

Lawton Chiles

Governor

Department of **Environmental Protection**

1250698

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Alan Simons President Alan Dry Cleaners 869 Northwest 183rd Street Miami, Florida 33164

Dear Mr. Simons:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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

Mr. Ewart Anderson, Dade County cc:

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Alan DRY Cleaners	DATE: 7-10-97
FACILITY NAME: <u>Alan Ory Cleaners</u> FACILITY LOCATION: <u>869 NW 183</u> ST	4.
Miami, FL. 3316	
	•
Annual Reporting Period:	_19 <u>96</u> то19 <u>96</u>
Based on each term or condition of the Title V general air permit, no 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in co	ontinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	โปนเ. 1 6 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information of made in this notification are true, accurate and complete. Further upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	, my annual consumption of perchloroethylene solvent, based gallons per year for dry-to dry facilities or 1,800 gallons per

*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

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0250698

Air Quality
Management Division

p. 14

1.(c) Should not be marked

3. mark new large area
Source

P. 15

4. mark r.c. under new
Large area Source

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ALAN SIMONS INC.
2. Site Name (For example, plant name or number):
ALAN DRY CLEANERS
3. Hazardous Waste Generator Identification Number: Partition / A. #
ACAN DRY (LEANERS) 3. Hazardous Waste Generator Identification Number: (PACIUTY / A, IF) FLO 984/4702 (139/50/755) 4. Facility Location: Street Address: 869 N.W. 18370 JMW (2ip Code: 3)/65 City: County: Zip Code: 3)/65 5. Facility Identification Number (DEP Use):
4. Facility Location: Street Address: 869 N.W. 183 STREET
City: County: Zip Code: 3>/65
MANI, DAK SSIGY
5: Facility Identification Number (DEP Use):
0250698
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Street Address:
7. Responsible Official Mailing Address:
Organization/Firm:
Sueet Addiess.
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (30) 62 -KG2 Fax: (30) 63-6021
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ADD SINONS
10. Facility Contact Address: AS ASON
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () As Active Fax: () -
RECEIVE

AUG 1 3 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 Machine	Date Control	,	Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
		PV	Ancilio	N.S	CAME	WITH RO	SW	OFCANTO O	CUCKUKAS
Dry-to-Dry Unit	· ·		(60	·		. A. Jan. 174
(1) w/ ref. condenser	1	AAU 1990	August 1	2	118/1/990	1300000	3	R6 1993	16-19-62
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			- 14.						•
(4) w/ ref. condenser		·						<u> </u>	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	11				•.				·
(7) w/ ref. condenser									
(8) w/ carbon adsorber						,			
(9) w/ no controls	-								
Reclaimer Unit		Ė.	er i ge		1	2		1 144	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			_						
(b) Control devices are	are re	equired to be	installed [_	<u> </u>] 24		-		
2.(a) What was the total of 360			roethylene (perc)	purchased ir	the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less					New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions founc	l in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	all area sour	•]	• •	
Existing large ar	ea soi	urce [<]	Ne Ne	w lar	ge area sour	ce [X	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

4. What control technology is required (Indicate with an "X".)	uired on machines	s pursuant to section (5) of I	Part II of thi	s notification form?	
Existing large area sourc Carbon adsorber	<u>e</u>	Refrigerated condenser	[X]	ACC MACAIN	Œ
New small area source Refrigerated condenser			Põ	RIC TACUIA PUNCHASES TRIGEANTEO	WITH CWINNE
New large area source Refrigerated condenser	XI R	·	/ (C	,	(O VACIONA
5. A facility which contains non-to Rule 62-213.300, F.A.C. Verif exemption criteria or that no such	y that all steam an	d hot water generating unit			nt
All steam and hot water generatin boiler HP or less), and (2) are fire during which propane or fuel oil o	ed exclusively by n	natural gas except for perio	ds of natura		
All steam and hot water generating No such units on-site	g units exempt	<u>×</u>			
Equipn	nent Monitoring	and Recordkeeping Infor	nation		
Check all logs which are required	to be kept on-site	in accordance with the requ	uirements of	f this general permit	:
(a) Purchase receipts and solvent p	purchases	·			
(b) Leak detection inspection and	repair		<u> </u>		
(c) Refrigerated condenser temper	rature monitoring		[*]		
(d) Carbon adsorber exhaust perc	concentration mor	nitoring			
(e) Instrument calibration				••	•
(f) Start-up, shutdown, malfunction	on plan		<u>×</u>		

