



## 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. Hector Rodriguas President Imperial Cleaners 9738 Southwest 4055 Miami, Florida 33165

Dear Mr. Rodriguas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

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

	0250706
	fill in facility location fill in org 1 firm name
p. (4 (a)	add date control device installed
p.15	new small area source Should be marked
7.	mark new Small r. c.  (c) + (f) should be marked

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individu	ual owner):
		RIDE CLEONERS
2	Site Name (For example, plant name or number):	KINY() CHONORS
	one realite (1 or example, plant name of name).	
	Hannadaus Wasta Consustan Idantification Number	
3.	Hazardous Waste Generator Identification Number:	
	FLD 981278 V63	
4.	Facility Location: Street Address:	
		Zip Code:
	18hami DADE	3316
5.	City: County:  The	
	ZLD 984908202	0250706
	Demoraible Official	,
	Responsible Official	
6.	Name and Title of Responsible Official:	,
	Responsible Official Mailing Address	
7.		
	Organization/Firm: Street Address:	
	_	Zip Code:
	City: 9738 S.W. 405 - DOOF	33164
8.	Responsible Official Telephone Number:	_
	Telephone: (30) VVP 8927 Fax: ( )	•
	Facility Contact (If different from Responsible Of	ficial)
9.	Name and Title of Facility Contact (For example, plant manager):	
) . 	Work	
10.	Facility Contact Address:	
	G:	
	Street Address: City: County:	Zip Code:
	Nonte County:	Zip Couc.
11.	Facility Contact Telephone Number:	
	Telephone: (30) - 22-3 / 7/3 Fax: ( )	•
<u></u>		RECEIVE
		K P L P I V E L

Bureau of Air Monitoring DEP Form No. 62-213.900(2) Page 13 of 16 & Mobile Sources Effective: 6-25-96

#### **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-
Dry-to-Dry Unit	·	man.	7:	,				The state	Manager 1
	#1	15-Max-9	2		<u> </u>				. 1 11.1.1
(2) w/ carbon adsorber	74_7_	10 1.10(1						·	
(3) w/ no controls									
Washer Unit		and the state of						to at the second of the second	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	, Sept	. grafinsti.	ag at an in the		en en en en graphe				ar sittat i
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	,			. Jam	Tart to the		4.1	stall # T	Lean Report
(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 control devices  (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchlons ons	installed [_ oroethylene (	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour rge area sour	ce [	3) of	Part II?	
			• • •		J		•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	(Indicate with an "X".)	ired on machines	pursuant to section (5) of F	art II of this notification form?
	Existing large area source Carbon adsorber	: ]	Refrigerated condenser	
	New small area source Refrigerated condenser			,
	New large area source Refrigerated condenser			
<	All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil colors.  All steam and hot water generating No such units on-site	g units on-site (1) d exclusively by no ontaining no more	have a total heat input of I atural gas except for period	ds of natural gas curtailment
	Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
	Check all logs which are required t	to be kept on-site i	n accordance with the requ	irements of this general permit:
	(a) Purchase receipts and solvent p	urchases		$\dot{\mathbf{X}}$
	(b) Leak detection inspection and r	repair		$\mathbb{X}$
	(c) Refrigerated condenser tempera	ature monitoring		
	(d) Carbon adsorber exhaust perc c	concentration mon	itoring	
	(e) Instrument calibration			
	(f) Start-up, shutdown, malfunction	n plan		

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

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιXι	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	2 Box 8-N-96.  Date

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



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259387 W

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 30 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0250706

RI CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST MIAMI FL 33165 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### TILLE Y AIK QUALLI Y GENERAL PERMIT **BEST AVAILABLE COPY** INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL [] COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 2:20pm TIME OUT: 3:45 p.m. AIRS ID#: 0250706 TYPE OF FACILITY: New small area sauce FACILITY NAME: Imperial Cleanus II DATE: 12.6.96 FACILITY LOCATION: 9738 Hictor Kodriquez RESPONSIBLE OFFICIAL: PHONE NUMBER: 559-8927 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 Luc puchase records not 1. Ruc. puchase must be available at the time of available for inspection. inspection. 2. Leak detection inspection = repair log not bein recorded. 3. Quet exhaust mo log not anailable. **COMMENTS:**

PRES R. T. CLE Q NERS INC

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

YES

NO

DATE OF NEXT INSPECTION: 12.5.97

(Approximate)

INSPECTION CONDUCTED BY:

RIVERA

(Please Print)

INSPECTOR'S SIGNATURE:

PHONE NUMBER: 372-6942

Page\_\_\_of\_\_\_.

