

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Joe Casanova Imperial Cleaners 4810 Northwest 7th Street Miami, Florida 33126

Dear Mr. Casanova:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

	#0250714
	Imperial Cleaners
_	Spoke with Joe Casanova -9/11/96
,	6. add title - Owner
p./5	5.(d) not required, mark out "X"
	5.(f) required
;	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name	of corporation, a	gency, or individ	ual owner):	-
DEALTECA, INC.				
2. Site Name (For example, plant name or i	number):	_		
IMPERIAL CLEANERS			•	
3. Hazardous Waste Generator Identification	on Number:			
SAFETY KLEEN GENERATOR'S US E	PA ID NO. O	77278760		
4. Facility Location: Street Address: 4810 N.W. 7th City: MIAMI	_	DADE	Zip Code:	33126
5. Facility Identification Number (DEP Use	- C.	9714		
	Responsible Of	ficial		
6) Name and Title of Responsible Official: JOE CASANOVA				
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4810 N.W. 7th		· · · · · · · · · · · · · · · · · · ·		
Street Address: 4810 N.W. 7th City: MIAMI	County: D		Zip C	dode: 33126
8. Responsible Official Telephone Number Telephone: (305) 443 - 141		Fax: (305)	448 - 6052	
Facility Contact ((If different from	n Responsible O	fficial)	
9. Name and Title of Facility Contact (For	example, plant n	nanager):		
10. Facility Contact Address:				
Street Address: City:	County:		Zip Code:	
11. Facility Contact Telephone Number:		Fav. (
Telephone: () -		Fax: ()	•	

RECEIVED

AUG 2 3 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	10	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit								· · ·	1
(1) w/ ref. condens		19-APR-9				Ī			
(2) w/ carbon adso									
(3) w/ no controls									
Washer Unit					•	•			-
(4) w/ ref. condens	ser	,							
(5) w/ carbon adso	orber								
(6) w/ no controls									
Dryer Unit	Ca.	(laste green)	Harris Control	-4.3	man and a second		7		\$ 100
(7) w/ ref. condens	ser								
(8) w/ carbon adso	orber								
(9) w/ no controls									
Reclaimer Unit	16. No. 17.				-				
(10) w/ ref. conder									
(11) w/carbon ads									
(12) w/ no control	s								
(b) Control device (c) No control device 2.(a) What was the tage of the control device 173.3 (b) If less than 12 Check why it	vices are retotal quant	equired to be ity of perchlons ow many? [_	installed [_ proethylene (perc)	purchased in				
3. What is the facility (Indicate with an Existing sm.	"X". Selec	et one classifi	ication only.)	ew sn	initions found nall area sout rge area sour	rce []	Part II?	

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

DEP Form No. 62-213.900(2) Page 15 of 16 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)
Lx.	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	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 ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

AIRS ID#: 02507/4

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

····						
FACILITY NAME: X IMPERIAL C	LEANNES				date : _\(\frac{\lambda}{}	2/25/97
FACILITY LOCATION: X 4810 NW.	7th 5t.					,
MiAMI, FL.	33126					
Annual Reporting Period:	8/20	_19 <u>1</u> %_	то	2/25		19 <u>97</u>
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C	_	•		/	_	Rule INO
If NO, complete the following:			•			
#1. Term or condition of the general permit that	t has not been in o	continuous o	complianc	e during the rep	orting period	stated above:
Exact period of non-compliance: from			t	ο		
Action(s) taken to achieve compliance:						_
Method used to demonstrate compliance:						
#2. Term or condition of the general permit tha	t has not been in o	continuous (complianc	∞ during the rep	orting period	stated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						·
Method used to demonstrate compliance:						
As the responsible official, I hereby certify, base made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (complete. Furthers not exceed 2,10	er, my annu	al consum	ption of perchlo	proethylene so	lvent, based

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

S completed on the reverse side?	Ol adolanua jo dol jano auli 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. 3. Article Addressed to: AIRS ID#: 0250714 DEALTECA INC JOE CASANOVA	e can return this e does not e number.	Type ed	e's Address d Delivery er for fee.	using Return Receipt Service.
ADDRESS	4810 NW 7TH STREET MIAMI FL 33126	☐ Return Re	ceipt for Merchandise	L 000	for us
ìΞ	· Commented the	7. Date of D	120/9 T		
your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Lieux	8. Addresse and fee is	e's Address (Only il paid)	requested	Thank you
8	PS Form 3811 , December 1994		Domestic Retu	ırn Receipt	

