

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 4, 1996

Mr. Angel Suarez President Rey's Cleaners 2619 Ponce de Leon Boulevard Coral Gables, Florida 33134

Dear Mr. Suarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Ewart Anderson, Dade County cc:

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

	0250704
p. 14	
1.6	(b) should be checked if the 93 machine
	dues not have a
	Cefrig condenser
	should be classified
	as new Small area
n 15	
p. 13	mark new small arear.
	(f) should be marked

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Cleaners of Gral Gables, INC dbg- Rey's Cleaners
2. Site Name (For example, plant name or number):
REY'S Cleaners
3. Hazardous Waste Generator Identification Number:
IW5-02862-96 - DCSO 01
4. Facility Location: Street Address: 2619 Ponce de Leon Blud
City: CORAL GABLES County: DALE Zip Code: 33134
5. Facility Identification Number (DEP Use):
059866913 0250704
Responsible Official
6. Name and Title of Responsible Official:
Augel Suarez - PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: REYS Cleaners, See Street Address: 2619 Ponce de Leon Blod
City: Coral Gables County: Dage Zip Code: 33134
8. Responsible Official Telephone Number:
Telephone: (307) 443-0839 Fax: (307) 443-9549
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:
11. Facility Contact Telephone Number: Telephone: () - Fax: () - RECEIVED RECEIVED Aug of Air Monitoring Sources
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, NY W

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Brieg Wopile

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. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							
(1) w/ ref. condenser		1	1		<u> </u>				
(2) w/ carbon adsorber	#1	8/93 -	8/93	#2	7/86	7/86			
(3) w/ no controls		7 .5	7,15	,	1	7-			
Washer Unit		1 .5 1 .419					٠.٠		to the second
(4) w/ ref. condenser									
(5) w/ carbon adsorber	,								
(6) w/ no controls									
Dryer Unit	11.1					3* L _		The grant of the grant	
(7) w/ ref. condenser								1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	r a digar					to a glassic trans	· · · · · ·	egatik ading	Opgarty
(10) w/ ref. condenser									
(11) w/carbon adsorber									,
(12) w/ no controls							<u> </u>		
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchlons ons	installed [_ oroethylene (perc)	_l purchased in				
3. What is the facility's so									

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4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenses	ser [˙]
New small area source. Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligit to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	.
All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulf	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	nformation
Check all logs which are required to be kept on-site in accordance with the	requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	\geq
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

ease 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)
	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 ication. 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 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.
	Dough the Department of any changes to the information contained in this notification. Cugut 10, 1996
Signature	Date

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

BEST AVAILABLE COPY

GOT

300319 302763



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250704
CLEANERS OF CORAL GABLES INC
ANGEL SUAREZ
2619 PONCE DE LEON BLVD
CORAL GABLES FL 33134

) lonito	1
		Do <u>NOT</u> Ren	nove Label			
Annual Reporting Period:	-1-97	19	97 _{TO} _	Dec	3/	1
Based on each term or condition of 62-213.300, Florida Administrativ If NO, complete the following:	-		•			tule NO
#1. Term or condition of the gener	ral nermit that ha	s not been in continu	ous complianc	e during the reno	rting period st	ated above:
"I. Torm of condition of the gener	a permit diat na	s not occur in contain	ous comphane	e during the repo		atou doove.
Exact period of non-compliance: f	rom		to	0	A 20	A CE I
Action(s) taken to achieve complia	nce:				98	<u> </u>
Method used to demonstrate comple	liance:					
#2. Term or condition of the gener	ral permit that has	s not been in continu	ous compliance	e during the repo	rting period st	ated above:
Exact period of non-compliance: f	rom		to_			
Action(s) taken to achieve complia	nce:					
Method used to demonstrate compl						
		·				
As the responsible official, I hereby c notification are true, accurate and co does not exceed 2,100 gallons per yea	mplete. Further, n	ny annual consumptio	n of perchloroe	thylene solvent, ba	ised upon purci	
RESPONSIBLE OFFICIAL:	ANGEL	SUAREZ		Day for		1,4/98

Signature

Date

Name (Please Print)

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



Department of Environmental Protection

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

June 29, 2001

David B. Struhs Secretary

Mr. Angel Suarez Reys Cleaners 2619 Ponce de Leon Boulevard Coral Gables, Florida 33134

Dear Mr. Suarez:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 28.