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

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)						
لنجا	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.						
Signature							
	ALAN SITIONS						

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL DECOMPL	ZAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:25 pm TIME OUT: 2:05 pm	AIRS ID#: 0250698
TYPE OF FACILITY: Ory Cleaner	
• // -	nev DATE: 6.25.97
FACILITY LOCATION: 869 NW 183 St.	3.13.77
Meaner FL.	1 7 11 0 1
RESPONSIBLE OFFICIAL: <u>Alan Simons</u>	PHONE NUMBER: 652-4682
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative Based on the results of the compliance requirements evaluated discrepancies were noted:	ve Code (F.A.C.). d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,	
•	· · · · · · · · · · · · · · · · · · ·
	•
	·
•	•
COMMENTS:	
:	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6.98	
	roximate)
INSPECTION CONDUCTED BY: Kosana Riv	ase Print)
INSPECTOR'S SIGNATURE: SESANA PI	PHONE NUMBER: 372-6942

COPY given to MR. GARCIA.

Revised 10/96

		•
	0250698	
p. 14		
16	Should not be marked	
7. (2)	S110019 701 30 17 1001 NCC	
3	mark new large area	
	Source	
2 5		
p. 15	mark r.c. under new	
	large area Source	v
	1 20 20 20 20 20 20 20 20 20 20 20 20 20	
		•
	<u> </u>	
		•
. 1		

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ALAN SITTOUS INC.
2.	Site Name (For example, plant name or number):
	AVAN DRY CLEANERS
3.	Hazardous Waste Generator Identification Number: (A PROCESS 1-4) # 1
	Hazardous Waste Generator Identification Number: F2D 982/6702 Facility Location: Street Address: 869 N.W. 183 may City: County: HAMI, Facility Identification Number (DEP Use):
4.	Facility Location: Street Address: 869 N.W. 183 May
	City: MACY1, County: Zip Code: 37/69
5.	Facility Identification Number (DEP Use):
	0250698
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: Street Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
о.	Telephone: (30) 62 -602 Fax: (30) 63 - 602
	· 50 702 Kee Z
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	MAN SiMONS
10.	
	715 778V UZ
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () AS ANUE Fax: () -
	RECEIVE

AUG 1 3 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Гуре of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
7,									
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
		PL	c Packer	25	CAME	WITH RE	MV.	OF CAN 700	CNOSUKAS
ry-to-Dry Unit				: :F.		€0			
(1) w/ ref. condenser	1	AAU 1996		2	18211990	ADDAGG-	3	R6 1993	AU 1987
(2) w/ carbon adsorber						•			
(3) w/ no controls									
asher Unit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A Mayor Inc.	1	vi !		· "[:"	me e	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
ryer Unit	<u> En 19</u>			f _{ear} :	Villa più Disky	60 <u> 111 1</u> 24		A 12 - 57 (
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit		Nagara na ana	er Talent						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re quanti gallo	equired to be ity of perchloons ow many? [_	installed [perc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	•	nitions found	·	3) of	Part II?	
Existing large are	ea soi	urce [X]	Ne	ew lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on (Indicate with an "X".)	machines pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	X ACC MACCIONES
New small area source Refrigerated condenser []	l	[X] ACC TACUINES PUNCHASES WITH RETRICEANTED CONCENSES
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt eto Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units example and hot water generating units of boiler HP or less), and (2) are fired excluse during which propane or fuel oil containing. All steam and hot water generating units exposed by the such units on-site.	steam and hot water generating unitist on-site: on-site (1) have a total heat input of sively by natural gas except for period go no more than one percent sulfur in	its on-site meet the following 10 million BTU/hr or less (298 ods of natural gas curtailment
Equipment Mo	nitoring and Recordkeeping Infor	mation
Check all logs which are required to be ke	pt on-site in accordance with the req	quirements of this general permit:
(a) Purchase receipts and solvent purchase	s	[*]
(b) Leak detection inspection and repair		<u> </u>
(c) Refrigerated condenser temperature mo	onitoring	[X]
(d) Carbon adsorber exhaust perc concentr	ration monitoring	[**]
(e) Instrument calibration		[X]
(f) Start-up, shutdown, malfunction plan		$[\times]$