	, P	5 9 2	302	427
	No Insura	pt for (ince Cove	rage Prov	ed Mail vided. Mail (See reverse)
		AIF	RS ID#: 0	250714
	ALTECA			
	CASAN	IOVA H STREE		
	MI FL 33		. 1	•
	Certified F	ee		
	Special De	livery Fee		
LO LO	Restricted	Delivery Fe	9	
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April		ipt Showing to essee's Addre		
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ု င	Postmark (or Date		
PS Form 3800 , April 1995	2/10	197		

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260557

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

RECEIVED MAIL ROOM FEB 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250714

DEALTECA INC JOE CASANOVA 4810 NW 7TH STREET MIAMI FL 33126 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT PEPECTION SUMMARY REPORT COMPLAINT/DISCOVERY

TYPE OF INSPECTION: ANNUAL D COMP	CAINT/DISCOVERY RE-INSPECTION
TIME IN: // 45 TIME OUT: // 30 TYPE OF FACILITY: // SCALE // SCAL	AIRS ID#: 0250714 DATE:
FACILITY NAME: THE FACILITY LOCATION: 150 75	21/25/97
RESPONSIBLE OFFICIAL: DE CASA MOVA	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	•
	· · · · · · · · · · · · · · · · · · ·
COMMENTS: EQUIPMENT & RECORD	Deceping ARE
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (App.	proximate)
INSPECTION CONDUCTED BY: [AIM + A]	ase Print)
INSPECTOR'S SIGNATURE.	PHONE NUMBER 726942
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTI	ON:
------	----	-------	-----	-----

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	4 C
FACILITY NAME: IMPERIAL	197 TIME IN: 11:45 TIME OUT: 12:30 Clarvers NW 757 PC, 33/26
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	ts∕ l
2. New facility notified DARM 30 days prior to star	tup 🗅 '
3. Facility failed to notify DARM to use general per	mit 🗆 🗎
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,>
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>both types, 140<x<1,800 gal="" yr<br="">(constructed on or after 12/9/91)</x<1,800></td></x<1,800>	both types, 140 <x<1,800 gal="" yr<br="">(constructed on or after 12/9/91)</x<1,800>
This is a correct facility classification	BY □N
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and i	mit as number above is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 123, 3 gallons.	urchased within the preceding 12 months by this dry cleaning

Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN NA					
2. Examining the containers for leakage?	DY ON NA					
3. Closing and securing machine doors except during loading/unloading?	ØY □N					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DAY CIM					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאם אם אס א					
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	~					
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	. '					
1. Equipped all machines with the appropriate vent controls?	DY ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אותם מם: צים					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MA AM					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON NA					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	60Y ON					

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MA ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אא אם צם
Is the temperature differential equal to or greater than 20° F?	DY ON NA
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 ONIA
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	- DA UD AV
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בעות אם אם אם
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONA
D. D. M. DR. CODDY CERDING PROVIDENCE VIEW CO.	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	· ·
1. Maintained receipts for perc purchased?	CAN ON
2. Maintained rolling monthly averages of perc consumption?	NO AD
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON NA
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
4. Maintained calibration data? (for direct reading instruments only)	DY DN DON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ON NO YO
6. Maintained startup/shutdown/malfunction plan?	MA ON
7. Maintained deviation reports?	DY ON NA
n.	
Problem corrected?	DY ON NA
Problem corrected? 8. Maintained compliance plan, if applicable?	DY ON DIN/A
	/ /

2	Which method of detection is used but to		-11-1 - 60 -1-19	<u> </u>			
۷.	Which method of detection is used by the	-			п/	l)	
	Visual examination (condensed sol		d y				
	Physical detection (airflow felt thro	ougn gas	(Kets)		طر م		
	Odor (noticeable perc odor)				U		
	Use of direct-reading instrumentat				⊴ ∽	,	
	If using direct-reading instrumer	-					
	a. Capable of detecting p	erc vapo	r concentrations in	a range of 0-500 ppm?		N	
	b. Calibrated against a str (PID/FID only)?	andard g	as prior to and aft	er each use		7	
	c. Inspected for leaks and	l obvious	s signs of wear on	a weekly basis?		И	
	d. Kept in a clean and se		OY ON				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						אם עצם	
3. Has the facility maintained a leak log?						DAY DN	
4.	Does the responsible official check the f	ollowing	g areas for leaks?				
	Hose connections, fittings, couplings, and valves	E Y	ПΝ	Muck cookers	ΟY	Ми	
	Door gaskets and seating	ďΥ	ПИ	Stills	G Y	ПИ	
	Filter gaskets and seating	₫Y	ПИ	Exhaust dampers	Q ² Y	ПN	
	Pumps	, QĂ	ПИ	Diverter valves	Ø Y	ПИ	
	Solvent tanks and containers	M Y	□и	Cartridge filter housings	CD/Y	ПИ	
	Water separators	αY	ПИ				
	TOE CASANOVA						

