constructed on a	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr d gal/yr tr al/yr b	ansfer only, 20 oth types, 140	rea source $140 \le x \le 2,100$ $0 \le x \le 1,800$ ga $\le x \le 1,800$ gal/y or after $12/9/91$)	l/yr	
5. This is a correct facility class	ssification C	NO YE	Can not deter	mine	
	ppropriate classification of qualified for a generative acceeds above limits	al pennit as nuc			
B. The total quantity of perchlore facility was gallons.	pethylene (perc) purch	nased within the	e preceding 12 m	onths by this dry	v cleaning

/ Lof 5

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY 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?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus prior to September 22, 1993	t have been installed
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	·
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□ү □৸
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?	אם צם

B	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	•
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צם
2.	Measured and recorded the washer exhaust temperature at the condenser	
ľ	inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly	
	at the end of the final drying cycle while the machine is venting to the adsorber,	OY ON ON/A
	if machines are equipped with a carbon adsorber?	
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) an all times?	OY ON ON/A
_		
<u>_</u>		
P	ART V: RECORDKEEPING REQUIREMENTS	
P. H		
P./	ART V: RECORDKEEPING REQUIREMENTS as the responsible official:	חם אם
P. H (c	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
P. H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
P. H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption?	
P. H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following:	אם עם
P/ H (c 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
P/ H (c 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
P./ H. (c. 1. 2. 3. 4. 5.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A □Y □N □N/A □Y □N □N/A
P/ H (cc 1. 2. 3. 4. 5.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A
P/ H (cc 1. 2. 3. 4. 5.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly total of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON ON/A

PART VI: LEAK DETECTION AND R	EPAIRS						
1. Does the responsible official conduct a	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			ΩY	□N ·			
2. Has the facility maintained a leak log?			ΠY	ПИ			
3. Does the responsible official check the f	following areas for leaks?						
Hose connections, fittings,			574.5				
couplings, and valves	OY ON ON/A	Muck cookers	uy u	N □N/A			
Door gaskets and seating	OY ON ON/A	Stills	OY O	N □N/A			
Filter gaskets and seating	DY AND DAIA	Exhaust dampers		N □N/A			
Pumps	ON ON DINA	Diverter valves		N □N/A			
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings		N □N/A			
Water separators	OY ON BUNA						
4. Which method of detection is used by th	e responsible official?						
Visual examination (condensed so							
Physical detection (airflow felt three	ough gaskets)	_					
Odor (noticeable perc odor)							
Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)					
Halogen leak detector							
If using direct-reading instru	mentation, is the equipme	ent:	□N/A				
a. Capable of detecting p	erc vapor concentrations in	ra range of 0-500 pph?	OY O	N			
b. Calibrated against a sta (PID/FID only)?	andard gas prior to and afte	r each use	/ 2Y 01	N			
c. Inspected for leaks and	d obvious signs of wear on a	a weekly basis?		N			
d. Kept in a clean and sec	cure area when not in use?		DY DI	N			
e. Verified for accuracy t	by use of duplicate samples	(calorimetric only)?	OY O	N			

s Signatur

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility closed. Property for lease. AIRS ID#: 0250087

