



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. Herbert Weinstein County Line Cleaners, Inc. 21495 Northwest 2 Avenue Miami, Florida 33169

Dear Mr. Weinstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

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

	# 0250692 County line Cleaners, Inc. Spoke with Mr. Weinstein-8/21/96
p./3	7. add firm 8. add work#305/770-0759
p./5	4. no "X" required, mark out and initial 5. (c) not required (d) not required (f) needs to be clear ("X")

(

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	5-13-m E
3.	Hazardous Waste Generator Identification Number:
	Facility Location: Hazardous Waste Generator Identification Number: BUREAU OF BUREAU OF AIR REGULATIO
4.	Facility Location:
	Facility Location: Street Address: 2 1495N W \(\times \) N V \(\times \) City: County: Dook Zip Code: 33169
5.	Facility Identification Number (DEP Use):
	0250692
A COLUMN SO	
	Responsible Official
6.	Name and Title of Responsible Official:
17.	HERBELT WEINSTEIN PRES. Responsible Official Mailing Address:
	Organization/Firm:) Street Address: 20 508 E COONTRY CWB DRIVE
	Street Address: 20 508 E C33 19 Fg 2 6 8 3011 VE
J g⊈	City: County: DADE Zip Code: 33180 Responsible Official Telephone Number:
	Responsible Official Telephone Number:
	Telephone: (325) 933 4124 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 Tolombons Numbers
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	1 ax. ()

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AUG 7 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAI
Dry-to-Dry Unit	1	08-JFC	ବା			:	ar i		
(1) w/ ref. condenser	V								
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		rant planet in the	A. Thirt				. ;:		nt e
(4) w/ ref. condenser								•	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1. 1. 5		Qetope 14 d	e ej se	er jert sag,		$\mathcal{G}_{i,k}$		A Barri
(7) w/ ref. condenser									
(8) w/ carbon adsorber				-					
(9) w/ no controls									
Reclaimer Unit	fri, f	il sabilitation	a marana sa				. t.		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices 2.(a) What was the total c	are ro	equired to be ity of perchlons	installed [perc)		the latest 12	? mor	nths?	
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices 2.(a) What was the total of	are ro	equired to be ity of perchlo ins ow many? [_ 12 months:	installed [] months New owner:	perc)	purchased in	: [] Did	not k	eep records:	
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices 2.(a) What was the total control c	are ro	equired to be ity of perchlo ons ow many? [_ 12 months: classification t one classifi	installed [] months New owner: based on the cation only.)	pperc)	purchased in	: [] Did	not k	eep records:	

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none

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd 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	广文]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	\mathcal{L}
(d) Carbon adsorber exhaust perc concentration mon	itoring
(e) Instrument calibration	$[\mathcal{T}]$
Start-up, shutdown, malfunction plan	\$/ 1

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Surrender of Existing Air Permit(s)

Pl	ease indicat	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)
	4	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statement maintain	dersigned, 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 is 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 with 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.
	Signature	her Wenter Auf 1 1996

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Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 2001

Mr. Herbert Weinstein Countyline Cleaners 21495 Northwest Second Avenue Miami, Florida 33169

Dear Mr. Weinstein:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Countyline Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250692). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Ms. Mallika Muthiah

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	NCPE	CTION
1111	Or .	ロメントに	CLION

ANNUAL

COMPLAINT/DISCOVERY

0 MAR 1 1 1999

RE-INSPECTIO	N 🗆	Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring
FACILITY NAME: County ine FACILITY LOCATION: 21495	1999 TIME IN: 11:20 TIME OUT: Cleenes NW 2nd Lue.	1145 42
RESPONSIBLE OFFICIAL: Herbert	Meinsteinphone: <u>C305</u>) 770	6759
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	tup	
2. Facility failed to notify DARM to use general pe	mit ·	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/	petroleum
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	☐N ☐Can not determine	l l
	neral permit as number above nits and is not eligible for a general permit	ry cleaning

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN YOKIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DV DN condenser on a weekly/bi-weekly basis?