Name of Responsible Official

2 ////
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			·	
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4b. Service Registere Express I	Type ad
	e's Address (Only if requested
	te does not cle number. not the date 4a. Article N 4b. Service Registere Express Return Rec

,	Z 333 (US Postal Service Receipt for Cel	660 255
J(4	DEALTECA INC DE CASANOVA 810 NW 7TH STREET IIAMI FL 33126	AIRS ID 0250714
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303096

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 20 98

Do NOT Remove Label

AIRS ID#0250714

DEALTECA INC JOE CASANOVA 4810 NW 7TH STREET MIAMI FL 33126 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

K E C E I V E I

, and

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THPERIAL CL	W 75T. DATE:	2-18-98
facility location: <u>#8/0</u> N	W 75T.	
MAMI		
Annual Reporting Period: 2 - 25	19 <u>97</u> то2-16	19 <i>PG</i>
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri	air permit, my facility has remained in compliance with DEI	P Rule
If NO, complete the following:		
#1. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period	d stated above:
Exact period of non-compliance: from	to	MAR Bureau o & Mo
Action(s) taken to achieve compliance:		of A
Method used to demonstrate compliance:		ir Me
#2. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting perio	Monitorine:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		<u>.</u>
Method used to demonstrate compliance:		
made in this notification are true, accurate and comple		solvent, based

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

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

BEST AVAILABLE COPY
TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 24-5	TIME OUT:		450714
TYPE OF FACILITY:	The state of the	CLEANUR.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
FACILITY NAME:	THERAN CIEA	NERS	DATE: 295 98
FACILITY LOCATION:	FIRMI	<u> </u>	
	·		4-43-14-12
RESPONSIBLE OFFICIAL:	COA MOUA	PHONE NUMBER:	777 1712
	the compliance requirements eva tule 62-213.300, Florida Admini	luated during this inspection, the faci strative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were note		luated during this inspection, the follow	owing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			
			g TT
			MAR 3 0 1998 eau of Air Monitoring Mobile Sources
			oring
graph and a desired section of the			
			
COMMENTS: ACLI	Ty in Comple	(A-NCE	······································
· · · · · · · · · · · · · · · · · · ·		·	
The Annual Compliance Certific	,,,,,,	rtified and submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO		99	
INSPECTION CONDUCTED	1 1470	Approximate)	
INSPECTOR'S SIGNATURE	los este	(Please Print) PHONE NUMBER	3726922

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250714

DEALTECA INC JOE CASANOVA 4810 NW 7TH STREET MIAMI FL 33126

RECEIVED

REB 2 & 1998

REB 2 A 1998

Bureau of Air Monitoring

Bureau of Air Monitoring

Bureau of Air Monitoring

Do <u>NOT</u> Remove Label	B
19TO	19
EV general air permit. my facility has remained in compliance we F.A.C.), during the period covered by this statement. YES	ith DEP Rule
that has not been in continuous compliance during the reporting	g period stated above:
to	
· · · · · · · · · · · · · · · · · · ·	·
that has not been in continuous compliance during the reporting	g period stated above:
to	
· · · · · · · · · · · · · · · · · · ·	·
·	
· 	
ed on information and belief formed after reasonable inquiry, that th urther, my annual consumption of perchloroethylene solvent, based to o dry facilities or 1,800 gallons per year for transfer or combination j	upon purchase receipts,
CASAMOVA ne (Please Print) Signature	2/11/98 Dave
	that has not been in continuous compliance during the reporting to

^{*}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





Perchloroethylene Dry Cleaning Facility Notification

AIR SECTION ENVIRONMENTAL RESOURCES MANAGEMENT

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

DEALTECA, INC.