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

Surrender of Existing Air Permit(s)

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)
لنجا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility according in the facility and the second in the second 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. Jack Part Par

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY	
_	TIME IN: 1. 25 pm TIME OUT: 2.	:05pm
FACILITY NAME: Q/an Dry	Cleaners	
FACILITY LOCATION: <u>869 NW 18</u>	3 <i>3 S</i> 4.	
Miami, FL	331104	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		9
2. New facility notified DARM 30 days prior to star	rtup	
3. Facility failed to notify DARM to use general per	rmit	
PART II: CLASSIFICATION		
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)	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	DY ON	
If no, please check the appropriate classification:	·	
facility qualified for a general per facility exceeds above limits and		
B. The total quantity of perchloroethylene (perc) p facility was 479 gallons. 479	urchased within the preceding 12 months by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN YM 1. Storing perchloroethylene in tightly sealed and impervious containers? AN EI NO YO 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DX DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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? מאם אם אם 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 DY DN DYN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
D. Axas the responsible official of an existing large of 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?	DY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DYNA
Is the temperature differential equal to or greater than 20° F?	DY DN TONA
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 PONA OY ON CYNA
Is the perc concentration equal to or less than 100 ppm?	DY DN CYNA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON THA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON GAVA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN CHYA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
(check appropriate boxes) 1. Maintained receipts for perc purchased?	OY ON
	ray raki
Maintained receipts for perc purchased?	rate cates
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON MA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	OY ON MA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON BYNA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) 	OY ON EMA OY ON EMA OY ON GN/A
 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? 	OY ON EMA OY ON EMA OY ON EMA OY ON EMA
 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? 	OY ON EMA OY ON EMA OY ON EMA OY ON EMA
 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? 	OY ON EMA OY ON EMA OY ON EMA OY ON EMA OY ON
 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? 	OY ON EMA
 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? 	OY ON EMA

				<u> </u>	
2. Which	ch method of detection is used by the	e respons	sible official?		
	Visual examination (condensed solvent on exterior surfaces)				œ ,
	Physical detection (airflow felt through gaskets)				u
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	ion (FID)	/PID/calorim	etric tubes)	
	If using direct-reading instrumen	ntation, i	is the equipn	nent: wre	
	a. Capable of detecting p	erc vapoi	concentration	ons in a range of 0-500 ppm?	OY ON
	b. Calibrated against a str (PID/FID only)?	andard g	as prior to ar	nd after each use	OY ON
	c. Inspected for leaks and	l obvious	signs of wea	ar on a weekly basis?	□Y □N
	d. Kept in a clean and se	cure area	when not in	use?	OY ON
	e. Verified for accuracy b	y use of	duplicate sar	mples (calorimetric only)?	OY ON
3. Has	the facility maintained a leak log?				ØY □N
4. Does	s the responsible official check the f	ollowing	areas for lea	ıks?	
	Hose connections, fittings, couplings, and valves	<u>OY</u>	□и	Muck cookers	ey on
	Door gaskets and seating	QY	□и	Stills	DY DN
	Filter gaskets and seating	ey	□и	Exhaust dampers	ON CH
	Pumps	e Y	□И	Diverter valves	NO YES
	Solvent tanks and containers		□И	Cartridge filter housings	DPY ON
	Water separators	Y	ΠN		•
·	CK GARCÍO Name of Responsible Officia SANA RIVERA			6.25.97	
1	Inspector's Name (Please Prin	t)		Date of Inspe	ection
Sa	saxa/Luina			6.98	Nost Incoming
-	Inspector's Signature			Approximate Date of	Mexi inspection

lle

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVPF	OF	INSPECTION:
1112	OI.	THUS ECTION.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