In reviewing your submittal, it was noted that Reys Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250704). 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 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 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

06.	19.	97	 23AM	* DADE	COUNTY	D. E.	R.	M.
- ·								

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Dec
0250704

ACILITY LOCATION: 2619 PONCE DE LEON BLVD, , CORAL GABLES, FLA 331 ACILITY LOCATION: 2619 PONCE DE LEON BLVD, , CORAL GABLES, FLA 331 Annual Reporting Period: JAN 96 1996 TO DECEMBER Lased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO NO, complete the following: 1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance during the reporting period stated of the continuous compliance.	134 19 <i>9</i> 6
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO. NO, complete the following: 1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated at each period of non-compliance: from to continuous to achieve compliance:	19 <u>96</u>
used on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 1-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO NO, complete the following: Term or condition of the general permit that has not been in continuous compliance during the reporting period stated acceptated of non-compliance: from to to	
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NO, complete the following: Term or condition of the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance: from to the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance: from to the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from to the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from the general permit that has not been in continuous compliance during the reporting period stated a fact period of non-compliance; from the general permit that has not been in continuous compliance.	
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2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated	
xact period of non-compliance; from	ED
ction(s) taken to achieve compliance:	97
fethod used to demonstrate compliance: Rureau, of Air Mon	
Lethod used to demonstrate compliance: & Mobile Source	

Air Quality
Management Division



2619 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 PHONE: 443-0839

JUNE 19, 1997

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLHASSEE, FLORIDA 32399-2400

GENTLEMEN:

THE PURPOSE OF THIS LETTER IS TO INFORM YOU OF EQUIPMENT CHANGES THAT HAVE TAKEN PLACE IN OUR STORE. ON OCTOBER OF 1996, WE REPLACED OUR 40LBS. HOFFMAN MODEL NO. 2010 DRY TO DRY DRY CLEANING MACHINE. THE NEW DRYCLEANING MACHINE IS A FIFTH GENERATION DRY TO DRY AEROTECH 55LBS. MODEL NO. 550 SERIAL: 15250.

MY ARMS NO. IS: 0250-704

SINCERELY,

ANGEL SUA

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:45 a.mTIME OUT: 12:00 no	oonAIRS ID#: 0250704
TYPE OF FACILITY: My Cleaner	·
FACILITY NAME: Ley's Cleaners	DATE:
FACILITY LOCATION: 2619 Sonce de Leo	re Blod.
Coral Lables, H.	
RESPONSIBLE OFFICIAL: angel Suries	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
One log on-site for both duy cleaning units (condinser log)	Must Keep one condenser temper ture log per dry cleaning unit. Temperature needs to be noted.
COMMENTS: Need to notify F.D.E.P. of change	of dry cleaning equipment.
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $3 \cdot 98$ (Ap	oproximate)
	ivera lease Print)
INSPECTOR'S SIGNATURE: Pasana .	PHONE NUMBER: 372-6942

Page___of___

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISCO	OVERY 🗆
		97 TIME IN: 10:45am TIM	
FACILITY NAME: _/CLG	s cearce		
FACILITY LOCATION:	2619 Pone	e de Leon Blvd.	
	Coral Gas	ede León Blvd. Elia, Fl. 33/34	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAI	LM by 9/1/96		<u> </u>
2. New facility notified DARM	30 days prior to sta	rtup	۵
3. Facility failed to notify DAR	A to use general pe	rmit	
PART II: CLASSIFICATION	-		
Facility indicated on notification (check appropriate box)	on form that it is:	No.	
A.	•		
1. Existing small area sour 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)	r	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)	D
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr //yr</td><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,>	00 gal/yr gal/yr //yr	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 classif	cation	DY BY	
If no, please check the appropr	iate classification:		
		ermit as number above is not eligible for a general permit	
B. The total quantity of perchloration facility was 366 gallons		purchased within the preceding 12 month	hs by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON D'NA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN OF NA 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? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PANA 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) PY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/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 CY 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN WNA 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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON WAA
	Is the temperature differential equal to or greater than 20° F?	DY DN DNA
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 ONA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
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?	OM OM
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN PANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ON ON/A
_		

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ey on		
2. Maintained rolling monthly averages of perc consumption?	DAX GEY		
3. Maintained leak detection inspection and repair reports for the following:	_		
a. documentation of leaks repaired w/in 24 hrs? or,	DY DN DNA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ENA		
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DNONÂ		
6. Maintained startup/shutdown/malfunction plan?	DY ON		
7. Maintained deviation reports?	DY @N		
Problem corrected?	oy on erna		
8. Maintained compliance plan, if applicable?	אלאפ אם צם		