2. Site Name (For example, plant name or number):

IMPERIAL CLEANERS

3. Hazardous Waste Generator Identification Number:

SAFETY KLEEN GENERATOR'S US EPA ID NO. 077278760

4. Facility Location:

Street Address: 4810 N.W. 7th STREET

City: MIAMI County: DADE Zip Code: 33126

Responsible Official

6.	Name and Title of Responsible Official:		
	JOE CASANOVA		
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 4810 N.W. 7th STREET City: MIAMI County:	DADE	Zip Code: 33126
8.	Responsible Official Telephone Number: Telephone: (305) 443 - 1412	Fax: (3/	05) 448 - 6052

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (for example, plant	manager):			
10.	Facility Contact Address:					
	Street Address: City:	County:			Zip Code:	· · ·
11.	Facility Contact Telephone Number: Telephone: () -		Fax: ()	•	

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			a et e						
(1) w/ ref. condenser	#1	19-APR-9	B SAME						
(2) w/ carbon adsorber		· · · · · ·							
(3) w/ no controls									
Washer Unit		1 1							
(4) w/ ref. condenser		,							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		g de la seconda			4 × 4 4,	•			- 44 J
(7) w/ ref. condenser	1		,						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	F 1.								
(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 [173.3] (b) If less than 12 mon Check why it is less	are r quant gall ths, h	equired to be tity of perchl ons now many? [e installed [_ oroethylene ((perc)	_]) purchased i	in the latest 1			:
3. What is the facility's so (Indicate with an "X". Existing small as	Sele	ct one classif	ication only.)	initions foun		(3) of	Part II?	,
Existing large ar	ea so	ource []	N	ew la	irge area sou	rce [X	1		

4. What control technology is required on machines pursuant to sect (Indicate with an "X".)	on (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated co	ondenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser [X]	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heaboiler HP or less), and (2) are fired exclusively by natural gas excepduring which propane or fuel oil containing no more than one perce	t for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site X	
Equipment Monitoring and Recordkee	oing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts and solvent purchases	. _ X _]
(b) Leak detection inspection and repair	<u> </u>
(c) Refrigerated condenser temperature monitoring	<u> </u>
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	

Surrender of Existing Air Permit(s)

	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)
ĹXĴ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
	viin ali terms and conditions of this general permit as sel forth in Fart 11 of this notification form.

BEST AVAILABLE COPY Imperial Cleaners -Spoke with Joe Casanova -9/1975

P.13 6. add title - Owner

Manag

P.15 5.(d) not required, mark out "X"

and initial Air Quality Management Division 2. SA 4. 33126 6. lode: 33126 8. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: County: 11. Facility Contact Telephone Number: Telephone: (Fax: ())

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DEALTECA, INC. 2. Site Name (For example, plant name or number): IMPERIAL CLEANERS 3. Hazardous Waste Generator Identification Number: SAFETY KLEEN GENERATOR'S US EPA ID NO. 077278760 4. Facility Location: Street Address: 4810 N.W. 7th STREET City: MIAMI County: DADE Zip Code: 33126 5. Pacility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: JOE CASANOVA (DUNCH) 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4810 N.W. 7th STREET City: MIAMI County: DADE Zip Code: 33126 8. Responsible Official Telephone Number: Telephone: (305) 443 - 1412 Fax: (305) 448 - 6052 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: () - Fax: () -		
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	11	Facility Contact Telephone Number
	11.	

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	1D	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									<u> </u>
(1) w/ ref. condenser	#1	19-APR-9	B SAME						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			···						
(4) w/ ref. condenser			-						
(5) w/ carbon adsorber								1	
(6) w/ no controls								1	
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									
 (b) Control devices are (c) No control devices 2.(a) What was the total of 173.3 (b) If less than 12 mont Check why it is less 	are r quant gallo	equired to be tity of perchloons ow many? [installed [_oroethylene ((perc)]) purchased i	,			
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea sc	ource []	ication only.) ew si	initions foun nall area sou	rce []	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)			
	·.			
	No air permits currently exist for the operation of the facility indicated in this 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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pron	nptly notify the Department of any changes to the information contained in this notification.			
Signature	(M) Cesaucu			
X	X 2/25/97			



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Joe Casanova Imperial Cleaners 4810 Northwest 7th Street Miami, Florida 33126

Dear Mr. Casanova:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION	:
------	----	------------	---