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Vanity	Cleaners			DATE	: 3/20/97
facility location: <u>875</u> [Sw 131	St			
Miam	i, FL 33	3176			
Annual Reporting Period:	8	19 <u>%</u>	то		8 19 <u>97</u>
Based on each term or condition of the Tit	le V general air permit	, my facility	has remained in o	compliance with D	EP Rulo
62-213.300, Florida Administrative Code	(F.A.C.), during the pe	riod covered	l by this statement	YES	MNO
If NO, complete the following:					
#1. Term or condition of the general perm		continuous	compliance during	g the reporting per	iod stated above:
Irch of paperwar	<u>k</u>				
Exact period of non-compliance: from		8/96	to	3/27/97	·
Action(s) taken to achieve compliance:	pegin re	ourd	Keeping		
Method used to demonstrate compliance:	Lo	95 +1	Log bost	£	
	/		0		
#2. Term or condition of the general perm	nit that has not been in	continuous	compliance during	g the reporting per	iod/stated above:
Monstoring of	tompeteur	17 ~	eficiona,	La Cono	leusur
Exact period of non-compliance: from		8/96	to'	3/27/97	
Action(s) taken to achieve compliance:	Will beg	u me	Caserry as	nd reco	rden temp
Method used to demonstrate compliance:					
	<u></u>				
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receiptive year for transfer or combination facilities	te and complete. Furth ts, does not exceed 2,10	er, my annu	al consumption of	perchloroethylen	e solvent, based
	HARLD. WALL	ALT	Jule	all	3/27/97
1	Vame (Please Print)		Signat	ture	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:30 pm TIME OUT: 1:08	pm AIRS ID#: 0250687
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Vanity Cleaners	DATE: 3/27/97
FACILITY LOCATION: 8751 SW 131 ST	· 1
Miami, FL 33170	
RESPONSIBLE OFFICIAL: Michael Wallach	PHONE NUMBER: 251-2451
Based on the results of the compliance requirements evaluate	ted during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ted during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility has not measured + recorded	Start meaning + recording temp.
temp. of outlet exhaust of the	Start measuring + recording temp. on weekly basis. (Refr. condenses
refrigerated condensers in weekly basis	The state of the s
Facility has not maintained perc	Need to begin keeping receipts
receipts on site.	Need to begin keeping receipts on site.
	· · · · · · · · · · · · · · · · · · ·
Facility has not maintained a rolling monthly average of perc	Start maintaining average
rolling monthly average of perc	July
consumption	91
Facility has not conducted trecorded results of a weekly uspetion to	Start conducting + recording weekly leak inspections.
laste	weekly leak inspections.
leats.	
COMMENTS: Facilities of an	
racing and equ	ipment is satisfactory.
:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES // NO
1/08	and submitted to the inspector.
DATE OF NEXT INSPECTION: $\frac{998}{4}$	proximate)
1.11.	
INSPECTION CONDUCTED BY:	ease Print)
	PHONE NUMBER: 372-6936
INSPECTOR'S SIGNATURE:	LHONE MOMBER: 019 010
	•

Revised 10/96



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	7 O	COMPLAINT/DISCO	OVERY	
ARS ID#: <u>0250687</u> D. FACILITY NAME: <u>Van</u> FACILITY LOCATION: 8	ity Clean	ners thwest	- 13 St.	E OUT: <u>/-(</u>	98.pm
PART I: NOTIFICATION					
(check appropriate box)					,
Existing facility notified DAR	M by 9/1/96				Œ
2. New facility notified DARM 3	0 days prior to start	tup			
3. Facility failed to notify DARM	to use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A. 1. Existing small area source		2. New small	area source	άΥ	
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-dry only transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	. /	
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="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr al/yr</td><td>transfer only, both types, 14</td><td>arca source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>) gal/yr al/yr	transfer only, both types, 14	arca source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classific	ation	XY ON			
If no, please check the appropria	te classification:				
	d for a general perr above limits and is		above r a general permit		
B. The total quantity of perchlor facility was 100 gallons.	octhylene (perc) pu	irchased within	the preceding 12 month	s by this dry o	leaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON √NA
2. Examining the containers for leakage?	OY ON (NA
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ofy □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ם אוע או או
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	, 0
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם. א י ם
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
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	□Y a N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y □N √N4 ;
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY DN

D .	Has the responsible official of an existing large or new large area source also:			I
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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	
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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	
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	ОΝ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
<u>.</u>				 1
Ľ	ART V: RECORDKEEPING REQUIREMENTS			
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)			
H (c	as the responsible official:	ОΥ	M M	
H (c	as the responsible official: heck appropriate boxes)		N M	
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?			
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	ΩY		\\NA
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY	ΩN ΩN	NA NA VNA
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days			NA WA WA DN/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?			,
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)			ÓN/A
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?			ÓN/A
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			ON/A VNA VNA
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?		2 C C C C C C C C C C C C C C C C C C C	ON/A VNA VNA
H (c 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?		2 C C C C C C C C C C C C C C C C C C C	ON/A WA VNA
H (c 1. 2. 3. 4. 5. 6. 7. 8.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?		2 C C C C C C C C C C C C C C C C C C C	ON/A WA VNA