PART III: GENERAL CONTROL REQUIREMENTS

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

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

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

DY DN DN/A

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?	ΩY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	Ωи	□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	□и	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

				
PA	ART VI: LEAK DETECTION AND I	REPAIRS		
l.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
	inspection?			ON ON
2.	Has the facility maintained a leak log?			GY ON
3.	Does the responsible official check the	following areas for leaks?	•	•
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	ON ON ON/A	Stills	ON ON/A
	Filter gaskets and seating	GY ON ON/A	Exhaust dampers	מאם אם אם
	Pumps	DY ON ON/A	Diverter valves	DY DN BNIA
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	אואם אם אס
	Water separators	ON ON ON/A		
4.	Which method of detection is used by	the responsible official?		/ .
	Visual examination (condensed s	solvent on exterior surfaces	s)	
	Physical detection (airflow felt th	hrough gaskets)	•	6/
	Odor (noticeable perc odor)			6
	Use of direct-reading instrument	ation (FID/PID/calorimetri	c tubes)	
	Halogen leak detector	•		
	If using direct-reading inst	rumentation, is the equip	ment:	MINIA
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear of	on a weekly basis?	אם אם
	d. Kept in a clean and	secure area when not in use	2?	OY- QN
	e Verified for accurac	v by use of duplicate samp	les (calorimetric only)?	DY DN

Inspector's Name (Please Print)

Inspector's Signature

Z/18/99
Date of Inspection

Z Z 2000.

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	TION:	
Maintain	Monthly total of Perc	
*		

							. •
• • • • •		UN SUM	MARY REPOR	T		•	
TYPE OF INSPECTION:	VNNNV A		PLAINT/DISCOVE	RY 🗌	RE	-INSPECTION	· 🗆
TIME IN: 1100	TIME OUT:	145AV		RS IDII: _	7250	692	
TYPE OF FACILITY:	my two	Jeen	es Dec	- B	oy Che	ne	
ACILITY NAME:	my/time		nes	· · · · · · · · · · · · · · · · · · ·	DATE	Feb 18	1999
ACILITY LOCATION:	214195 Nw	zna	Svenne	Miz	ms 7	lorida	
RESPONSIBLE OFFICIAL:	He Set We	Inste	монч (м.	Е ИИМВЕ	R: C3	09) 77	0-0459
	the compliance requirem Rule 62-213.300, Florida		-	ction, the	facility is fo	und to be in	
Based on the results of discrepancies were not	the compliance requiremed:	ents evalua	ted during this inspe	ection, the	following c	ompliance	
COMPLIANCE REQ	UIREMENTAROB	LEM				EQUIRED	
RO. Han mad	- maintain	20	<u>'</u>	FDE	P3	Colenda	-
terc con sump	tion log		needs	40 1	a frim	in Perc	Consu
			,				
COMMENTS:			<u> </u>			···	
						**	
		÷					
The Annual Compliance Certif	ication form has been pro	<i>_</i> .	•	o the inspe	ctor.	AE3A N	0
DATE OF NEXT INSPECTI	ON:	200	pproximate)				
NSPECTION CONDUCTED	DBY: LED	(14)	5MART				
	A A	(P	lease Print)			. \ -	
NSPECTOR'S SIGNATUR	E: 700 K	V	NOH9PHOP	NE NUME	BER: C	805)37	2-692
	•	Page	of			Q c	vised 10/9