ANNUAL

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Y CLEANERS
WIT
HECKLIST

COMPLAINT/DISCOVERY AND TO SO TO SO

RE-INSPECTION

- 1-

AIRS 10# <u>0250714</u> DATE: <u>2-18-</u>	98 time in: 245 time out: 380%			
FACILITY NAME: IMPERIAL CLEANERS				
FACILITY LOCATION: 4810 NW 751				
KIAMI				
RESPONSIBLE OFFICIAL: TOR CAS	34 NOVA PHONE: 443-1412			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	rtup			
2. Facility failed to notify DARM to use general per	rmit 🗆			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
A				
1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr			
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr			
both types, x < 140 gal/yr	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source □	4. New large area source			
dry-to-dry only, $140 < x < 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 < x < 1,800 \text{ gal/yr}$	both types, $140 < x < 1,800$ gal/yr			
(constructed before 12/9/91)	(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 classific	cation:			
facility qualified for a ger				
,	nits and is not eligible for a general permit			
,	··			
B. The total quantity of perchloroethylene (perc) pure facility was 150 gallons.	urchased within the preceding 12 months by this dry cleaning			

1 of 5

2/2/2/2/2

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A 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) NO YES 1. Equipped all machines with the appropriate vent controls? LIN 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DZN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PÁRT 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?	red Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	MN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□#V/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΟY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	DIN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ay on			
2. Maintained rolling monthly averages of perc consumption?	RY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואט אם צם			
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 ZN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	אומים מם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	אואש אם צם			
Problem corrected?	OX ON QN/A			
8. Maintained compliance plan, if applicable?	אוא אם אם אוא			

P	ART VI: LEAK DETECTION AND R	EPAIRS				
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection an	id rep	air	
	inspection?			Cr.	□и	
2.	Has the facility maintained a leak log?			CYY	□N	
3.	Does the responsible official check the f	following areas for leaks?				
1	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ΩY	ON PON/A	
	Door gaskets and seating	MY ON ON/A	Stills	YY	□N □N/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	œ √ Y	□N □N/A	
	Pumps	OY ON ON/A	Diverter valves	ďY	□N □N/A	
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	UZY	□N □N/A	
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?		4		
	Visual examination (condensed so	olvent on exterior surfaces	s)	6		
	Physical detection (airflow felt through gaskets)					
Ï	Odor (noticeable perc odor)			Ø	·	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)			
1	Halogen leak detector					
	If using direct-reading instr	umentation, is the equip	ment:	ΠN	/A·	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					

TAME NAZARO	2-18-98
Inspector's Name (Please Print)	Date of Inspection
Unspector's Signature	Approximate Date of Next Inspection

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

(PID/FID only)?

 $\Box Y \Box N$

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ADDITIONAL SITE INFORMATION:	
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

JUN 2 5 1999

RECEIVED

TYPE OF INSPECTION:

ANNUAL.

COMPLAINT/DISCOVER Qureau & Air Monitoring

RE-INSPECTION

& Mobile Sources

AIRS ID#: 0250714 DATE: 5/20/9	7 TIME IN: 945 TIME OUT: 10 Am
FACILITY NAME: Imperial Cleaners	
FACILITY LOCATION: 4810 NW 7th St.	
RESPONSIBLE OFFICIAL: JOE CA	2 102 00 PHONE: 443 - 1412
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	tup
2. Facility failed to notify DARM to use general pen	mit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1.800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	OY ON Can not determine
If no, please check the appropriate classification:	
1	neral permit as number above
facility exceeds above limits and is not eligible for a general permit	
	urchased within the preceding 12 months by this dry cleaning
facility was ANK gallons.	1,44

BEST AVAILABLE COPY

PART HE GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A			
2. Examining the containers for leakage?	ANAD ND YD			
3. Closing and securing machine doors except during loading/unloading?	DY DN			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
Is 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 refrige (complete A below).	crated condenser			
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?	מם עם			
2. Equipped dry-to-dry machines with a closed-loop vapor ventily system?	OY ON ONA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ONIA			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ם א סא .			