Revised 10/96

#### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

•	•
1. Facility Owner/Company Name (Name of corporation	
RI CLEANERS DIE	LA IMPERIAL CLEANERS
2. Site Name (For example, plant name or number):	7,4 £1.17 £2:17.9 C == 0,51007 Q
3. Hazardous Waste Generator Identification Number:	
	/ >
4. Facility Location:	
Street Address: 9/38 J. W.	LOST MA
City: M.A.M.i County:	Zip Code: 33/6 7—
The state of the s	33/6 V
7/29/20/20	8202 0850706 "
Responsible	Official
6. Name and Title of Responsible Official:	
1/4 1770 A P	Dare
TEO OR ROO LIGHT	TR63
7. Responsible Official Mailing Address. Organization/Firm:	PRES FRES FRES FRES FRES FRES FRES FRES F
Street Address:	DB/A INPERAN
City: 9738 Sul 1/25 30	Zip Code:
6. Responsible Official relephone Number.	DE 3374 ·
Telephone: (32) VV9-8927	Fax: ( ) -
·	
Facility Contact (If different	from Responsible Official)
9. Name and Title of Facility Contact (For example, pla	nt manager):
1/22/5	- ·
10. Facility Contact Address:	
Street Address: City: 6 / County:	Zip Code:
City: Nonte County:	Zip couc.
11. Facility Contact Telephone Number:	
Telephone: (307-22-3/7/3	Fax: ( ) -
	RECEIVE
keched in OERM	KECLIALI
4x.	AUG 1 9 1996
nperial Cleaners IV	
738 SW 40St. Page 13 of	Bureau of Air Monitoriu

& 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.

		l	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-9
	Dry-to-Dry Unit		<u>-</u>							<u> </u>
	(1) w/ ref. condenser	#1	15-Max-9	2	_					
	(2) w/ carbon adsorber									
	(3) w/ no controls	ļ						_		
	Washer Unit									
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
	Dryer Unit								_	
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
	Reclaimer Unit									
	(10) w/ ref. condenser									
	(11) w/carbon adsorber	_								
	(12) w/ no controls									
£	UNITHOS		2 111	· m . )		バンドル	SER			
	(b) Control devices are	requ	iired, but not	yet installed	d [	]				
					V					
	(c) No control devices	are re	equired to be	installed [	<u> </u>	J				
	2.(a) What was the total of			oroethylene	(perc)	purchased in	n the latest 12	2 moi	iths?	
	(32)	gallo	ons							
	(1) 251 -1 10		0.5							
	(b) If less than 12 mont					131	r 15:1			, ,
	Check why it is less	than	12 months:	New owner	: [	_ New store		not k	eep records:	
	2 777				, ~		1	a) c	D . 110	
	3. What is the facility's so					nitions foun	a in section (.	5) OI	Part II?	
	(Indicate with an "X".	Selec	ct one classif	ication only.	.)				110	
	Tuled a secoli s		3800	Box.	<b>.</b>	11	r > #	<b>5</b>	HX	
	Existing small an	ea so	urce	N	iew sn	nall area sou	rce L	j	•	
	Eviatina laure au	00.00	u=00 [ 1	<b>x</b> :	lan. 1-		r	1		
	Existing large ar	ca 501	uice []	18	iew ia:	rge area sour	ce [	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	art II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	nation
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases	ίΧι
(b) Leak detection inspection and repair	Ľ.
(c) Refrigerated condenser temperature monitoring	X UR
NONE (d) Carbon adsorber exhaust perc concentration monitoring	LI WAR
(e) Instrument calibration	r 1
	110