AIRS ID#: 0250692

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COLONIANO	Cleves	DATE:	76 17,1999
FACILITY LOCATION: 21,495 N-	N 2nd Avene		
		· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: 7e6	19 9 	7.6	19 73
Based on each term or condition of the Title V general ai	ir permit, my facility has rer	mained in compliance with DE	P Rulc/
62-213.300, Florida Administrative Code (F.A.C.), durin	•		PNO
If NO, complete the following: •			
#1. Term or condition of the general permit that has not	Marstanel	ance during the reporting perio	
Exact period of non-compliance: from	6 98	to 7eb	97
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:			·
#2. Term or condition of the general permit that has not	t been in continuous compli	ance during the reporting perio	xd-stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on in, made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not expear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	te. Further, my annual consceed 2,100 gallons per year	sumption of perchloroethylene r for dry-to dry facilities or 1,8	solvent, based
RESPONSIBLE OFFICIAL: HEVBERT Name (Please I	Print)	Signature	Date 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

BEST AVAILABLE COPY

MOTECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#:
YPE OF FACILITY:	
ACILITY NAME:	DATE:
ACILITY LOCATION:	AV 11.
ESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspection, the facility is found to be in
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
OMMENTS:	
<i>;</i>	·
ne Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION:	
ATE OF NEXT INSPECTION:(A	
SPECTION CONDUCTED BY:(P	
(PI	(ease Print)
SPECTOR'S SIGNATURE:	PHONE NUMBER:

#0250692

BEST AVAILABLE COPY

STATE

County line Cleaners, Inc.

- Spoke with Mr. Weinstein - 8/21/96

1. Facilit			
D.13 .7 A	of firm		
P.13 7. W	D. 74 / / L.	• •	- / 7
2. Site N 8. Q	old firm / old work #305/770)-0759	CEVI
	110.71	0, 101	
			4UG 6 1996
3. Hazar D. 15 4 h	o "X" required, mar	Laut	200
P.7 - 7.77	- 1. Equived I mar	K.OUL	BUREAU OF
an	d initial	•	BUREAU OF
4. Facili	not required / not required / needs to be clear		
Stree 5. (L	I not required v		
City:	I not required		~ 6 9
	Thou tegatives		and the state of t
5. Facil #) needs to be clear	$\sim /(Y'')$	
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6. Nam			
1	10)12(C1311/A 12111		
7. Rest			
Org	111		
Stre	SEP 0 9 1996		
City 8 v		M	16-
	Air Quality		150
Res Tele	Management Division		
1 616			
	*		
		/	
9. 11.	ct (For example, plant manager).		
9. 10.	et (1 or example, plant manager).		
1			
1 305/770-		$\overline{}$	
1 5259			
	County:	Zip Code:	
	county.	Zip Code.	
11. Facility Contact Telephone N	Jumber:		
Telephone: ()	- Fax: () -	
p \ / /		,	

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Bureau of Air Monitoring & Mobile Sources

HERBER INSTEIN
COUNTYLIKE CLEANERS INC
21495 NW 2ND AVE
MIAMI; FL 33169

Perchloroethylene Dry Cleaning Facilit

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number): Site Name (For example, plant name or number):
3.	· · · · · · · · · · · · · · · · · · ·
	Facility Location: Hazardous Waste Generator Identification Number: BUREAU OF BUREAU OF AIR REGULATION
4.	Facility Location: Street Address: 2 LUGEN W A VIS
	Facility Location: Street Address: 2-1495NW \(\text{\text{L}} \) AN VE City: MIAM) \(\text{\text{County:}} \) County: \(\text{\text{Dod}} \) Zip Code: \(\text{\text{3}} \) 16 \(\text{9} \)
5.	Facility Identification Number (DEP Use): 0250692
	Responsible Official
	Name and Title of Responsible Official:
	HERRELT (NEINSTEIN PRES.
7.	Responsible Official Mailing Address: COUNTY LINE CLEMNERS Organization/Firm: Street Address: >0505 E COUNTY LINE CLEMNERS
j	City: Zip Code:
8.	City: Ounty: DADE Zip Code: 33150 Responsible Official Telephone Number: 305 770 0759 Telephone: (325) 935 4124 Fax: () C
	Telephone: (3ex) 93x 4124 Fax: () 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: () -