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) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	2.	Which method of detection is used by t	he respon	sible offic	ial?		
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Visual examination (condensed s	æ j				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Physical detection (airflow felt th	rough gas	skets)		₽	ı
If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Odor (noticeable perc odor)				₽	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Use of direct-reading instruments	ation (FID	/PID/calo	rimetric tubes)		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric only)? J. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating J. N. Muck cookers J. N. Stills J. N. Filter gaskets and seating J. N. Exhaust dampers J. N. Pumps J. N. Diverter valves J. N. Cartridge filter housings J. N. O. Cartridge filter housings		If using direct-reading instrum	entation,	is the equ	ipment:		
(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N N Stills Y N Filter gaskets and seating Y N Pumps N Solvent tanks and containers Y N Cartridge filter housings Cartridge filter housings		a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	ΩY	ПN
d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N Stills Filter gaskets and seating Y N Exhaust dampers Pumps Pumps ON Diverter valves Y N Solvent tanks and containers Y N Cartridge filter housings Y N	· · · · · · · · · · · · · · · · · · ·						□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N Muck cookers Y N Filter gaskets and seating Y N Filter gaskets and seating Y N Pumps Pumps Solvent tanks and containers Y N Cartridge filter housings Y N Cartridge filter housings		· · · · · · · · · · · · · · · · · · ·					ΠN
3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N Stills Filter gaskets and seating Y N Exhaust dampers Pumps ON Solvent tanks and containers Y N Cartridge filter housings Y N						OY ON	
4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N Stills Filter gaskets and seating Y N Pumps VY N Diverter valves Y N Solvent tanks and containers Y N Cartridge filter housings Y N		e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	OY ON	
Hose connections, fittings, couplings, and valves Door gaskets and seating Y N Stills Filter gaskets and seating Y N Exhaust dampers Y N Pumps VY N Solvent tanks and containers Y N Cartridge filter housings Y N	3.	3. Has the facility maintained a leak log?				OY MN	
couplings, and valves Door gaskets and seating Y N Stills Filter gaskets and seating Y N Exhaust dampers Y N Pumps VY N Cartridge filter housings Y N N Couplings, and valves Y N Cartridge filter housings Y N N Cartridge filter housings Y N Cartridge filter housings	4.	Does the responsible official check the	following	g areas for	leaks?		
Filter gaskets and seating Y N Exhaust dampers Y N Pumps Diverter valves Y N Solvent tanks and containers Y N Cartridge filter housings Y N		, , ,	ZY	(IN	Muck cookers	ZY Y	ПN
Pumps Diverter valves VY ON Solvent tanks and containers VY ON Cartridge filter housings VY ON		Door gaskets and seating	√Y	ПN	Stills	₽ Y	ПU
Solvent tanks and containers ∇Y $\Box N$ Cartridge filter housings ∇Y $\Box N$		Filter gaskets and seating	ZY	ŮИ	Exhaust dampers	Q \(Y	ΩN
	 	Pumps	A Y	ПN	Diverter valves	₽ ′Y	ПΝ
Water separators ∇Y $\Box N$	ŀ	Solvent tanks and containers	₽Y	ИП	Cartridge filter housings	${\bf \nabla}_{\!$	ПN
		Water separators	\mathbf{Q}_{Y}	ΠN	•		
	_						

MICHAEL D. WALLACH	e e e e e e e e e e e e e e e e e e e
Name of Responsible Official	•
Dephie Grener	3/2
Inspector's Name (Please Print)	Date of In
Allond Min	4/9
Inspector's Stanature	Approximate Date

of Next Inspection

ADDITIONAL SITE INFORMATION:			
		•	
•			
			•
	·		
-			

AUG-20-'96 TUE 10:50 ID:

TEL NO:

#239 PØ2

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification	AUG 6 1996
	BUREAU OF AIR REGULATION
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
DAWITY ENTER PRLICES. 2. Site Name (For example, plant name or number):	·
2. Site Name (For example, plant name or number):	}
VANITY Cleavers.	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: MIAMI, F/- Street Address: MIAMI, F/-	77.7/
· 131 SW 13104 UADE	33176
5. Facility Identification Number (DEP Use):	
Responsible Official	
6. Name and Title of Responsible Official:	
MIKE WALLACH, Gent Monages	
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	
	Code: 3 ≥ 176
8. Responsible Official Telephone Number:	
Telephone: (305) 251-2451 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS ABOUE	,
10. Facility Contact Address:	
Street Address;	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	
	FCFIVE