	<i>(</i> _)
AIRS ID#: 0250698 DATE: 9/0/98 TIME IN:	11:40 TIME OF 1600
FACILITY NAME: ALAN Dry Cleaners	By St. K
FACILITY LOCATION: 869 NW 183rd St.	the solution
<u>-</u>	Oliver Liga Co
RESPONSIBLE OFFICIAL: Alan Simons P	HONE: 30546152-4682
() -/	HONE:

PART I: NOTIFICATION	Bureau of Waste Cleanup	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	SEP 25 HOS Hazardous W. Acc Cleanup Section	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source 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	DN Can not determine
☐ facility exceeds above lin	ation: neral permit as number above nits and is not eligible for a general permit archased within the preceding 12 months by this dry cleaning

NB) 9/21/98 Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) TY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/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?

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?	Ø □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DAN/A
Is the temperature differential equal to or greater than 20° F?	DY ON ANA
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 EMIA
Is the perc concentration equal to or less than 100 ppm?	OY ON ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON BYAI/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON THIA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON GAVA

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?	OY BA
3. Maintained leak detection inspection and repair reports for the following:	1
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N \#N/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?	OY ON AN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN JANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	OF ON
7. Maintained deviation reports?	DW ON ON/A
Problem corrected?	DY DN MYA
8. Maintained compliance plan, if applicable?	ANA NO NA

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a v	weekly (for small sources	, bi-weekly) leak detection a	nd repair	
	inspection?			MD N	
2.	Has the facility maintained a leak log?			DN DN	
3.	Does the responsible official check the f	following areas for leaks?		,	
	Hose connections, fittings, couplings, and valves	N/A UN UN/A	Muck cookers	אואם אם אואם	
	Door gaskets and seating	DA ON ON/A	Stills	ON ON/A	
	Filter gaskets and seating	ON ON/A	Exhaust dampers	OF ON ON/A	
	Pumps	ON ON/A	Diverter valves	AVO NO VA	
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	ON ON/A	
	Water separators	ON ON/A			
4.	4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)					
	Odor (noticeable perc odor)	*			
	Use of direct-reading instrumental				
	Halogen leak detector	×			
	9 AHA				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	fter each use	□Y □N	
	c. Inspected for leaks an	d obvious signs of wear c	on a weekly basis?	□Y □N	
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□У □И	
l					

Mitchell FishkinD	9/10/98
Inspector's Name (Please Print)	Date of Inspection
Mitchel Tulled	9/99
Inspector's Signature	Approximate Date of Next Inspection

gave Calendar Jave PP paraphlet Renzacci 550 181989 55 Aeroteett 650 1992-65 Renzacci 240 1989 20

A BES! AVAILABLE CO	INSPITIO	ON SUMMAI	RY REPORT	
TYPE OF INSPECTION:	-ANNUAL D	COMPLAII	NT/DISCOVERY	RE-INSPECTION
TME IN: 11:40	TIME OUT:	1:00	AIRS ID#:	0250698
YPE OF FACILITY:	ry to pry	-		
ACILITY NAME: HE	AN UMC	leaners	N	DATE:
ACILITY LOCATION:	569 NW	183128	<i>J</i>	,, 6
ESPONSIBLE OFFICIAL:	Rick das	cice	РНОМЕ NUMB	e (305) 682-4682
	the compliance requirements		-	facility is found to be in
Based on the results of discrepancies were note	the compliance requirement	ents evaluated di	iring this inspection, the	following compliance
COMPLIANCE REQU	UIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIRED
CONSUMPTION RO	Ilinglos Car 1	(OC)	use DE	O Calendar
Marian la	Con Leak \$10 Maintenance	8P).	se DEP	Calendar
				Pro
			Sure & M	SE TA
				Office State of the state of th
				le Sources Tonio
				* %
COMMENTS:				
		:		
The Annual Compliance Certifi	cation form has been pro	perly certified a	nd submitted to the insp	ector. YEST NO
DATE OF NEXT INSPECTIO	DN: 9/1919		· · · · · · · · · · · · · · · · · · ·	4
INSPECTION CONDUCTED	DRV. M. Laho.	(Approx	imate)	
	On Holl of	Please	•	(308) 372 692
NSPECTOR'S SIGNATURE	: y 1.0-00-0 1- for	*	PHONE NUM	BER: <u>✓</u>
•		Page of		Revised 10/9