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

lease indicat	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)
ι <u>X</u> ı	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and 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	Imptly notify the Department of any changes to the information contained in this notification. $S-V-9G.$



#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
	<u>6.96</u> тіме іn: <u>2:20рт</u> тіме оит: <u>3:45рт</u>
FACILITY NAME: <u>Imperial</u>	Cleanus IK
	w 40 St.
Miane	· , £.
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to	o startup 🖒
3. Facility failed to notify DARM to use generation	al permit
PART II: CLASSIFICATION	
Facility indicated on notification form that is (check appropriate box)	t is:
A.	·
1. Existing small area source	2. New small area source
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	dry-to-dry only, x<140 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 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>
transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""></x<1,800></td></x<1,800></x<1,800>	transfer only, 200 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""></x<1,800>
(constructed before 12/9/91)	(constructed on or after 12/9/91)
This is a correct facility classification	TOY ON
If no, please check the appropriate classificati	on:
facility qualified for a genera	
facility exceeds above limits	and is not eligible for a general permit
B. The total quantity of perchloroethylene (per facility was 5.5 gallons.	erc) purchased within the preceding 12 months by this dry cleaning
ganons.	<u> </u>

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ENA 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? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY DN 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? מאם אם צם 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 prior to September 22, 1993 installed 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? ON EN/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 DY ON DANA 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 12 NA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON OTNA 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? DY GN 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? DY DN Is the temperature differential equal to or greater than 20° F? DY UN 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 DN/A Is the perc concentration equal to or less than 100 ppm? DY DN 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, UY UN or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? DY ON ONA 6. Routed airflow to the carbon adsorber (if used) at all times? DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DAY
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY CHY
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 CH
4. Maintained calibration data? (for direct reading instruments only)	אואים אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY CHY
6. Maintained startup/shutdown/malfunction plan?	ON DY
7. Maintained deviation reports?	DY CH ENA
Problem corrected?	DY ON WAA
8. Maintained compliance plan, if applicable?	OY ON PM/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY GW

2. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)							
- Sold Share (contained solven on Shares)							
Physical detection (airflow felt through gaskets)	.						
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
If using direct-reading instrumentation, is the equipment: NONE ON - SITE							
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	⊐и						
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	מכ						
c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΩИ						
d. Kept in a clean and secure area when not in use?	□и						
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□N						
3. Has the facility maintained a leak log?	<u> Me</u>						
4. Does the responsible official check the following areas for leaks?							
Hose connections, fittings, couplings, and valves	ПП						
Door gaskets and seating	ИО						
Filter gaskets and seating DY DN Exhaust dampers DY	ПN						
Pumps Diverter valves DY	מם						
Solvent tanks and containers DY ON Cartridge filter housings DY	ПN						
Water separators ON							

Hector Rodriguez  Name of Responsible Official	
<u> </u>	
Kosana Rivera Inspector's Name (Please Print)	
Inspector's Name (Please Print)	Date of Inspection
Laser Ri	12.6.97
Inspector's Signature	Approximate Date of Next Inspection

PART III 1. Seic & filters are at all times inside dry cleaning unit and only removed when waste pickup is conducted when Therefore filters are drained inside the renit.

Part IV. A. T. Condense is part of dry cleaning unit.

A.S. Repair not being documented.

Part I 6. Dry Cleaning Operation Instruction Book on-site.

No haloger/per detection equipment on site.

- \* Mr. Héctor Rodriguez corrected the capplication form (original enclased).
- \* STATE RECORDS MUST BE CORRECTED: # 1. Facility address (refer to Pg 1.) # 2. Responsible official name (refer to pg. 4).