AUG 6 1996

AUG-20-'96 TUE 10:51 ID:

TEL NO:

#239 PØ3

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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	T	Date	Date
i	j	Machine	Control		Machine	Control	1	Machine	
ł	}	initially	Davice	ì	initially	Device .	1	initially	Device
Type of Machine	(QI	Purchased	Installed	ID	Purchased	Installed	10	Purchase	ed Installed
Exomple	#/	03-OCT-93	12-007-93	#2	08-DEC-91		#3	02-X4A	R-92 02-MAR-9,
Dry-to-Dry Unit						1,,			
(1) w/ tef. condenser	T	NEW	3516	}	MACHIN	E		21 AU	191 21 41696
(2) w/ carbon adsorber	\$	USEN	3516		MACHO 8			16 NO.	1896 NOV89
(3) w/ no controls						<u> </u>	T		
Washer Unit								,	٠٠٠
(4) w/ ref. condenser									
(5) W/ carbon adsorber									
(6) W/ no controls				 					
Dryer Unit			· · · · · · · · · · · · · · · · · · ·		, .h				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9), w/ no controls									
Reclaimer Unit					1.1				
(10) w/ ref. condenser								}	
(11) westbon adsarber	1						1		
(12) w/ no controls				1					
(b) Control devices are (c) No control devices 2.(a) What was the total (100) (b) If less than 12 mon Check why it is les	are r quant gallo	equired to be	proethylene ((perc)purchased i といい と と と いい いい いい いい いい いい いい いい いい いっ いっ いっ いっ	M4c	Hin	کے د	ords: ()
3. What is the facility's so (Indicate with an "X".					finitions foun	d in section	n (3) ol	Pari II?	
Existing small a	rea so	ource ()	И	ew s	mall area sou	rce 🔼	لـــُ		
! Existing large at	** **	urce (1	N.	eve te	ስተ <u>ሰድ ወ</u> ተዋጽ ይለሁ	rce [1	1	

AUG-20-'96 TUE 10:51 ID:

(f) Start-up, shutdown, malfunction plan

TEL NO:

#239 PØ4



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4. What control technology is required (Indicate with an "X".)	on machines p	ourspant to se	ection (5) of Pa	rt H of this no	dification form?
Existing large area source Carbon adsorber		Refrigerated	I condenser		· •
New small area source Refrigerated condenser	L) N	وب	Plant.		
New large area source Refrigerated condenser			•		
					•
5. A facility which contains non-exem to Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such units	it all steam and				
All steam and hot water generating uni- boiler HP or less), and (2) are fired ex- during which propane or fuel oil conta	clusively by na	nural gas exc	cept for periods	s of natural go	thr or less (298 as curtailment
All steam and hot water generating uni No such units on-site	its exempt	ज्यं .			
Eq uipment	Monitoring a	nd Recordk	ceping Inform	ation	
Check all logs which are required to be	e kept on-site i	n accordance	with the requi	irements of th	s general permit:
(a) Purchase receipts and solvent purch	hases				
(b) Leak detection inspection and repair	ir			بك	
(c) Refrigerated condenser temperature	e monitoring			لك	
(d) Carbon adsorber exhaust perc conc	entration mon	itoring		<u> </u>	
(e) Instrument calibration				ب	

AUG-20-'96 TUE 10:52 ID:

TEL NO:

#239 P05

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Surrender of Existing Air Permit(s)

lease indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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