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

2.	Which method of detection is used by the	ne responsi	ible official?			
	Visual examination (condensed so		G			
	Physical detection (airflow felt the	rough gask	ets)	•	9	
	Odor (noticeable perc odor)				B	l
	Use of direct-reading instrumenta	tion (FID/	PID/calorimetric t	tubes)		
	If using direct-reading instrume	entation, is	s the equipment:			
	a. Capable of detecting	perc vapor	concentrations in	a range of 0-500 ppm?	OY O	1
	b. Calibrated against a s (PID/FID only)?	standard ga	ns prior to and afte	er each use		1
	c. Inspected for leaks an	d obvious	signs of wear on a	weekly basis?	מם עם	1
	d. Kept in a clean and secure area when not in use?					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						1
3.	Has the facility maintained a leak log?					
4.	Does the responsible official check the	following	areas for leaks?	·		
	Hose connections, fittings, couplings, and valves	BY	N	Muck cookers	₽Y	ПN
	Door gaskets and seating	ON T	ПИ	Stills	DY.	□И
	Filter gaskets and seating	© Y	ИП	Exhaust dampers	E Y	ΩИ
	Pumps .	Q Y	□N	Diverter valves	Ø4 //	ПИ
	Solvent tanks and containers	Day /	□N	Cartridge filter housings	CP Y	ΠN
	Water separators	GY	ПИ		<u> </u>	

Richard DiAz	
Name of Responsible Official	
Rosana Rivera	2.27.97
Inspector's Name (Please Print)	Date of Inspection
Lasana Z	2.98
Inchector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Need to notify FDEP of change of dry cleaning equipment. New Unit on site was installed on October 1994



Department of RECEIVED Environmental Protection

302763

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

Virginia B. Wetherell Secretary

FEBRUARY 2, 1998

REYS CLEANERS 2619 PONCE DE LEON BLVD CORAL GABLES FL 33134 ule 00250704

To Whom It May Concern:

Attached is check number 1929, in the amount of \$50.00, which was received in our office on January 20, 1998. We are returning this check for the following reason:

x	_Check is unsigned. Please sign your check.
	Money amounts are different. Please issue a new check in the correct amount. (Numerical and Written Amounts)
	Other: Please make check payable to the Department of Environmental Protection Thank you.

Sincerely,

Loc Ann R. Sullivan

Accounting Services Supervisor

Receipts Section

Bureau of Finance and Accounting

AS/yd

Attachment

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
(leaners of Gral Gables INC dbg- Rey's Cleaners
2.	Site Name (For example, plant name or number):
	REY'S Cleaners
3.	Hazardous Waste Generator Identification Number:
	IW5-02862-96 - DCSO 01
4.	Street Address: 2619 Ponce de Leon Blud
	City: Coizal Gables County: Date Zip Code: 33134
5.,	Facility-Identification Number (DEP Use):
	059866913 0250704
	Responsible Official
6.	Name and Title of Responsible Official:
	ANGEL SuaREZ - PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: REYS CLEANERS.
	Street Address: 2619 Ponce de Leon Blod
	City: Coral Gables County: Dade Zip Code: 33134
8.	Responsible Official Telephone Number: Telephone: (301) 443-0839 Fax: (301) 443-9549
	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:
	Facility Contact Telephone Number: Telephone: () - Fax: () - RECEIVED RECEIVED Air Monitoria of Air Monitoria
	BECT 1996
	Will I Delivery
	Air Monitor
	P. Form No. 62-213 900(2) Page 13 of 16 Burcau of Air Monitorii Burcau Mobile Sources
DEI	P Form No. 62.213.000(2) Page 13.of 16

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		<u> </u>	/ \	7					
(1) w/ ref. condenser	#1	1/193	8/93	$\mathcal{O}_{V_{-}}$,	1	11/2	10/96	1096
(2) w/ carbon adsorber	1	A123	Book	11	ALBO	XXXXX	1/4	,	10/96
(3) w/ no controls	-	1			7	1-7-7			
Washer Unit									
(4) w/ ref. condenser		_							
(5) w/ carbon adsorber									
(6) w/ no controls	<u> </u>				3				
Dryer Unit				•			•	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber							1		
(9) w/ no controls						·			
Reclaimer Unit			<u> </u>						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				ļ			<u> </u>		
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	_] purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	urce	ication only.)	ew sņ	nall area sou	rce [(3) of	Part II?	
Existing large are	ea so	urce [X]	Ne	ew lai	rge area sour	ce []		