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?	ÜY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon alisbride:	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	מאעם אנו אנו
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בארם אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	DA ON ONV
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	- 2-
a. documentation of leaks repaired w/in 24 h/s? or;	OY ON ONIA
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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	VIND NO AO
Problem corrected?	אואם אם אם
8. Maintained compliance plan if applicable?	טא טא טאא

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13/	ART VI: LEAK DETECTION AND REPAIRS	
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and	l repair
	inspection?	DY ON
2.	Has the facility maintained a leak log?	OY ON
3.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves	אוים אם צם
	Door gaskets and scating OY ON ON/A Stills	OY ON ON/A
	Filter gaskets and seating OY ON ON/A Exhaust dampers	אואם אם צם
	Pumps Diverter valves	מאם אם צם
	Solvent tanks and containers DY ON DWA Cartridge filter housings	איאם אם אס
	Water separators OY ON ONA	•
4.	. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	0
	Physical detection (airflow felt through gaskets)	
	Odor (noticeable perc odor)	0
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	0
	Halogen leak detector	0
	If using direct-reading instrumentation, is the equipment:	□N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm.	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OXON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DY
	d. Kept in a clean and secure area when not in use?	אט אט
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	אם אם

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Spoke with Store attendant, I was informed that he was not able to allow to form inspection of machine or provide documents. I then request to speak with 2.0. over phone, he was not able to contact my Cashnova. I left card, and a message for mr Casenova Still awaiting response.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 944 AM TIME OUT: 10° Am AIRS ID#: 0250714 TYPE OF FACILITY: Perc Dry Cleaners FACILITY NAME: Departed Cleaners DATE: 8/20/99 FACILITY LOCATION: 47810 NW 749 St
FACILITY NAME: Imperial Cleaners DATE: 8/20/99
1
FACILITY LOCATION: 4810 NW 7th St
RESPONSIBLE OFFICIAL: CASANONE PHONE NUMBER: 443-1412
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
NO Records available needs to have records
et time of inspection available at all times
·
COMMENTS: Record Keeping vislotion
Nece Witheld from my enopodious
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/2000 (Approximate)
(ADDECYMALE)
INSPECTION CONDUCTED BY: LEO SHART (Please Print)

Page 1 of .

Revised 10/96

AIRS ID#: 0250 7/1/2 4999

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Management Biviers
FACILITY NAME:
FACILITY LOCATION: 4210 Nw 7th St.
Bu ST C
الم
Annual Reporting Period: 1998 TO 1999 TO 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
R.O. Failed to have paperwork accessible for Inspect
Exact period of non-compliance: from May 98 to May 99
Action(s) taken to achieve compliance: Record must be a coessible
Method used to demonstrate compliance: Records must be on Premises of
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:
Name (Please Print) Antonio C. Monso 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.



0357479

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 # 0250714

IMPERIAL CLEANERS JOE CASANOVA 4810 NW 7TH STREET MIAMI FL 33126 JAN 15 99

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390142

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 # 0250714

IMPERIAL CLEANERS JOE CASANOVA 4810 NW 7TH STREET MIAMI FL 33126 DEC 28 9 SALLY

DEC 3 0 RENME USE SALLY

OF AIR SOUTH SOUTH STREET STREE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
	0/00 TIME IN: 1500 TIME OUT: 1540
FACILITY NAME: Imperial	Cleaners
FACILITY LOCATION: 4810	NO 7 2.
Miami	FL
RESPONSIBLE OFFICIAL: Tony A	Monso PHONE: 305 443-1412
CONTACT NAME:	PHONE PHONE
PART I: NOTIFICATION	(0 = 10)
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	tartup 3 g
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A.	·
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum 2. Evew small area source \Box dry-to-dry only, $x < 140$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. (New small area source \Box dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum 2. Evew small area source \Box dry-to-dry only, $x < 140$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. Evew 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)
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification facility qualified for a g	Drop store/out of business/petroleum 2. Ivew 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) 4. New 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 on or after 12/9/91) \square Can not determine
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification facility qualified for a g facility exceeds above 1 B. The total quantity of perchloroethylene (perc) p	Drop store/out of business/petroleum 2. Evew 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) The Can not determine fication: general permit as number above
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification facility qualified for a g facility exceeds above 1	Drop store/out of business/petroleum 2. (New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classif ☐ facility qualified for a g ☐ facility exceeds above I B. The total quantity of perchloroethylene (perc) I	Drop store/out of business/petroleum 2. (New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