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AUG 7 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	1	08-JEC	ବ୍ୟ						
(1) w/ ref. condenser	Ý.		T .				-		
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•		•				
(4) w/ ref. condenser						1	_		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		· ·.				.,		9 .	
(7) w/ ref. condenser									
(8) w/ carbon adsorber				l					
(9) w/ no controls									_
Reclaimer Unit	12.			٠.					
(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 q (b) If less than 12 month Check why it is less 	are re luant gallo	equired to be ity of perchloons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi urce [メ]	cation only.) Ne	w sn	initions found nall area sour rge area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	Äω
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	IXI MW
	1
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[文]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	LI HW
(d) Carbon adsorber exhaust perc concentration more	nitoring M
(e) Instrument calibration	[<u></u>
(f) Start-up, shutdown, malfunction plan	·F.X

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

Surrender of Existing Air Permit(s)

Di contolio									
Please indica	te 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)								
	· · · · · · · · · · · · · · · · · · ·								
(L)	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
•									
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and a 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. Somptly notify the Department of any changes to the information contained in this notification.								
Signature	eles Clenter Bos. Date								
	us Vente 7/10/97								

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE II	NORECTIC	in C	HECKLISI .		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N D		COMPLAINT/DISCO	OVERY	<u> </u>
AIRS ID#: 0250692						
FACILITY NAME: Coun FACILITY LOCATION: 2	O CA	<u>euner</u>	25			
FACILITY LOCATION: \angle	11495 NW	2nd.	ar	<u>e. </u>		
7	Niami FL.	•				
						 1
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DA	RM by 9/1/96					
2. New facility notified DARM	30 days prior to star	tup				
3. Facility failed to notify DAR	M to use general per	mit		e to the state of		
				<u> </u>		
PART II: CLASSIFICATIO	N					
Facility indicated on notificat	ion form that it is:					
(check appropriate box)	•					
A.	•					
1. Existing small area sou				area source		
dry-to-dry only, x<140 gal/y	r .			, x<140 gal/yr		ļ
transfer only, x<200 gal/yr both types, x<140 gal/yr		both types		<200 gal/yr 40 gal/yr		
(constructed before 12/9/91))	• •	•	or after 12/9/91)		
2. 70.1.01		4 271			0	
3. Existing large area sound dry-to-dry only, 140 <x<2, 1<="" td=""><td></td><td></td><td></td><td>area source , 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,>				area source , 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,800< td=""><td></td><td></td><td>-</td><td>.00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800<>			-	.00 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 ga<="" td=""><td>· ·</td><td></td><td></td><td><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>	· ·			<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91))	(construct	ed or	or after 12/9/91)		
This is a correct facility classif	fication		NC			
If no, please check the appropr	riate classification:					
	fied for a general per					
☐ facility excee	ds above limits and i	s not eligibl	le for	a general permit		
B. The total quantity of perchl facility was 100 gallons		urchased wi	thin	the preceding 12 month	ns by this di	y cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	OY ON
2. 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?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □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?	מם עם
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?	רם אם אים אים אים
	· · · · · · · · · · · · · · · · · · ·
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA □N
2. Maintained rolling monthly averages of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ENA
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 DNE NA
4. Maintained calibration data? (for direct reading instruments only)	OY ON BONIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON TO VA
6. Maintained startup/shutdown/maifunction plan?	DY ON
7. Maintained deviation reports?	oy on wha
Problem corrected?	DY DN BYNA
8. Maintained compliance plan, if applicable?	OY ON PMA
PART VI: LEAK DETECTION AND REPAIRS	