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 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of the	nis notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units on-site n	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by a during which propane or fuel oil containing no mor	atural gas except for periods of natu	
All steam and hot water generating units exempt No such units on-site		
		-
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		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring	\geq	
(d) Carbon adsorber exhaust perc concentration more	nitoring []	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan	(X)	

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:	: , ,
	I hereby surrender all existing air permits facility indicated in this notification form	
\bowtie	No air permits currently exist for the ope this notification form.	ration of the facility indicated in
	Responsible Offic	ial Certification
this notific statement maintain comply w	cation. I hereby certify, based on informat s made in this notification are true, accura the air pollutant emissions units and air po ith all terms and conditions of this general	fined in Part II of this form, of the facility addressed in ion and belief formed after reasonable inquiry, that the te and complete. Further, I agree to operate and llution control equipment described above so as to permit as set forth in Part II of this notification form.
Signature	(Dept)	Date 10, 1996
Sign	Dug Jag	3-3-97 DATE
<u> </u>	NGEL SUPREL	<u>·</u>

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION, CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	TION COMPLAINT/DISCOVERY
AIRS ID#: 250704 DATE: 8.29	
FACILITY NAME: REY'S CLEANER	S
FACILITY LOCATION: 2419 PONCE	ST LEON BLVD. E C.
CORAL GABL	ET, 33134 88 75 7
RESPONSIBLE OFFICIAL: ANGER SU	PHONE: 305 443 8 839 3
CONTACT NAME:	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 genera	l permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box) A.	is: □ 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, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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	UY WN □Can not determine
If no, please check the appropriate cla facility qualified for facility exceeds abo	ssification: a general permit as number above ve limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (per facility was 160 gallons.	c) purchased within the preceding 12 months by this dry cleaning

1 of 5



Revised 9/15/97



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 WNA 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 ON ON/A 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 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? 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?

В.	Has the responsible official of an existing large or new large area source also:	
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DV ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	EY ON ON/A
1	Is the temperature differential equal to or greater than 20° F?	ZY 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?	DY DN MN/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON EN/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 DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y ON ON/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	DY DN MINIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly total of perc consumption?	€AY □N
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN BN/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 MYA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN GN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ENVA
6. Maintained startup/shutdown/malfunction plan?	QY ON
7. Maintained deviation reports?	OA ON MINIV
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y ON ON/A Stills Filter gaskets and seating Y ON ON/A Stills Filter gaskets and seating Y ON ON/A Diverter valves Solvent tanks and containers Y ON ON/A Cartridge filter housings Water separators Y ON ON/A Cartridge filter housings Y ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FiD/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 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? OY ON	PART VI: LEAK DETECTION AND R	EPAIRS			
2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N N N/A Stills Y N N N/A Filter gaskets and seating Y N N N/A Exhaust dampers Y N N N/A Solvent tanks and containers Y N N N/A Cartridge filter housings Water separators Y N N N/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? UY N N	1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	id repair	
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N NA Exhaust dampers Y N N NA Filter gaskets and seating Y N NA Exhaust dampers Y N N NA Solvent tanks and containers Y N N NA Cartridge filter housings Y N N NA Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	inspection?			A DI	1
Hose connections, fittings, couplings, and valves Door gaskets and seating Y N N N/A Filter gaskets and seating Y N N N/A Filter gaskets and seating Y N N N/A Pumps Solvent tanks and containers Y N N N/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FiD/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	2. Has the facility maintained a leak log?			Q A DV	1
Couplings, and valves Door gaskets and seating Door look Pumps Door look Do	3. Does the responsible official check the	following areas for leaks?	. •		
Filter gaskets and seating Pumps DY DN DN/A Diverter valves Y DN DN/A Solvent tanks and containers Y DN DN/A Cartridge filter housings Y DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? C. Inspected for leaks and obvious signs of wear on a weekly basis? DIV DN DIVA Exhaust dampers DY DN NONA ONA PUMPING DY DN NONA A Cartridge filter housings DY DN NONA A Sethaust dampers DY DN NONA NONA NONA PUMPING NONA NONA		AY ON ON/A	Muck cookers	OY ON C	IN/A
Pumps Solvent tanks and containers Y N N/A Cartridge filter housings Y N N/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FiD/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Door gaskets and seating	DY ON ON/A	Stills	CY ON C	JN/A
Solvent tanks and containers WY ON ON/A Cartridge filter housings Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	GY ON C	JN/A
Water separators A. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? Od Physical detection is used by the responsible official? Od Physical detection (airflow felt through gaskets) Od Physical detection (airflow felt through gaskets) Od Physical detection (airflow felt through gaskets) Od Physical examination (condensed solvent on exterior surfaces) Od Od Physical examination (condensed solvent on exterior surfaces) Od Od Physical examination (condensed solvent on exterior surfaces) Od Od Od Od Od Od Od Od Od O	Pumps	CY ON ON/A	Diverter valves	MY DN C	3N/A
4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Catibrated 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?	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON C	JN/A
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? C. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN	Water separators	DY ON ONA			
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	4. Which method of detection is used by	the responsible official?			
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Visual examination (condensed s	solvent on exterior surface	(2	Œ	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Physical detection (airflow felt the	rough gaskets)			
Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Odor (noticeable perc odor)				
If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? C. Inspected for leaks and obvious signs of wear on a weekly basis? IN	Halogen leak detector				
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?	If using direct-reading inst	rumentation, is the equip	oment:	M N/A	
(PID/FID only)? □Y □N c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	.	standard gas prior to and	after each use	OY ON	
d. Kent in a clean and secure area when not in use?	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY ON	
d. Repetit a clean and secure area when not in use:	d. Kept in a clean and	secure area when not in us	se?	אס צם	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	e. Verified for accurac	y by use of duplicate samp	ples (calorimetric only)?	OY ON	
<u> </u>					
L	<u> </u>				