#### **BEST AVAILABLE COPY**

de mar

DRY CLEANER AIR QUALITY GENERAL PE ANNUAL COMPLIANCE CERTIFICATION FOR	< 5
AIRS ID#0250706	e Source

AIRS ID#0250700
RI CLEANERS
HECTOR ROOXIGNES
9738 SW 40 ST
MIAMI FL 33165

Do NOT Remove Label

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: HEKTOX RODRI QUA

Signatur

Data

Date

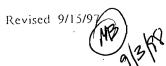
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N D		COMPLAI	NT/DISCC	VERY	0
AIRS 1D#: 250706	DATE: 9-3-9	<b>8</b> TIM	EIN	: 1400	TIME	OUT: _	1430
FACILITY NAME: <i> MP</i>	ERIAL CLEANOR	25 IV					K
FACILITY LOCATION:	9738 SW 40 0	5T				EL C	
<u>n</u>	11AM1 331	(E)				& Sign	2
RESPONSIBLE OFFICIAL	: HECTOR ROUR	MUEZ		PHONE:	305-35	9-89	273
CONTACT NAME: RAUL				PHONE: _		ource	onitome
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·						
(check appropriate box)							
1. New facility notified DARN	и 30 days prior to star	tup					
2. Facility failed to notify DA	RM to use general per	nnit					
PART II: CLASSIFICATIO	N						
Facility indicated on notifica	tion form that it is:			☐ No not	ification for	rm	
(check appropriate box)  A.				☐ Drop s	tore/out of	business/ <sub> </sub>	petroleum
1. Existing small area sou	arce 🗆	2. New sn	iall ai	rea source		<b>Z</b>	
dry-to-dry only, $x < 140 \text{ ga}$	•	-	-	x < 140  ga	-		
transfer only, x < 200 gal/y both types, x < 140 gal/yr	'T	both types,	-	< 200 gal/y 140 gal/yr	r		
(constructed before 12/9/9	1)			or after 12/	9/91)		•
3. Existing large area sou				rea source	2.100		
dry-to-dry only, $140 \le x \le 1$ , transfer only, $200 \le x \le 1$ ,				$140 \le x \le 140 \le x \le 1,80$	2,100 gal/y: 00 gal/yr	r	
both types, $140 \le x \le 1,80$				$\leq x \leq 1,800$			
(constructed before 12/9/9				or after 12/			
5. This is a correct facility	classification		JИ	□Can no	ot determine	:	
If no, please check th	ne appropriate classific	cation:					
☐ fac	ility qualified for a ge	eneral permit					
☐ fac	cility exceeds above li	mits and is n	ot eliş	gible for a g	general pern	nit	
B. The total quantity of perch facility was (100 gallor		ourchased wit	hin th	ne preceding	g 12 months	s by this o	lry cleaning





#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONIA 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 MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BNA 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?

PART III: GENERAL CONTROL REQUIREMENTS

	·			
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	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, if machines are equipped with a carbon adsorber?	ΩY	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	Ωи	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
	Y			

#### 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 DN DNA 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 ON WN/A and parts installed w/in 5 days of receipt? DY DN WN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN CYNA MO AD 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN ON/A DY DN DYA Problem corrected? DY DN QNIV 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	id repair
inspection?		/	MY ON
2. Has the facility maintained a leak log?		•	MO AM
3. Does the responsible official check the	following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	MY ON ONIA	Muck cookers	Y ON ONA
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ZY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	GY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	ces)	
Physical detection (airflow felt	hrough gaskets)		
Odor (noticeable perc odor)	•		
Use of direct-reading instrumen	tation (F1D/P <mark>1D/calorim</mark> e	tric tubes)	
Halogen leak detector			
If using direct-reading ins	trumentation, is the equ	ipment:	DAVA
a. Capable of detection	g perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	DY DN
d. Kept in a clean and	secure area when not in	use?	DY DK
e. Verified for accura	cy by use of duplicate sar	mples (calorimetric only)?	OY ON
			,
M. ENRIQUE FLOR		9-3.	98
Inspector's Name (Please I	Print)	Date of Inspection	<i>a</i>
- Mangue Hone		Approximate Date o	Next Inspection
inspector's Signature -		Approximate Date o	I INCAL HISDOCHON

- I STATE'S INSPECTION CALENDAR AND SERM'S BOOKLET ON POLLUTION CONTROL FOR DRY CLEANERS WERE GIVEN TO MR. RAVI LODRIGUEZ.
- IMP. RODRIGUET WAS TOLD TO KEEP RECORDS AVAILABLE FOR INSPECTION AT TIME SURING REGULAR BUSINESS HOURS DURING HIS FATHER'S ABSENCE FROM THE SHOP.
- \* RECORDS WERE FOUND JUST AS THE INSPECTION WAS ABOUT TO BE COMPLETED. ROLLING LOG AND LEAK INSPECTION RECORDS OK.
- CORRECTIONS TO MIL PAPER WORK PERTAINING TO THIS INSPECTION WERE MADE ON SITE. I.A. NEW INSPECTION SUMMARY AND CERTIFICATION FORMS WERE FILLED OUT REFLECTING THIS SHOP COMPLIANCE WITH PERMIT REQUIREMENTS.

BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL 🗹	COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME 1400	TIME OUT:	1430	AIRS ID#:	250 706
TYPE OF FACILITY: PERC			· · · · · · · · · · · · · · · · · · ·	
	FRIAL CLEANERS	<u>//                                   </u>		DATE:
FACILITY LOCATION: 9	738 SW 40 ST.			
	n1791, 33165			
RESPONSIBLE OFFICIAL:_	HECTOR RODRIGU	12	PHONE NUMBER	2: 305-559-8927
Based on the results compliance with DE  Based on the results	of the compliance required P Rule 62-213.300, Florid of the compliance required	a Administrat	ed during this inspection, the fairce Code (F.A.C.).	•
discrepancies were n				
COMPLIANCE RE	QUIREMENT/PRO	BLEM	FOLLOW-UP AC	TION REQUIRED
~		ļ		
		:		
	<u> </u>			
				<i>→</i>
		•		
	,			
COMMENTS: DAY	70 DRY INACHINE	N 6000	WORKING OKDER.	
		<i>:</i>		
The Annual Compliance Ceres OF NEXT INSPEC		9/	fied and submitted to the inspe	ctor. YES NO
NSPECTION CONDUCT	ED BY:	M. ENK	oproximate) INVE FLORES	
NSPECTOR'S SIGNATU	RE: Manique	Hores) (P	lease Print)PHONE NUME	BER: 305-872-6925

Page\_\_of\_\_. Revised 10/96

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: IMPERIAL OLE	EANERS IV				DATE:	
FACILITY LOCATION: 9738 S	W 40 ST.			· · · · · · · · · · · · · · · · · · ·		
miami	, 33/65		,	· · · · · · · · · · · · · · · · · · ·		
	<del></del>					
Annual Reporting Period:	9/97	19	то	9/98	<del></del>	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1	-			<u> </u>	_	)
lf NO, complete the following:						
#1. Term or condition of the general permi	it that has not been i	n continuous (	compliance	during the report	ing period stated	i above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
#2. Term or condition of the general perm	it that has not have	ia continuoua		during the man	tina mada datata	d abarra
#2. Term of conduction of the general perm	nt that has not occur	in Condinuous	omphano	saming the repor	ung periousiate	a above.
Exact period of non-compliance: from			to	RE	CEIV	E D
Action(s) taken to achieve compliance:				,	SEP 2 8 1598	)
Method used to demonstrate compliance:				Bure	au of Air Moni Mobile Source	toring
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receiptivear for transfer or combination facilities RESPONSIBLE OFFICIAL:	te and complete. Futs, does not exceed 2	rther, my ann 2,100 gallons p	ual consum	ption of perchloro	oethylene solven	t, based

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

<sup>\*</sup>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.

on the reverse side?	OJOAUO JO dol JOAO OUII 12 DIOJ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to rec following service: extra fee):  1.  Addresse 2.  Restricte Consult postmas	s (for an ee's Address d Delivery
ADDRESS complete	AIRS ID # 0250706  IMPERIAL CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST MIAMI FL 33165	4a. Article Ni 2 333 4b. Service T Registere Express N Return Rec 7. Date of De	Type  ad  Mail  Delipt for Merchandise  Slivery 3	Certified Insured
s your RET	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	Bo	f requested
s your				عی

Ì	Z 333 b US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation	Provided.
HE0 973	PERIAL CLEANERS CTOR ROOXIGNES 8 SW 40 ST AMI FL 33165	AIRS ID # 0250706
	Certified Fee Special Delivery Fee	
April 1995	Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addresse's Address	
PS Form <b>3800</b> , April <u>1995</u>	TOTAL Postage & Fees Postmark or Date	\$

Catch The 95 Magic Diamond Ride!