Responsible Official Certification

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

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

Signature

7/2-c/96

L. Sell

3/27/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID 0250687 & Mobile Sources VANITY ENTERPRISES MIKE WALLACH 8751 SW 131 STREET **MIAMI FL 33176** Do NOT Remove Label Annual Reporting Period: 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: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from 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 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: MICHAEL D. WALLACH Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNI	JAL 🗆	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	300	AIRS ID#:	02506RT/
TYPE OF FACILITY:	c Bu		11/11/12	
FACILITY NAME:	1.1176 E	1: Carpenal	76	DATE: 4-65 75
FACILITY LOCATION:	Many	12157		
RESPONSIBLE OFFICIAL:	442/-63	MACH	PHONE NUMBER	: 759 2545
Based on the results of the comp compliance with DEP Rule 62-2	•	-	·	cility is found to be in
Based on the results of the comp discrepancies were noted:	liance requirements	s evaluated during	this inspection, the fol	lowing compliance
COMPLIANCE REQUIREM	ENT/PROBLE	EM FO	LLOW-UP ACT	ION REQUIRED
<u> </u>				
				(
				<i>:</i>
. 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
		,		
	<u>:</u>			
COMMENTS:	, 14 Ce	2, 16010	رځ, ۱	,
·		*.,		
The Annual Compliance Certification for	m has been proper	ly certified and sub	mitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION:	AJIKI	1999	· · · · · · · · · · · · · · · · · · ·	
TATCHD CONTON OF THE PARTY OF T	+	(Approximate	,	
INSPECTION CONDUCTED BY:	JAME	(Please Print)	16-6-	
INSPECTOR'S SIGNATURE:		•	PHONE NUMBER	E 2766766
	, ,	Page of		Revised 10/9
· · · · · · · · · · · · · · · · · · ·		iage oi .		Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	м 0	COMPLAINT/DISCOVERY	0		
FACILITY NAME: 4-15/51 SW 13/57.						
RESPONSIBLE OFFICIAL:	MIGMI Micimal		/рнопе: <u>759-85</u> рнопе:	45		
PART I: NOTIFICATION						
(check appropriate box)		<u> </u>				
New facility notified DARM	30 days prior to star	tup				
2. Facility failed to notify DAR	M to use general per	rmit	<u>. </u>			
PART II: CLASSIFICATION	1					
	ce ce 100 gal/yr 0 gal/yr gal/yr assification appropriate classific	transfer only, y both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or LY DN cation: neral permit as r	x, $x < 140$ gal/yr x < 200 gal/yr x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr $x < 140 \le x \le 2,100$ gal/yr x < 1,800 gal/yr	roleum		
B. The total quantity of perchlo facility was 66 gallons.		urchased within	the preceding 12 months by this de	ry cleaning		

1 of 5

of states

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ПΝ	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	ΠИ	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	Пи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟΥ	ПИ	□N/A
-				

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY DN 1. Maintained receipts for perc purchased? מט אם 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN WN/A 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 DN GNA and parts installed w/in 5 days of receipt? DY ON ONIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN ON/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MY ON			
2.	Has the facility maintained a leak log?			DY ON			
3.	Does the responsible official check the						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN DN/A			
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DAY ON ON/A			
	Solvent tanks and containers	O√ ON ON/A	Cartridge filter housings	DAY ON ON/A			
	Water separators	DY ON ON/A	•				
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and s	DY DN					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						

(

Inspector's Name (Please Print)

4-28-48
Date of Inspection

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
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AIRS ID#:	9250687

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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3	APR	3 _U	1998	

					dr Onane.
FACILITY NAME: VANIJO	1 Cle	DNERS		Manage DATE:	40850795
FACILITY LOCATION: 575/	Sw	131 57		·	
MAMI					
Annual Reporting Period:	3-27	1997	то	29	19 <i>98</i>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code				. /	P Rule
If NO, complete the following:					,'
#1. Term or condition of the general perm	nit that has not bee	n in continuous c	ompliance during	the reporting perio	d stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·			
#2. Term or condition of the general perm	nit that has not bee	en in continuous	compliance during		
·				RECE	IVED
Exact period of non-compliance: from			to	MAY 1	y 1998
Action(s) taken to achieve compliance:	 			Duragu of A	ir Monitoring
Method used to demonstrate compliance:					e Sources
,		<u>·</u> .		·	·
As the responsible official, I hereby certif made in this notification are true, accura upon rolling averages of purchase receip year for transfer or combination facilities	te and complete. Its, does not exceed	Further, my annu	al consumption of	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	MICHAEL Name (Please-Print	D. WASIA	Signat	ure)	7 4/38/58 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.

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 26 97

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

VANITY ENTERPRISES, INC.