MA ZOALLLY GENERAL PERMIT

AIRS ID#: 0250694

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ALAN Dry Clemers DATE: 9/10/98
FACILITY NAME: ALAN Bry Clemens DATE: 9/10/98 FACILITY LOCATION: 969 N.W 183
Annual Reporting Period: 9/97 19 TO 9/98 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. UYES
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:
Rolling Log for Perc. Exact period of non-compliance: from 9/99 to 9/95
Exact period of non-compliance: from 9/99 to 9/95
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 state cove:
Log for Leak cheak for ALL SYSAMS Exact period of non-compliance: from 9/97 to 9/98
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: KICK GARCIA Signature 9-9-98 Name (Please Print) Signature Date

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

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

PERCHLOROETHYLENE DRY CLEANERS RECEIVED

COMPLIANCE INSPECTION CHECKLIST

MAR 1 1 1999

TYPE	OF	INSPECT	ION
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ANNUAL .

RE-INSPECTION

COMPLAINT/DISCOVERY

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250698 DATE: 766, 23, 1999 TIME IN: 10:22 TIME OUT: 103 44
FACILITY NAME: A AN Dry Clemes FACILITY LOCATION: 869 NW 1837 St.
FACILITY LOCATION: 869 NW 153rd St.
RESPONSIBLE OFFICIAL: 1 And 5, Mons PHONE: (3-5) 652-4682
CONTACT NAME: RILL GUECLA PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	(constructed on or after $12/9/91$)
(constructed octore 1217171)	(constructed on or ance 1217/71)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a ge	
, ,	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 434 gallons.	irchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZNA 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 DINA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been 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 BANA 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/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?

B.	Has the responsible official of an existing large or new large area source also:	
١.	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?	BY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ON ZN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN PN/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,	į
	if machines are equipped with a carbon adsorber?	OY ON EN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DANA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON DAIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	DY DN DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואב אם עם

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?	ON ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/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 DANA	
4. Maintained calibration data? (for applicable direct reading instruments)	חואפט אם צם	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNIA	
6. Maintained startup/shutdown/malfunction plan?	DY ON	
7. Maintained deviation reports?	אום אם אם	
Problem corrected?	OY ON DANA	
8. Maintained compliance plan, if applicable?	OY ON-EN/A	

PA	ART VI: LEAK DETECTION AND R	EPAIRS4		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	nd repair
	inspection?			ON ON
2.	Has the facility maintained a leak log?			JOY ON
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON PANA
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	אום אם אס	Exhaust dampers	אומם מם אם
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	באוחם אבם אם	Cartridge filter housings	DY ON ON/A
	Water separators	ØY ON ON/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surface	es)	
	Physical detection (airflow felt th	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	oment:	ON/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם אם
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	מם עם
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and s	ecure area when not in us	se?	□Y □N
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	אם אם
				·

Inspector's Name (Please Print) Inspector's Signature

7eb. 23rd 1999
Date of Inspection

Approximate Date of Next Inspection

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- [ADDITIONAL SITE INFORMATION:
	Good House Keeping Excelled Records
	3

BEST AVAILABLE COPY				
	PLAINTYDISCOVERY RE-INSPECTION			
TIME IN: 10:26 100 TYPE OF FACILITY: PERC Dry (FACILITY NAME: ALLAS Dry Cless FACILITY LOCATION: 869 Nuo 1837	AIRS IDH: 0250698 Cleanes DATE: St			
RESPONSIBLE OFFICIAL: A STMONE	PHONE NUMBER: (305) 652-4682			
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration				
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
,				
	•			
	·			
comments: Good Houseke	Record Raping			
NSPECTION CONDUCTED BY:	ied and submitted to the inspector. YES NO Proximate) Case Print) PHONE NUMBER: PHONE NUMBER: Revised 10/96			