Ready to mail to Tally.

Deb

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	ои 🗆		ISCOVERY	
Ant 10# 258700 FACULTY993ME: IV	0 DATE: 2/25/	99 TIME I	N: <u>3:00 pm</u> T	TIME OUT:	3: <i>3</i> 0
FACILITY ASSME: IN	perial (16	eaners 1	<u>\</u>		
FACILLT MANUALTEON: ureau of All Sources & Mobile Sources	Miami, F	3 40 St	· · · · · · · · · · · · · · · · · · ·		
& Mobile Sources  RESPONSIBLE OFFICIA	L. Hector Ro	driguen	_phone: <u>(3</u> 0	57559-	892
CONTACT NAME:					
PART I: NOTIFICATION	V				
(check appropriate box)					
New facility notified DA	RM 30 days prior to sta	artup			
2. Facility failed to notify D		•		* * 	<del></del>
			·		
PART II: CLASSIFICAT	ION				
				<u> </u>	
Facility indicated on notificated (check appropriate box)	cation form that it is:		☐ No notification☐ Drop store/out		troleum
A.				1/	
1. Existing small area s dry-to-dry only, x < 140		<ol><li>New small a dry-to-dry only</li></ol>		×	
transfer only, $x < 140$	•	transfer only, x			
both types, x < 140 gal/y	r	both types, x <	140 gal/yr		
(constructed before 12/9/	91)	(constructed on	or after 12/9/91)		
3. Existing large area s dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1.8$ (constructed before $12/9$ )	≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	dry-to-dry only transfer only, 20 both types, 140	rea source , $140 \le x \le 2,100$ ga $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$ )	-	
dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,8$	≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr /91)	dry-to-dry only transfer only, 20 both types, 140	, 140 ≤ x ≤ 2,100 ga 00 ≤ x ≤ 1,800 gal/y ≤ x ≤ 1,800 gal/yr	al/yr	
dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,8$ (constructed before $12/9/6$ )  5. This is a correct facility of the formula of the for	≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr /91)	dry-to-dry only, transfer only, 20 both types, 140 (constructed on DN cation:	$0.00 \le x \le 2,100 \text{ gal/y}$ $0.00 \le x \le 1,800 \text{ gal/yr}$ $0.00 \le x \le 1,800 \text{ gal/yr}$ $0.00 \times x \le 1,800 \text{ gal/yr}$ or after 12/9/91) □ Can not determine the matter of the ma	al/yr	

#### 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/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?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY ON
2. Maintained rolling monthly total of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON X 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 XV/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□ў ПП ўЖү\А
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	OY ON DXI/A
Problem corrected?	DY DN XVIVA
8. Maintained compliance plan, if applicable?	DY DN XY/A

#### PART VI: LEAK DETECTION AND REPAIRS

1 D. d. 21 CC 1 1 2 21 CC 1 2 2 2 2 2 2 2 2 2 2							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			X DN			
2.	Has the facility maintained a leak log	;?		XY DN			
3.	Does the responsible official check th	he following areas for leaks?	?	V			
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	DY DN DEN/A			
	Door gaskets and seating	Y ON ON/A	Stills	AND NO YES			
	Filter gaskets and seating	JAN ON ONIA	Exhaust dampers	XY ON ON/A			
	Pumps	DAY ON ON/A	Diverter valves	XY ON ON/A			
	Solvent tanks and containers	אַען פא פאר	Cartridge filter housings	XY ON ON/A			
	Water separators	AND NO YA					
4.	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 ins	XN/A					
	.a. Capable of detecting	DY DN					
	b. Calibrated against a (PID/FID only)?	DY DN					
	c. Inspected for leaks	UY UN					
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)?				□Y □N			
ı							

Debora Griner	3/25/99
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	3/2000 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
		-		
·			-	
		•		
				1
				·
				,
				•
·				
	•			
				٠.