Department of Environmental Pr

2/23/97

9370

AIRS ID # 0250687

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on the reverse side?	SENDER: Complete items 1 Complete items 3, 4a, and 70. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this be does not be number.	1. □ Addressee's Address 2. □ Restricted Delivery	eipt Service.
s your RETURN ADDRESS completed o	AIRS ID#: 0250687 VANITY ENTERPRISES MIKE WALLACH 8751 SW 1316STREET MIAMI FL 33176 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	Type ed	I nank you for using Heturn Hece
₩	PS Form 3811 , December 1994		Domestic Return Receipt	

TO THE RIGHT OF Professional						
SENDER: COMPLETE WIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
· III	A. Received by (Please Print Clearly) B. Date of Pelivery Addressee Addressee D. Is delivery address different from item 1? If YEM Herodelivery address below: Bureau of Air Monitoring Mobile Sources					
PERFECT CLEANERS 8751 SW 131 STREET MIAMI FL 33176 OGOO OCOLG ALB 7263	3. Service Type Certified Mail					
Article Number (Copy from service label)						
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789					

7263 -	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)									
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00	Restricted Delivery Fee (Endorsement Required)									
0600	Total F 10	AIRS ID # 025	0687001AG							
19	L PERFECT CLEANERS									
7000	City, Sta MIAMI FL									
	PS Form 3800; February 2	000	See Reverse for Instructions							

MIKE WALLACH 8751 SW 131 STREET MIAMI FL 33176 Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)	on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Return Receipt Service.
PS Form 3811, December 1994 Domestic Return Receipt	RETURN ADDRESS completed	VANITY ENTERPRISES MIKE WALLACH 8751 SW 131 STREET MIAMI FL-33176 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4b. Service Registere Express Return Rec 7. Date of Dec	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery e's Address (Only if requested	Thank you for using

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303836

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TOTAL AMOUNT DECEMENTS 0.00

FEB 26 98

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AIRS ID 0250687

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

Оы.: 002273

VANITY ENTERPRISES, INC.