M. ENRIQUE FLORES	8/24/98
Inspector's Name (Please Print)	Date of Inspection
mEnique Porer	8/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- * DERM'S POLLUTION CONTROL BOOKLET AND THE STATE'S INSPECTION CALENDAR GIVEN TO THE RESPONSIBLE OFFICIAL.
- A NOTE: TWO DRY-TO-DRY MACHINES ON SITE. 80 GAZLONS OF PERC USED PER YEAR, PER MACHINE.

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL 🔽 COMPLAINT/DISCOVERY RE-INSPECTION AIRS 10#: 250 704 1500 1530 TIME OUT: TYPE OF FACILITY: PERC DRY CLEANER DATE: 8.24.98 L'EY'S CLEHNERS FACILITY NAME: FACILITY LOCATION: 76.19 PONCE DE LEON TRAD. CALAL GABLES 33134 PHONE NUMBER: 305-443-0839 RESPONSIBLE OFFICIAL: ANGEL SUPREZ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, 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 FOLLOW-UP ACTION REQUIRED EUUIPINENT IN SATISFACTORY CUNDITION. SHOP IN GOOD GENERAL HOUSEKEL COMMENTS: PING STATUS The Annual Compliance Certification form has been properly certified and submitted to the inspector. МО DATE OF NEXT INSPECTION: (Approximate) M. ENKLOUL FLORES NSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 365.377.6926 NSPECTOR'S SIGNATURE:

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Revised 10/96

AIRS 10#: 250704



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: REY'S CLEANERS	DATE: 8.24-98
FACILITY LOCATION: 2619 PONCE DE LEON BLVD.	
CARAL GABLES, 33/34	
Annual Reporting Period: 8/97	19 TO
Based on each term or condition of the Title V general air permit, m 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 con	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	ntinuous compliance during the reporting period:stated above:
	"
Action(s) taken to achieve compliance:	SEP 2 8 1990
Method used to demonstrate compliance:	Bureau of Air Monitoring
As the responsible official, I hereby certify, based on information a 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

DEPT. OF ENVIRONMENTAL 248955 PRESOURCES 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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST JUN 2 5 1999

Bureau of Air Monitoring
COMPLAINT/DISCOVERY Mobile Sources

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

AIRS ID#: 250704 DATE: 66/02/99 TIME IN: 1:00 PLIME OUT: 1:20
FACILITY NAME: REYIS CIEANERS.
FACILITY LOCATION: 2619 Ponce de Leon Blud.
Coral Gables 33/34 RESPONSIBLE OFFICIAL: Angel Survey PHONE: (305) 443-0839
CONTACT NAME: PHONE:

PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to startup	6	
2. Facility failed to notify DARM to use general permit		