_									
2.	2. Which method of detection is used by the responsible official?								
l									
	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	concer	ntrations in a range of 0-500 ppm?	NO YC				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?								
	c. Inspected for leaks an	d obvious	signs o	f wear on a weekly basis?	DY ON				
-	d. Kept in a clean and s	ecure area	when r	not in use?	DY ON				
	e. Verified for accuracy	by use of	duplica	te samples (calorimetric only)?	OY ON				
3.	3. Has the facility maintained a leak log?								
4.	Does the responsible official check the	following	areas fe	or leaks?					
	Hose connections, fittings, couplings, and valves	DY.	ПN	Muck cookers	oy on				
	Door gaskets and seating	AY.	□и	Stills	DY ON				
	Filter gaskets and seating	ZY	ПΝ	Exhaust dampers	DY DN				
	Pumps	PY.	ПN	Diverter valves	ZY ON				
	Solvent tanks and containers	Y j	ПΝ	Cartridge filter housings	CY ON				
	Water separators	ØY	ПΝ						
`									
	No Hophent Mount	- - 1 · /							
	MR. Herbert Weinst Name of Responsible Offici	al			•				
	Rosans Riveron		6.24.03						
-	Inspector's Name (Please Pri	nt)		Date of Inspec	tion				

6.24.98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	IPLAINT/DISCOVERY
TIME IN:	AIRS ID#: 0250642
TYPE OF FACILITY: LRy Cle 4 nec	
FACILITY NAME: County line Clear	DATE: 6 24 97
2/495 N(I)	2nd au
FACILITY LOCATION: Miame, FL.	
Herbert Wainstein	770-0759
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
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
•	
	1
	}
·	
	·
•	·
COMMENTS:	
:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: NOSANA KIN	pproximate) / ERA
INSPECTOR'S SIGNATURE: (P.	Rease Print) 372-6942 PHONE NUMBER:
/——/	

Page___of___.

Revised 10/96

BEST AVAILABLE COPY

DH: 0250692

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Countyline Cleane	PRS		DATE:	6.24.97
FACILITY LOCATION: 21495 NW	2nd aue			
FACILITY NAME: <u>Countyline (Leane</u> FACILITY LOCATION: 21495 NW Mrami, FL.				
Annual Reporting Period: <u>JAN</u>	19 <u>96</u>	то	Dec.	19 <u>Gb</u>
Based on each term or condition of the Title V general air	permit, my facility	has remained in co	ompliance with DE	P Rule
62-213.300, Florida Administrative Code (F.A.C.), during	g the period covered	l by this statement.	YES	□ио
If NO, complete the following:			•	
#1. Term or condition of the general permit that has not b	peen in continuous	compliance during	the reporting period	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 permit that has not	been in continuous	compliance during	the reporting perio	d-stated above:
Exact period of non-compliance: from		to	RECE	IVED
Action(s) taken to achieve compliance:				5 1997
Method used to demonstrate compliance:			700E 1	
			Bureau of Air & Mobile	Monitoring Sources
As the responsible official, I hereby certify, based on info made in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not exc year for transfer or combination facilities.	. Further, my anni	al consumption of	perchloroethylene .	solvent, based
RESPONSIBLE OFFICIAL: HERBEY WE Name (Please Pr	int)	feren Wes Signati	ure	6/24/97 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION

AIRS ID#0250692

COUNTYLINE CLEANERS, INC. HERBERT WEINSTEIN 20505 E. COUNTRY CLUB DRIVE AVENTURA FL 33180

Do NOT Remove Label

Annual Reporting Period: <u>Jav</u>	19 <i>98</i>		n A rock	JA W	19 <u>_9</u>
Based on each term or condition of the Time V Be	my facil	tv has remain	ned in complian	ce with DEP Rul	e
62-213.300, Florida Administrative Code (F.A.C.), during the period cover	ed by this sta	tement.	ES UN	
If NO, complete the following:	•				•
#1. Term or condition of the general permit that	has not been in continuou	s compliance	during the repo	orting period state	ed above:
			<u> </u>		
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:			** · · · · · · · · · · · · · · · · · ·		
Method used to demonstrate compliance:					
#2. Term or condition of the general permit that	has not been in continuou	s compliance	during the repo	orting period state	ed above:
Exact period of non-compliance: from		to	R F (CEIVE	D
Action(s) taken to achieve compliance:					
			J	AN 2 1 1998	
Method used to demonstrate compliance:			Burea	u of Air Monitor	
	·	•		Mobile Sources	•
As the responsible official, I hereby certify, based on notification are true, accurate and complete. Furthe does not exceed 2,100 gallons per year for dry-to dry RESPONSIBLE OFFICIAL:	r, my annual consumption of facilities or 1,800 gallons p	of perchloroeti er year for tra	hylene solvent, bi nsfer or combina PaES	ased upon purchas tion facilities. Jan 13	se receipts,
Name (P	icase Pilili)	:	Signature	L	ate