AIRS 1011: 0250698

HO

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Aus Dry (Jeones		DATE: 700.23 999
FACILITY LOCATION: 896 Nu	183rd St		
			,
Annual Reporting Period: 7eb	19 <i>9</i> 7 TO	786	19 99
Based on each term or condition of the Title V general a	ir permit, my facility has re	mained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), duri	ng the period covered by thi	is statement. EYES	□ио
If NO, complete the following:			
#1. Term or condition of the general permit that has no	t been in continuous compli	iance during the reporti	ng period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			·
#2. Term or condition of the general permit that has no	ot been in continuous compl	iance during the reporti	ng period-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 completupon rolling averages of purchase receipts, does not expear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please	ete. Further, my annual con exceed 2,100 gallons per year	nsumption of perchloroe	thylene solvent, based
1			

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.

BEST AVAILABLE COPY MOLECTION SUMMARY REPORT ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION TYPE OF INSPECTION: TIME OUT:______AIRS ID#:____ TIME IN: TYPE OF FACILITY: DATE: FACILITY NAME: \ FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule &2-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOXLOW-UP ACTION REQUIRED OMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

ATE OF NEXT INSPECTION:

(Approximate)

(SPECTION CONDUCTED BY:

(Please Print)

SPECTOR'S SIGNATURE:

PHONE NUMBER:

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

Revised 9/15/97

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTIO	ON Decree of the control of the cont
 	o TIME IN: 2:00 TIME OUT: 2:20
FACILITY NAME: Alan De	•
FACILITY LOCATION: 869	NW 183 st.
Migmi	Jurea T
RESPONSIBLE OFFICIAL: Alan Som	PHONE: 305-652FT4682
· ·	PHONE: ON ENGINEER OF THE PHONE:
	Q -4
PART I: NOTIFICATION	1
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗆
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source 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
	ation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 520 gallons.	rchased within the preceding 12 months by this dry cleaning

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?	ØY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	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, if machines are equipped with a carbon adsorber?	OY ON OM/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN BN/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?	DY ON BN/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) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			ØY □N	
2. Has the facility maintained a leak log?			ØY □N	
3. Does the responsible official check the f	following areas for leaks?			
Hose connections, fittings, couplings, and valves	ZÝ ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	GY ON ON/A	Stills	Y ON ON/A	
Filter gaskets and scating	RY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	ØY □N □N/A	Diverter valves	BY ON ON/A	
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	OY ON ON/A	
Water separators	DY ON ON/A	·		
4. Which method of detection is used by th	e responsible official?			
Visual examination (condensed so	ď			
Physical detection (airflow felt through gaskets)			d	
Odor (noticeable perc odor)			a	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			□n/a	
a. Capable of detecting p	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)?			CÍY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			GY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			GY ON	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:	
	(200 D	RECORDKEETING
, s ³		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION:	ANNUAL -	COMPLAINT/DISCOVERY RE-INSPECTION
ME IN: 2:00	TIME OUT:	2120 AIRS ID#: 0250698
YPE OF FACILITY:		y Cleaner
ACILITY NAME:	•	4 Cleaning DATE: 1/13/00
ACILITY LOCATION:	869 NO	w 183 st.
ESPONSIBLE OFFICIAL:	Alan Smons	PHONE NUMBER: 305-652-4682
		ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of discrepancies were note	·	ents evaluated during this inspection, the following compliance
COMPLIANCE REQU	UIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
OMMENTS:	11	NG + RECORD KEEPING
4669	FLOU'S E /C GEP/A	NG I RECOILS RECEPTING
ne Annual Compliance Certific	cation form has been proper	erly certified and submitted to the inspector. YES NO
ATE OF NEXT INSPECTIO	ON:	
		(Approximate)
SPECTION CONDUCTED	BY:	(Please Print)
SPECTOR'S SIGNATURE		PHONE NUMBER: 305-372-692