	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?	ΩY	Ωи	MN/A	
	2. Examining the containers for leakage?	ΩY	ПΝ	ØN/A	
	3. Closing and securing machine doors except during loading/unloading?	ZY	ПΝ		
	4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØΥ	ПN	□N/A	
	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber	277			
Ļ	beds according to the manufacturer's specifications?	UY —	<u> ПИ</u>	ØN/A	
Ē	D. D. W. D. O. G. C. V. D. W. G. V. D. C.				
E	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 refrige (complete A below).	rated	cond	enser	
	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 refrige (complete A and B below).	rated .	conde	enser	
	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?	ØΥ	ПΝ		
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΔY	ПΝ	□N/A	
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY	ПΝ	□N/A	
	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY	ПΝ		
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QΥ	ПП	⊅ N/A	
(6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY	ПN		

				
Β.	. 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?	PΊΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	UУ	ПN	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	ØN/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?	ΠY	Ωи	□\N\A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			•
İ	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
ĺ	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			,
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ПΥ	ПИ	D IN/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?	⊠Y □N
2. Maintained rolling monthly total of perc consumption?	ΩY ⊅N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON OM/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	ļ
and parts installed w/in S days of receipt?	DY DN DINA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	OY ON DINA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION	AND DEPAIDS		
1. Does the responsible official cor	iduct a weekly (for sma	ill sources, bi-weekly) leak	<i>,</i> '
inspection?			QA CIN
2. Has the facility maintained a lea	_		QY ON
3. Does the responsible official che	ck the following areas	for leaks?	
Hose connections, fittings, couplings, and valves	da an an	Muck cookers	DY DN DÂVA
Door gaskets and seating	DA ON ON	I/A Stills	AY ON ONIA
Filter gaskets and seating	BY ON OV	I/A Exhaust damp	ers DY ON ON/A
Pumps	DA ON OV	I/A Diverter valve	s ØY ON ON/A
Solvent tanks and containe	rs OYY ON OY	//A Cartridge filter	r housings ØY □N □N/A
Water separators	DY ON ON	//A	
4. Which method of detection is use	ed by the responsible of	ficial?	
Visual examination (conde	nsed solvent on exterio	r surfaces)	
Physical detection (airflow	felt through gaskets)		7
Odor (noticeable perc odor)	-	9
Use of direct-reading instru	mentation (FID/PID/ca	lorimetric tubes)	
Halogen leak detector			F
If using direct-reading	g instrumentation, is th	ie equipment:	ØN/A
a. Capable of dete	ecting perc vapor conce	ntrations in a range of 0-50	0 ppm? □Y □N
_	nst a standard gas prior	to and after each use	
(PID/FID only)	?		OY ON
c. Inspected for le	aks and obvious signs	of wear on a weekly basis?	□Y □N
d. Kept in a clean	and secure area when i	not in use?	אם עם
e. Verified for acc	curacy by use of duplication	ate samples (calorimetric or	ily)? OY ON
Ivan Fann	<u>.</u>		4/20/00
Inspector's Name (Plea	se Print)	Date of Insp	pection

Approximate Date of Next Inspection Inspector's Signature

Begin rolling log of pere purchases
Machine rot in use during impaction
Provided caludar a explanation

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-IN	SPECTION TO
TIME IN: TIME OUT	•		0250	714
TYPE OF FACILITY: Perc D	1 Clea			
FACILITY NAME: Imperial	l'Claa	wiend	DATE:	4/20/00
FACILITY LOCATION: 4 810	10 W 7	at.		
Many	FL			
RESPONSIBLE OFFICIAL: Tony	4/0010	PHONE NUMB	ER: 30 5	443-1412
Based on the results of the compliance requirements and compliance with DEP Rule 62-213.300, Flo		•	facility is found	to be in
Based on the results of the compliance required discrepancies were noted:	irements evalua	ted during this inspection, the	following comp	liance
COMPLIANCE REQUIREMENT/PR	OBLEM	FOLLOW-UP AC	CTION REQ	UIRED
Not mentaming rolling lo perc purchases	7 8	Begin record	kegging a	equie ments
		· · · · · · · · · · · · · · · · · · ·		
		•		·
				΄.
	·			
COMMENTS:			•	
Provided FIDE	calana	len		·
The Annual Compliance Certification form has been	properly certifi	ed and submitted to the inspec	ctor. YES[NO
DATE OF NEXT INSPECTION:	4/01	proximate)		
INSPECTION CONDUCTED BY:	en Fan	nin	-	<u> </u>
INSPECTOR'S SIGNATURE:	/a	ase Print) PHONE NUMB	ER: 365-	<u> 372-6925</u>

Page___of___.