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
	pm AIRS 1011: 0250706
TYPE OF FACILITY: PCYC Dry Clean FACILITY NAME: Imperial Clean FACILITY LOCATION: 9738 SW 40	ers IV
RESPONSIBLE OFFICIAL: HECTOR RODISM	PHONE NUMBER: (305)559-8907
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 evalua discrepancies were noted:	ted during this inspection; the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	-
	· · · · · · · · · · · · · · · · · · ·
	·
OMMENTS: Good Record Keepin	8-
te Annual Compliance Certification form has been properly certif	
ALE OF MEXT MORECTION: 4/0	oproximate)
SPECTION CONDUCTED BY: DEBOTA	Grinor
SPECTOR'S SIGNATURE:	$\frac{(305)372 - 6926}{1000}$
Pagc_	of

ARS 10#: 0250706

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Imperia	l Cleaners IV Sw 40 St ri, FL 33165	DATE: 2/25/99
FACILITY LOCATION: 9738	SW 40 St	
Mian	ii, FL 33165	
Annual Reporting Period:	<u> </u>	2 . 199
	V general air permit, my facility has remained in com	-X
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered by this statement.	AYES UNO
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		<del></del>
#2. Term or condition of the general permit	that has not been in continuous compliance during the	e reporting period-stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		·
Method used to demonstrate compliance:		
made in this notification are true, accurate a	based on information and belief formed after reasonal and complete. Further, my annual consumption of perdoes not exceed 2,100 gallons per year for dry-to dry  Rodrisun	rchloroethylene solvent, based

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

ARMS 3/31/99 DS

<sup>\*</sup>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 RECEIVED

	ANNUAL RE-INSPECTION	<u>_</u>	COMPLAINT/DISC	WARY 3 3 2000 Sureau of Air Monitoring & Mobile Sources
AIRS ID#:250706 DATE TARGET FACILITY NAME: TMPENT FACILITY LOCATION: PRESPONSIBLE OFFICIAL: HE CONTACT NAME:	liania El	riquez	: <u>/:15pm</u> tim	ie out: <u>1 - 25-р</u> т
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 of the control o	•			
PART II: CLASSIFICATION				
☐ facility ex	2. No dry-to transf both to (cons alified for a general perceeds above limits and	fer only, x < types, x < 14 tructed on one we large are odry only, 1 fer only, 200 types, 140 < tructed on o	$x < 140 \text{ gal/yr}$ 200 gal/yr 10 gal/yr 10 gal/yr 11 after 12/9/91) 12 a source 13 $40 \le x \le 2,100 \text{ gal/yr}$ 14 $x \le 1,800 \text{ gal/yr}$ 15 $x \le 1,800 \text{ gal/yr}$ 16 after 12/9/91) 17 Can not determine 18 ber above the for a general permine	business/petroleum
B. The total quantity of perchloroeth facility was 120 gallons.	ylene (perc) purchased	d within the	preceding 12 months ヨルト	by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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



- DY DN XN/A
- DY DN MYA
- OY ON X
- XY ON
- YY ON ON/A
- XY ON

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?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПΝ	□n/a
}	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	Пи	□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?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	$X_{\Lambda} \square N$
2. Maintained rolling monthly total of perc consumption?	XV DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XN/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 XN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XNYA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	OY ON XIN/A
Problem corrected?	DY ON XN/A
8. Maintained compliance plan, if applicable?	OY ON XININ

PA	PART VI: LEAK DETECTION AND REPAIRS	
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection	and repair
	inspection?	XY CIN
2.	. Has the facility maintained a leak log?	XY DN
3.	. Does the responsible official check the following areas for leaks?	/ -
	Hose connections, fittings, couplings, and valves  Y UN UN/A Muck cookers	DY ON ONA
	Door gaskets and seating DVY DN DN/A Stills	AND ND YA
	Filter gaskets and seating ON ON/A Exhaust dampers	Y ON ON/A
	Pumps Diverter valves	DY DN XN/A
	Solvent tanks and containers ON CIN/A Cartridge filter housings	Y ON ON/A
	Water separators	
4.	. Which method of detection is used by the responsible official?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Visual examination (condensed solvent on exterior surfaces)	×
	Physical detection (airflow felt through gaskets)	X
	Odor (noticeable perc odor)	<b>X</b>
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ا ا
	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	<b>≥</b> √/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם צם
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>	□У □И
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	QY QN
	d. Kept in a clean and secure area when not in use?	מם עם
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	חם אם