2. Facility failed to notify DARM to use general per	
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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/9/1$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y Can not determine
If no, please check the appropriate classific facility qualified for a gentlement facility exceeds above line	2 1_
B. The total quantity of perchloroethylene (perc) pu facility was 200 gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? DXY ON ON/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 Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/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?	X Y	ΠN	
	on ally to ally, rootaliner, and ally of machines on a wookly basis.	Χ.	,	
2.	Measured and recorded the washer exhaust temperature at the condenser	r iso C.		
	inlet and outlet weekly?	,		□N/A
	ls the temperature differential equal to or greater than 20° F?	X_{Λ}	ΠИ	□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,			S
	if machines are equipped with a carbon adsorber?			XV/A
	Is the perc concentration equal to or less than 100 ppm?	□Y •	□N /	X 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,		OM	X N/A
	or expansion; and downstream from no other inlet?	ЦY	ПN	JAUN /A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	×Υ	ПN	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	N/A
<u> </u>	Routed antiow to the carbon adsorber (it used) at an times:			ア"^^

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	·
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	X V. □N
2. Maintained rolling monthly total of perc consumption?	X Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DXVA
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 9 ÂN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXVIA
6. Maintained startup/shutdown/malfunction plan?	MO AX
7. Maintained deviation reports?	N/A Y ON MON/A
Problem corrected?	DY DN XXNIA
8. Maintained compliance plan, if applicable?	OY ON MINIA

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			XY DN
2.	Has the facility maintained a leak log	?) ¤(Ÿ □N
3.	Does the responsible official check th	e following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DYY ON ON/A	Muck cookers	SY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	XY ON ON/A
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	ON ON/A
1	Pumps	ON ON ON/A	Diverter valves	AINO NO Y
	Solvent tanks and containers	ÓN ON CIN/A	Cartridge filter housings	DY ON ON/A
i	Water separators	Xy on on/a		
4.				
Visual examination (condensed solvent on exterior surfaces)				×
Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)			
	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)	ū
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	7 5 0/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON
b. Çalibrated against a standard gas prior to and after each use (PID/FID only)?				חם אם
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?			OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	

KRISTAL JIPOW Inspector's Name (Please Print)	Date of Ingression
Inspector's Name (Please Print)	Date of Inspection
Kustal Gypon Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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v.*			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1:00 . TIME OUT: 1:30	Dpm AIRS ID#: 250704			
TYPE OF FACILITY: PERC DRY CLEAR	VERS.			
FACILITY NAME: Rey 5 Cleavers	DATE: 06/62/99			
The last section is a section of the	en Blud.			
Coral Galles, FL.	33(34			
RESPONSIBLE OFFICIAL: Augel Suarez	PHONE NUMBER: (3 68) 44.3-0839			
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
NA	NIA			
comments: Shop in compliance in good working order.	Perc machines (2) kept			
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector.			
DATE OF NEXT INSPECTION: 05/2000 (Approximate)				
(Ap	proximate)			
INSPECTION CONDUCTED BY: KMSTAL Y	/PON ease Print)			
INSPECTOR'S SIGNATURE: Kustal Gipon PHONE NUMBER: (305) 37 2-6955.				

Page_

Revised 10/96

AIRS 10#: 250704

Her

RMIT... Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMITATION FORM

A	NNUAL COMPLIA	NCE CERTIFICAT	TION FORM	5 1999
FACILITY NAME: Rey!	s Cleaners	do do m	& //	Mobila TE Monte 102/99
FACILITY LOCATION: $\frac{0}{2}$	619 Ponce	de Leon &	3lvd_	
FACILITY NAME: Rey 1 FACILITY LOCATION: 2	al Gables	1 FL 3313	4	
Annual Reporting Period:	08/24/9	19 <u>9</u> 9 TO	06/02	19_99
Based on each term or condition of 62-213.300, Florida Administrative			· 1	
If NO, complete the following:				
#1. Term or condition of the gener	_	en in continuous complia		
Exact period of non-compliance: f				
Action(s) taken to achieve complia			•	•
Method used to demonstrate compl	iance:			
#2. Term or condition of the gener	al permit that has not be	en in continuous complia	nce during the repo	orting period stated above:
Exact period of non-compliance: f	rom	to		
Action(s) taken to achieve complia	nce:			·
Method used to demonstrate compl	iance:			
As the responsible official, I hereb made in this notification are true, a upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	accurate and complete. receipts, does not exceed	Further, my annual consu	amption of perchlor for dry-to dry facili	oethylene solvent, based
	Name (Please Prin	t) ·	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON COMPLAINT/DISCOVERY
	TIME IN: 3:45 TIME OUT: 1515
FACILITY NAME: Acy's C	leves
FACILITY NAME: Acy's Clenes FACILITY LOCATION: 3619 Ponce De Lorn	
Coral Galles FC	
Coral Galles FC RESPONSIBLE OFFICIAL: Angel Sone 7 PHONE: 305-443-0839	
CONTACT NAME:	PHONE:
	<u>a</u>
PART I: NOTIFICATION	- E
(check appropriate box)	oblie A.
New facility notified DARM 30 days prior to star	rtup S N C
2. Facility failed to notify DARM to use general per	tup mit source
	inc
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. Ivew small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal-yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 415 gallons.	