^{*}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.

AIRS ID#: 250692

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COUNTY LINE FACILITY LOCATION: 21495 Mignil 3	Dry Cleaners	DATE:	9/11/48
FACILITY LOCATION: 21495	NW 2rd Ave		
Miani 3	3169		
Annual Reporting Period:	<u>'9/97</u> 19 то	9/98	. 19
Based on each term or condition of the Title V ger 62-213.300, Florida Administrative Code (F.A.C.)	•	<u> </u>	Rule
If NO, complete the following:			
#1. Term or condition of the general permit that h	nas not been in continuous complian	ce during the reporting period	stated above:
Maintain Rolling Co	y for Perc Co	nsemption	
Exact period of non-compliance: from		109/98)eβ CalerDm	
Action(s) taken to achieve compliance:	use w	ep Calendan	•
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that	has not been in continuous complian	nce during the reporting pend	estated above:
Exact period of non-compliance: from	1	Sty	00/
Action(s) taken to achieve compliance:		A MONTA	15,
Method used to demonstrate compliance:			Mon. To
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TO THE
As the responsible official, I hereby certify, base made in this notification are true, accurate and a upon rolling averages of purchase receipts, does year for transfer or combination facilities.	complete. Further, my annual consu	mption of perchloroethylene s	the statements colvent, based
RESPONSIBLE OFFICIAL:	BENT WEINSTEN Please Print)	Signature Vener	Date 9/11/5
ranic (i	Harten 1	Jenes	7)11/9

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: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 250692 ATE: 9/11/ FACILITY NAME: County Lin FACILITY LOCATION: 21495 Missmi RESPONSIBLE OFFICIAL: Herbert CONTACT NAME: Same	e Clearer & CA N.W 2nd Ave & CA 33169 BOOK A
PART I: NOTIFICATION  (check appropriate box)	SEC 25 1003
New facility notified DARM 30 days prior to sta     Facility failed to notify DARM to use general period of the period of t	Cleanup Section
Facility indicated on notification form that it is: (check appropriate box)  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)	□ No notification form □ Drop store/out of business/petroleum  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 $12/9/91$ )
	□N □Can not determine  Tication:  General permit as number above  Timits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) gallons.	purchased within the preceding 12 months 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

DY ON

ON ON/A

NO DN DN/

A DI

DY DN MHIA

MO W

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?	ΩY	ПΝ	
2. Measured and recorded the washer exhaust temperature at the condenser			
inlet and outlet weekly?	$\Box$ Y	ΠИ	□N/A
Is the temperature differential equal to on greater than 20° F?	ΩY	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?	$\Box$ Y	$\square N$	□N/A
Is the perc concentration equal to or less than 100 ppm?	ŪΥ	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 duet diameters upstream from any bend, contraction,			
or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual			
condenser coils?	ПΥ	ПИ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			A ON		
2.	Has the facility maintained a leak log?	ı		DN PAR		
3.	Does the responsible official check the	following areas for leaks	3?	•		
	Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	AY ON ON/A		
	Door gaskets and seating	ava un tip	Stills	YY ON ON/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	AY ON ON/A		
	Pumps	V ON ON/A	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	YY ON ON/A		,		
4.	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?   □Y □N				DY DN		
	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? □Y □N					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON		
L						

Inspector's Name (Please Print)