Revised 10/96

AIRS ID#: <u>0250714</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Imperial Cleaner DATE: 4/30/00
FACILITY LOCATION: 4810 NW 7 A.
Miami, FC
Annual Reporting Period: 1999 TO April 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from April 57 to April CO
Action(s) taken to achieve compliance: Bogin record Keeping
Method used to demonstrate compliance: FDEP colon demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Antonio J. Alonso Name (Please Print) Signature Date

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	COMPLET	E THIS SECTION ON DE	LIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to it you. Attach this card to the back of the mailpier or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250714001AG JOE CASANOVA IMPERIAL CLEANERS 4810 NW 7TH STREET MIAMI FL 33126	C. Signatur X D. Signatur A. Service Cent D. Regi	ent address different from it ent address different from it ent address by JUN 3	Agent Addressee Property Property 2001

	U.S. Postal Service CERTIFIED MAIL RECEI (Domestic Mail Only; No Insurance Cov.)	
3567	<u> </u>	li .
41.30	Postage \$ Certified Fee	
. 9200	Return Receipt Fee (Endorsement Required)	Postmark Here
0000	10 AIRS ID # 0250714001A JOE CASANOVA IMPERIAL CLEANERS 4810 NW 7TH STREET	.G
2000	MIAMI FL 33126 City, State, ZIP+4	
,	PS Form 3800, February 2000	See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423262 FEB20 2883

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

IMPERIAL CLEANERS JESUS GUZMAN 4810 NW 7TH STREET MIAMI FL 33126

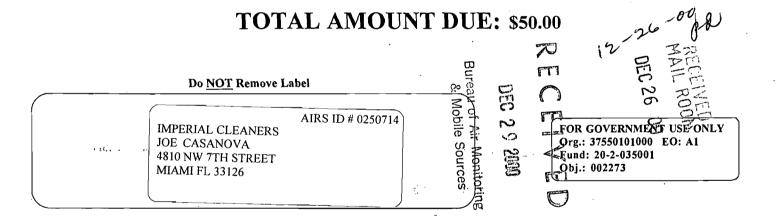
AIRS ID#0250714

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

400911

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415233 MAR18 2002

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 # 0250714
IMPERIAL CLEANERS
JOE CASANOVA
4810 NW 7TH STREET
MIAMI FL
33126

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

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

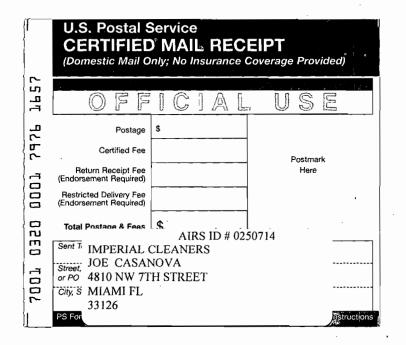
Obj.: 002273

DEALTECA INC 9600 N. W. 25 ST STE 4-9 MIAMI F/ 33172



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Proceived by (Please Print Glearly) B. Date of Delivery C. Signature Agent Addressee				
Article Addressed to:	D. Is delivery address different from item 12 — Yes If YES, enter delivery address below.				
AIRS ID # 0250714 IMPERIAL CLEANERS JOE CASANOVA 4810 NW 7TH STREET	MAR 8 ZUUZ				
MIAMI FL 33126	3. Service Type USPS				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. 7001 '0350 '0001' '545' '745P' '11111					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				



MISSESSESSESSESSESSESSESSESSESSESSESSESSE	COMPLETE THIS SECTION ON DELIVERY					
■ Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ALKS 1D # 0250/14 IMPERIAL CLEANERS JOE CASANOVA 4810 NW 7TH STREET	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature SdS/ Addressee D. Is.delivery address different from item 12: Yes If YES, enter delivery address below No					
MIAMI FL 33126	3. Service Type Certified Mail Registered Respirate Mail C.O.D.					
4. Restricted Delivery? (Extra Fee)						

1		U.S. Postal Serv CERTIFIED M (Domestic Mail	MAIL RECEIPT	ce Coverage Provided)
	9640			
	20 9373	Postage Certified Fee Return Receipt Fee (Endorsement Required)	\$	Postmark Here
	200 02.	Restricted Delivery Fee (Endorsement Required)	AIRS ID # 02507	
	2	IMPERIAL CLI JOE CASANO	VA	maller)
	밁	St. 4810 NW 7TH S MIAMI FL Ct. 33126	STREET	
	L		nry 2000	see neverse of Instructions