41800 43

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

 $(w,v,z) = (v,z) + \frac{1}{2} (v,z) + \frac{1}{2} Q_{x,y}(z) + \cdots + Q_{x}(z)$

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?	ØY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ØY	ПИ	□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?	ΘY	ПΝ	⊘ N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	Ωи	₫ n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	⊠ N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:	Has the responsible official:					
(check appropriate boxes)						
1. Maintained receipts for perc purchased?	ØY □N					
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;	OY ON ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days						
and parts installed w/in 5 days of receipt?	OY ON ONA					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON CIN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A					
6. Maintained startup/shutdown/malfunction plan?	ON PE					
7. Maintained deviation reports?	OY ON ON/A					
Problem corrected?	OY ON ONA					
8. Maintained compliance plan, if applicable?	OY ON ON/A					

PART VI: LEAK DETECTION AND R	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
inspection?		•	ØY □N
2. Has the facility maintained a leak log?			ØY □N
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings, couplings, and valves	@Y ON ON/A	Muck cookers	□Y □N @N/A
Door gaskets and seating	⊕y □n □n/a	Stills	@Y □N □N/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	ÓY ON ON/A	Diverter valves	@Y □N □N/A
Solvent tanks and containers	ÓY □N □N/A	Cartridge filter housings	DY ON ON/A
Water separators	OY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfac	es)	(2)
Physical detection (airflow felt thr	ough gaskets)		(3)
Odor (noticeable perc odor)			O
Use of direct-reading instrumentat	tion (FID/PID/calorimet	ric tubes)	
Halogen leak detector			2
If using direct-reading instru	imentation, is the equi	pment:	ØN/A
a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a st (PID/FID only)?	andard gas prior to and	after each use	OY ON
c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and se	cure area when not in us	se?	OY ON
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
Ivan Fanni		3/20/00 Date of Inspection	ي .
Inspector's Name (Please Prin	t)	Date of Inspection	
Da Cana	<u>`</u>	2/00	· · · · · · · · · · · · · · · · · · ·
Inspector's Signature		Approximate Date of I	Vext Inspection

Revised 9/15/97

ADDITIONAL SITE INFORMATION: 2 Machines Mottimatici 228 zellous Aerotech 187 gallons Both machines aponting during impactive Good Househosping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

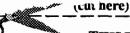
TYPE OF INSPECTION:	ANNUAL 🛩	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 345	TIME OUT:	1615	AIRS ID#:	0250704
TYPE OF FACILITY:	Perc Dry	Cleaner		<u> </u>
FACILITY NAME:	26 Rey	5 Cleaners	,	DATE: 3/20/00
FACILITY LOCATION:	3619 Ponc	e De Leon	,	
	Coal Calle	FL		· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL:	Duzel Sua	ve2	PHONE NUMBER	: 705-443-0839
ت ا	the compliance requirements	'	•	cility is found to be in
Based on the results of discrepancies were not	the compliance requirement ed:	ents evaluated duri	ng this inspection, the fo	llowing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM 1	FOLLOW-UP ACT	ION REQUIRED
		·		
· · · · · · · · · · · · · · · · · · ·				
	•			
	— 			
			·	
	(
		· F		
COMMENTS:	Govers Ho	use haeping,	1 Roudbuping	. :
The Annual Compliance Certifi	cation form has been prop	perly certified and s	submitted to the inspector	r. YESV NOV
DATE OF NEXT INSPECTIO)N:	3/01 (Approxima	ate)	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED	BY: Icm	m fanne (Please Pri	<u>, </u>	
INSPECTOR'S SIGNATURE	: fran	2	•	: 301 322-6912
	<i>7</i> –	Pageof	_·	Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PER ANNUAL COMPLIANCE CERTIFICATION FORM