AIRS 10#: 0250698

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· · · · · · · · · · · · · · · · · · ·		<i>j</i> ,
FACILITY NAME:	Alan Dry	CLEANING		ATE: 1/13/00
FACILITY LOCATION:	869 No	~ 183 c	<u> </u>	•
	Misni,	FL		
Annual Reporting Period:	Jan	19 <u>99</u> то	Jan	
Based on each term or condition	n of the Title V general air pe	ermit, my facility has remai	ined in compliance w	ith DEP Rule
62-213.300, Florida Administra	ative Code (F.A.C.), during the	ne period covered by this st	atement. YES	□NO
If NO, complete the following:		·		
#1. Term or condition of the ge	eneral permit that has not bee	n in continuous compliance	e during the reporting	g period stated above:
		:		·
Exact period of non-compliance	e: from	ta)	
Action(s) taken to achieve comp			·	
		<u></u>	· · ·	-
Method used to demonstrate con	трпансе:	· .	·	
#2. Term or condition of the ge	eneral permit that has not bee	en in continuous complianc	e during the reporting	g period stated above:
ū	•	•		•
Trunct period of non-compliance	n from	-		_
Exact period of non-compliance		to		
Action(s) taken to achieve comp	pliance:		· · · · · ·	
Method used to demonstrate co	mpliance:			
,				
As the responsible official, I he made in this notification are tri upon rolling averages of purch year for transfer or combination	ue, accurate and complete. F ase receipts, does not exceed	further, my annual consum	ption of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL:	Acon Sino.	NS A		1/13/200
	Name (Please Print)		Signature	Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

257973

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

RECEIVED MAIL ROOM

JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250698

ALAN SIMONS INC ALAN SIMONS 869 NW 183RD STREET MIAMI FL 33164 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Org.: 37550101000 | Fund: 20-2-035001

Оыј.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250698

ALAN DRY CLEANERS ALAN SIMONS 869 NW 183RD STREET MIAMI FL 33164

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

(cut nere)

This portion must be attached to remittance for proper handling 399723

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

TOTAL AMOUNT DUE: \$50.00

12/13/00 T

Do NOT Remove Label

AIRS ID # 0250698

ALAN DRY CLEANERS ALAN SIMONS 869 NW 183RD STREET MIAMI FL 33164 FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ. A1 Fund: 20-2-035001 Obj.: 002273

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300763

Piease 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
JAN 23 98

Do NOT Remove Label

AIRS ID#0250698

ALAN SIMONS INC ALAN SIMONS **869 NW 183RD STREET MIAMI FL 33164**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Alan Dry Cleaners 869 H.W. 183rd Street Miami, FL 33169 Tel. (305) 652-4682



Dent Or ENVIRONMENTAL PROTECTION P. O. BOX 3070 TACCAMASER, FE. 32999-3000

lalladdalladdalladdalladadladadladdal 32315/3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0390049

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

TOTAL AMOUNT DUE: \$50.0 & Mobile Sources

Do NOT Remove Label

AIRS ID # 0250698

ALAN DRY CLEANERS ALAN SIMONS 869 NW 183RD STREET **MIAMI FL 33164**

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE. TO THE RIGHT OF RETURN ADDRESS.	E 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. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signatur Agent Addressee B. Is delivery address different from item 1? Yes If YES, enter delivery address below:			
10 AIRS ID # 0250698001AG ALAN SIMONS ALAN DRY CLEANERS 869 NW 183RD STREET	3. Service Type X Certified Mail □ Express Mail			
MIAMI FL 33164	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) .			
2. Article Number (Copy from service label) 1303331				
PS Form 3811, July 1999 Domestic Ret	urn Receipt : 102595-99-M-1789			

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4130	Postage Certified Fee	\$	•		
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
Total F Recipies ALAN SIMONS Street, A ALAN DRY CLEANERS					
7000		3RD STREET 33164	See Beverse for I		