Mutth Allul

Inspector's Signature - -

9/1/98 Date of Inspection

DEP Calendar present 9/11/98

DE RM P2 presente 9/11/98

Renzacci Super 310

YPE OF INSPECTION: ANNUA	SEECTION SUM	MARY REPORT	BEST AVAILABLE COPY-
2500	ие оuт: 4'		250692
	ne Clauner	>	DATE: 9/11/98
ESPONSIBLE OFFICIAL: Horbon	+ We nsto	PHONE NÚMBE	er: 305-0770-0757
Based on the results of the compliance with DEP Rule 62-213.  Based on the results of the compliance	300, Florida Administra	itive Code (F.A.C.).	
discrepancies were noted:  COMPLIANCE REQUIREME	NITODODI EM	FOLLOW-UP AC	TION DEOLUDED
Mointain Rolling Conformation Cor Perc B) Con		USE DEP	
			Stp 28 lygo FD
			Bureau of Air Monitoring
OMMENTS:	·		
he Annual Compliance Certification form	9 199		ector. YES NO
ISPECTION CONDUCTED BY:		pproximate)	
SPECTION CONDUCTED BY:  (SPECTOR'S SIGNATURE: Thus		Please Print) PHONE NUMI	305 372 -692°
	Page_	of	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTI	ON 🗆	COMPLAINT	7DISCOVERY	. 🗅
AIRS ID#: 6250692 DA FACILITY NAME:	tyline	Cleaner	<u>'</u>	TIME OUT:	1:35pm
responsible official:	entura.	W 2 Av FL 3 Weinstein	33180	25)770-	M 0 0459
CONTACT NAME:			PHONE:	Monito in Source	
PART I: NOTIFICATION	<u>,                                      </u>				
(check appropriate box)  1. New facility notified DARM 30 and 2. Facility failed to notify DARM to	•	•	•	•	
PART II: CLASSIFICATION					
Facility indicated on notification f	orm that it is:		☐ No notificat	tion form out of business/j	petroleum
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)	×	transfer only, $x$ both types, $x <$	y, x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ ga both types, $140 \le x \le 1,800$ gal/y (constructed before 12/9/91)	l/yr	transfer only, 2 both types, 140	area source $\frac{1}{2}$ , $140 \le x \le 2,100$ $00 \le x \le 1,800$ ga $0 \le$	al/yr yr	
1	opriate classific alified for a ge	eneral permit as nu	□Can not dete umber gible for a genera	above	

Man Jolos Mors

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

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y (	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY (	□N □N/A	
	Is the temperature differential equal to or greater than 20° F?	□Y (	□N □N/A	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	□Y (	□N/A	
	Is the perc concentration equal to or less than 100 ppm?	QY (	⊃N ˙ □N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?		⊃N □N/A	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (	⊐n □n/a	
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y 〔	ON/A	