APR 0.3 2000

			AFR U	<u>a - </u>
FACILITY NAME:	Ray's Clamer 1	· \ 1	AirA@a Managemen	a <u>litড় / ১৮/০০</u> t Division
FACILITY LOCATION:	Lois Pon	ce de Leon		
	Coral Gall	es Pl		
Annual Reporting Period:	March	19 <u>49</u> TO	March	78-50
Based on each term or condition of t	he Title V general air peri	mit, my facility has rema	ined in compliance with D	EP Rule
62-213.300, Florida Administrative	Code (F.A.C.), during the	period covered by this s	tatement. TYES	□NO
If NO, complete the following:				
#1. Term or condition of the general	l permit that has not been	in continuous compliand	ce during the reporting per	iod stated above:
Exact period of non-compliance: fro	om		<u> </u>	
Action(s) taken to achieve compliance				
Method used to demonstrate complia	nce:			
#0 m	l 'A dheadh a l		and the state of the state	
#2. Term or condition of the genera	i permit that has not been	m continuous compiian	ce during the reporting per	iod stated above:
Exact period of non-compliance: from	om	to		•
Action(s) taken to achieve compliance	qe:			
Method used to demonstrate complia	ance:			
•				
As the responsible official, I hereby made in this notification are true, ac upon rolling averages of purchase ro year for transfer or combination fac	ccurate and complete. Ful eceipts, does not exceed 2	rther, my annual consun	aption of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Name (Please/Print)	vy Ave	SEL SUPILE) Signature	/ 3/30/5 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

302763

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250704

CLEANERS OF CORAL GABLES INC ANGEL SUAREZ 2619 PONCE DE LEON BLVD CORAL GABLES FL 33134 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389478

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250704

REY'S CLEANERS ANGEL SUAREZ 2619 PONCE DE LEON BLVD CORAL GABLES FL 33134 MAIL ROOM
DEC 14 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

258698

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 mailing label.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 22 97

Do NOT Remove Label

AIRS ID# 0250704
CLEANERS OF CORAL GABLES INC
ANGEL SUAREZ
2619 PONCE DE LEON BLVD
CORAL GABLES FL 33134

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



This portion must be attached to remittance for proper handling 400900

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250704

REY'S CLEANERS ANGEL SUAREZ 2619 PONCE DE LEON BLVD **CORAL GABLES FL 33134**

FOR GOVERNMEN FUSE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0 3 5 4 2 9 7

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

TOTAL AMOUNT DUE: \$50.00 RECEIVED

Do NOT Remove Label

RECEIVED MAIL ROOM

AIRS ID # 0250704

REY'S CLEANERS ANGEL SUAREZ 2619 PONCE DE LEON BLVD

CORAL GABLES FL 33134

FOR GOPPHINE PROBLES ONLY

Org.: 37550101000 420 B1 Fund: 20-2-035001

Obj.: 002273

CLEANERS OF CORAL GABLES, INC.
Florida Department of Environ. Protection
12/15/2000
Bill #0250704

2590

50.00

Ocean Bank 0250704 AIR PERMIT 50.00

EOLD AT DOTTED LINE RICHT OF RETURN ADDRESS. STICKER AT TOP OF ENVELOPE.	HILOT BOAL TE THIS SEC	TION ON DELIVERY
 Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. Article Addressed to: 	erse C. Signature	Agent Addressee
ANGEL SUAREZ REY'S CLEANERS	·	
2619 PONCE DE LEON BLVD CORAL GABLES FL 33134	Registered	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery?	(Extra Fee)
2. Article Number (Copy from service label)	03536	
PS Form 3811, July 1999	omestic Return Receipt	102595-99-M-1789
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353L		Service MAIL RECEIP Only; No Insurance Cover	
0026 41,30	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0600	10 A ANGEL SUARE REY'S CLEANE 2619 PONCE DE CORAL GABLE	RS LEON BLVD	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spar permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered.	ce does not de number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
URN ADDRESS completed o	AIRS ID 0250704 CLEANERS OF CORAL GABLES INC ANGEL SUAREZ 2619 PONCE DE LEON BLVD CORAL GABLES TL 33134	4a. Article Number	
Is your RETUR	5. Received By: (Print Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested paid) Domestic Return Receipt

	Z 333 E	- <u>-</u> - 0	3 0 6	
	US Postal Service Receipt for Cert	ified	Mail	
2	CLEANERS OF CORAL INGEL SUAREZ 619 PONCE DE LEON I CORAL GABLES FL 331	GABL BLVD	IRS ID 0250704 ES INC	
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whorn & Date Delivered			
, April	Return Receipt Showing to Whom, Date, & Addressee's Address			
80	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			