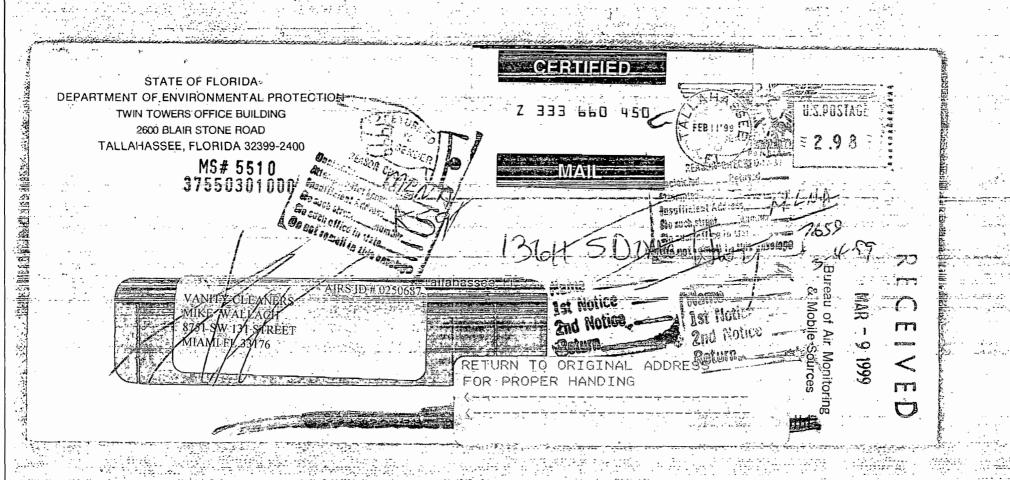
DEPT OF ENVIRONMENTAL PROTECTION

2/16/98

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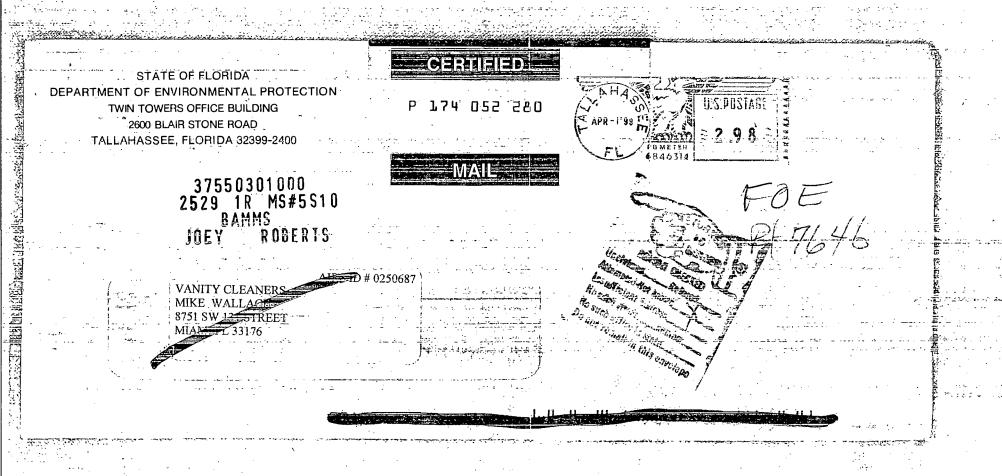
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Sent to

AIRS ID # 0250687

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Return Receipt Showing to Whom, Date, & Addressee's Address	
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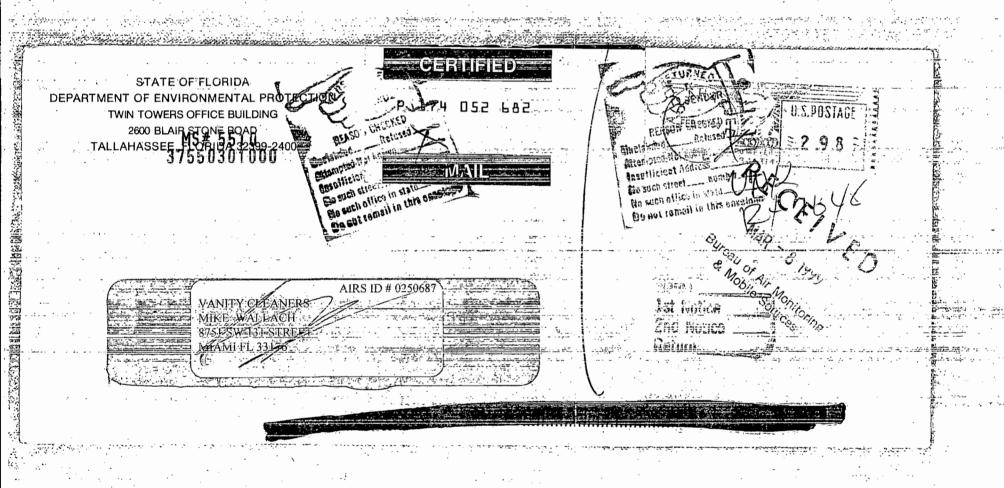
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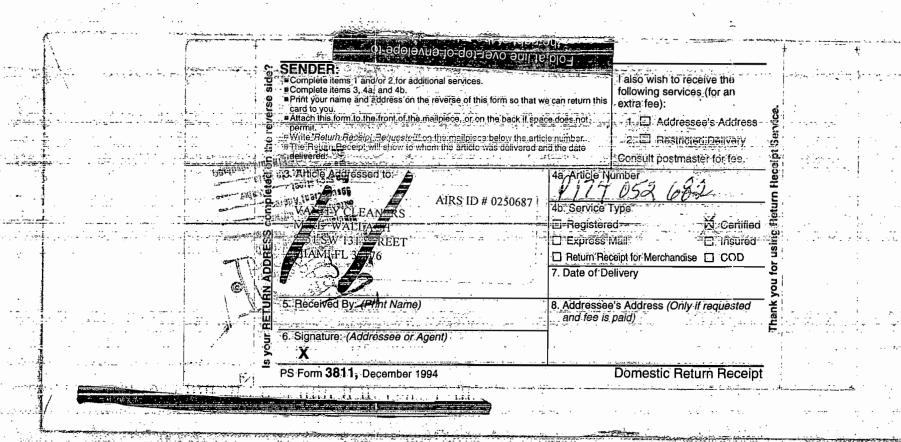
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