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

AK DETECTION AND	REPAIRS		
onsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ?	and repair
			$\chi_{Y}$ $\Box_{N}$
ity maintained a leak log?			$\nearrow$ YY $\square$ N
onsible official check the	following areas for leaks?	<b>?</b>	
onnections, fittings, ings, and valves	Y ON ON/A	Muck cookers	DY DN X N/A
askets and seating	YY ON ON/A	* Stills	Y ON ON/A
askets and seating	XY ON ON/A	Exhaust dampers	Y ON ON/A
	XY ON ON/A	Diverter valves	OY ON X
tanks and containers	Y ON TIN/A	Cartridge filter housings	ON ON/A
separators	XY ON ON/A		
d of detection is used by t	he responsible official?		
examination (condensed se	olvent on exterior surfaces	;)	$\times$
l detection (airflow felt th	rough gaskets)		X
oticeable perc odor)			X.
direct-reading instrumenta	tion (FID/PID/calorimetric	c tubes)	
n leak detector			×
sing direct-reading instr	umentation, is the equipn	nent:	N/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם צם
b. Calibrated against a st (PID/FID only)?	tandard gas prior to and af	ter each use	OY ON
c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	מם צם
d Kept in a clean and se	cure area when not in use	?	OY ON
c. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
iii o ciii aa aa	ity maintained a leak log? consible official check the connections, fittings, angs, and valves askets and seating askets and seating tanks and containers eparators d of detection is used by the examination (condensed so a light detection (airflow felt the oticeable perc odor) direct-reading instrumentate in leak detector sing direct-reading instrumentate in leak detector a. Capable of detecting publications in leak detector in the capable of detecting publications in leak detector a. Capable of detecting publications in leak detector	consible official check the following areas for leaks? connections, fittings, angs, and valves  askets and seating  askets and seating  askets and seating  AY DN DN/A  AY DN DN/A  Tanks and containers  AY DN DN	ty maintained a leak log? consible official check the following areas for leaks? connections, fittings, and valves  askets and seating  AY ON ON/A Muck cookers  askets and seating  AY ON ON/A Exhaust dampers  AY ON ON/A Diverter valves  tanks and containers  AY ON ON/A Cartridge filter housings  eparators  d of detection is used by the responsible official?  examination (condensed solvent on exterior surfaces)  Il detection (airflow felt through gaskets)  oticeable perc odor)  direct-reading instrumentation (FID/PID/calorimetric tubes)  in leak detector  sing 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

Inspector's Name (Please Print)

Inspector's Signature

1/5/00 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	ON:
5	
,	
	•
	<i>†</i>
	•

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:10 pm TIME OUT: 1:	35pm_airs id#: 0250692
TYPE OF FACILITY: PERC Dry Clea	ner
FACILITY NAME: 21495 NW 2	Ave
FACILITY LOCATION: County/ine ()	eaners
- HVENTURA, + L	33180
RESPONSIBLE OFFICIAL: Herbert Well	13610 PHONE NUMBER (305) 770-0759
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in histrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
·	
· · · · · · · · · · · · · · · · · · ·	
3.	
COMMENTS:	
The Annual Compliance Certification form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 101	
	(Approximate)
INSPECTION CONDUCTED BY:	(F)case Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6931
Page	$c \sim 0$ Revised 10/96

Kaa

### AIRS 1D#: 0250692

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

FACILITY NAME: Countyline Cleaners DATE	:1/5/00			
FACILITY NAME: Countyline Cleaners  FACILITY LOCATION: 21495 NW 2Ave  AVentura JFL 33180  Annual Reporting Period:				
Avantura 1FL 33180				
Annual Reporting Period:	1200			
Aventure of Locations:  Aventure of FL 33180  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.  Aventure of Florida Administrative Code (F.A.C.), during the period covered by this statement.  Aventure of Florida Administrative Code (F.A.C.), during the period covered by this statement.  Action of the general permit that has not been in continuous compliance during the reporting period stated above:  Beact period of non-compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:				
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	NO			
If NO, complete the following:				
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod 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 per	iod stated above:			
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:	·			
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylend upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	e solvent, based			

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

PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0250692001AG HERBERT WEINSTEIN	A. Received by (Please Print Clearly)  B. Date of Begivery  C. Signature  X
COUNTYLINE CLEANERS 21495 NW 2ND AVENUE MIAMI FL 33180	3. Service Type  Certified Mail
00600 002641284362	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

362	U.S: Postal Service CERTIFLED MAIL RECEIPT (Domestic Mail, Only, No Insurance Coverage Provided)			
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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COUNTYLINE CLEANERS HERBERT WEINSTEIN 21495 NW 2ND AVENUE **MIAMI FL 33180** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	e's Addréss (Only if requested paid)  Domestic Return Receipt	Thank

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Obj.: 002273

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MIAMI FL 33180

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Bureau of Air Monitoring

& Mobile Sources
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Fund: 20-2-035001 Obj.: 002273 Jon 131998

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ADDRESS

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21494 NW 2-AVE

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