Nebora Griner	3/2/00
Inspector's Name (Please Print)	Date of Inspection
North J	3/0/
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	<b>!</b> :	
·		
		•
	•	
		•
	·	
		~

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:15 pm TIME OUT: 1:	25pm airs ID#: 0250704
TYPE OF FACILITY: Perc Dry Clear	er
FACILITY NAME: 9738 SW 40 S	DATE: 3/2/00
FACILITY LOCATION: Imperial Cleans	rs IVR
RESPONSIBLE OFFICIAL: Hector Rodrigue	PHONE NUMBER: (305) 559-8927
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
	·
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector.
DATE OF NEXT INSPECTION: 30	(Annrovimate)
INSPECTION CONDUCTED BY: Pobra	(Approximate)
NY DZ	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-0934
$\left(\begin{array}{cccc} \end{array}\right)$ $\left(\begin{array}{cccc} \end{array}\right)$ Pa	ageof Revised 10/96

AIRS ID#: 0250700

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

	DATE: 3/2/00
facility location: 9738 Sw 40 St	<u> </u>
Miami, FL	
Annual Reporting Period: 3 1997 TO	3 1900
Based on each term or condition of the Title V general air permit, my facility has remained in compliance v	vith DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. XYES	□NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiremade in this notification are true, accurate and complete. Further, my annual consumption of perchloroeth upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	hylene solvent, based

<sup>\*</sup>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**

SENDER: COMPLETE THIS SECT	MPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0250706001AG HECTOR ROOXIGNES IMPERIAL CLEANERS</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Délivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
9738 SW 40 ST MIAMI FL 33165	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 7000 060 000 046 4130 34	44
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	والمستدر المتراكب المستدر	ervice MAIL RECE	
ካካካE	And the second	the state of the s	
41,30	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
0 000	10 AII HECTOR ROOXI IMPERIAL CLEAD 9738 SW 40 ST MIAMI FL 33165		AG )

# This portion must be attached to remittance for proper handling 401454

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 # 0250706

IMPERIAL CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST MIAMI FL 33165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

## 9738 BIRD ROAD MIAMI, FLORIDA 33165





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

32313X3**6**76

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390367

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 # 0250706

IMPERIAL CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST

**MIAMI FL 33165** 

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

Obj.: 002273

### 0360155

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 # 0250706

IMPERIAL CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST **MIAMI FL 33165** 

FOR GOVERNMENDUSE O Org.: 37550101000 EO: B1

Obj.: 002273

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive following services extra fee):  1.  Addresse 2.  Restricted Consult postmast	e's Address d Delivery
ADDRESS completed	AIRS ID 0250706 RI CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST MIAMI:EL 33165	4b. Service 1 Registere 1 Express 1 Return Rec	Type ad Mail ceipt for Merchandise	COD COD
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is		Thar
	PS Form <b>3811</b> , December 1994		Domestic Retu	ırn Receipt

			7.07
	Z 333	660	307
	US Postal Service  Receipt for Ceri	tified	Mail
	receipt for our		S ID 0250706
H)	CLEANERS ECTOR ROOXIGNES 38 SW 40 ST IAMI FL 33165		3 10 0230700
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
0	Restricted Delivery Fee		
ń	Return Receipt Showing to Whom & Date Delivered		
2	Return Receipt Showing to Whom, Date, & Addressee's Address		
Š	TOTAL Postage & Fees	\$	
רציני וויקא, אסיסי וויסר טר	Postmark or Date		



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303029

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 MAIL ROOM

FEB 19 98

Do NOT Remove Label

AIRS ID#0250706

RI CLEANERS HECTOR ROOXIGNES 9738 SW 40 ST **MIAMI FL 33165** 

FOR GOVERNMENT USE ONLY

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

Оьј.: 002273