

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. Sergio DeQuesada President Xpress Cleaners 7911 Northwest 2nd Street Miami, Florida 33126

Dear Mr. DeQuesada:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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,

λρ́otty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

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



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

260201

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 10 97

Do NOT Remove Label

AIRS ID# 0250716

DOREY CORP SERGIO DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	#0250716
	Xpress Cleaners
	spoke with an employee-9/19/96
P.14	1.(a) facility has I machine
	1.(a) facility has I machine using perc.—mark out all ID#s +dates in columns #3—#9 of
	line (3) and mark out all ID#3 +dates in columns #1-#9 of
,	line (6); add date control device installed, if any; initial chart 1.(b) mark out "V" and initial
p.15	1.(b) mark out "/" and initial 5.(f) required
. !	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Varess Cla	anerc				~ .		- 10
FACILITY NAME: Xpress Cle						TE: 3/1	3/27
FACILITY LOCATION: 79// NW					<u> </u>		
Miami, F	<u>7</u> 33	126_		_		· ———	<del></del>
Annual Reporting Period:	8	19_6	<u>Й</u> то _			В	19 <u>97</u>
Based on each term or condition of the Title V gen 62-213.300, Florida Administrative Code (F.A.C.),	_	•	•		_	h DEP Rul	
If NO, complete the following:					•		
#1. Term or condition of the general permit that h			<del>-</del> .	_	e reporting	period stat	ed above:
Exact period of non-compliance: from	(	3/94	t	0	3/5/9	77	
Action(s) taken to achieve compliance: 57	ART	BEER	TNG	66	•		
Method used to demonstrate compliance:		_					
#2. Term or condition of the general permit that h	as not been	in continu	ous compliand	∞ during tl	ne reporting	period:stat	ed above:
Exact period of non-compliance: from			to	)		· .	
Action(s) taken to achieve compliance:					• • • • • • • • • • • • • • • • • • • •		
Method used to demonstrate compliance:							
							•
As the responsible official, I hereby certify, based made in this notification are true, accurate and coupon rolling averages of purchase receipts, does not year for transfer or combination facilities.	mplete. Fu	rther, my a	nnual consun	nption of pe	erchloroethy	vlene solvei	nt, based
RESPONSIBLE OFFICIAL: 502650 Name (P)	ease Print)	ADA_	Sign	Signatur	<u> </u>	3-	13-47 Date

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.

#### Perchloroethylene Dry Cleaning Facility Notification

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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DOREY CORP. DBA. XDRESS CLEANERS
2.	Site Name (For example, plant name or number):
	XPRESS CLEANERS
3.	Hazardous Waste Generator Identification Number:
	INS-02759-96 0050 05 DEAM
4.	Facility Location: Street Address: 7911 NW 2nd 57
	City: MIAMT County: DADE Zip Code: 33126
5.	Facility Identification Number (DEP Use):
	0250716
	Responsible Official
6.	Name and Title of Responsible Official:
,	SERGIO DE QUESADA ONNER PRESS'
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 7911 NW 2nd 5T
	City: MIMI, County: DADE Zip Code: 33126
8.	
	Telephone: $(305)$ 262-9980 , Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address: SAME
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) Same - Fax: ( ) -
_	RECEIVED

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

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

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control	1	Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		* . *		1,					
(1) w/ ref. condenser				T					T
(2) w/ carbon adsorber					`				
(3) w/ no controls	#3	5-89	5-89	#3	5-89	5-89	#3	5-89	5-89
Washer Unit		er e light i							. Far 1, Fa. 2.
(4) w/ ref. condenser									
(5) w/ carbon adsorber						•			
(6) w/ no controls	*3	400001	1991	#3	1991	1991	43	1991	1991
Dryer Unit		Salah Salah							
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber									
(9) w/ no controls			1						
Reclaimer Unit	i aj .					14 M.			ina de la companya d
(10) w/ ref. condenser			1			T		T	
(11) w/carbon adsorber									
(12) w/ no controls									<del></del>
(c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchlons ow many? [_	e installed [_oroethylene	(perc)		n the latest 12			
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classif	ication only.	)	nitions foun		3) of	Part II?	
Existing large ar	ea soi	urce []	N	ew lar	ge area sou	rce [	]		

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

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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							
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will prov	imptly notify the Department of any changes to the information contained in this notification.							
Signature	Date							

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



### Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

August 29, 2001

Ms. Dora Quesada **Xpress Cleaners** 7911 Northwest Second Street Miami, Florida 33126

Dear Ms. Quesada:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 24.

In reviewing your submittal, it was noted that Xpress Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250716). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/iw Enclosure

cc: Ms. Mallika Muthiah, Dade County "More Protection, Less Process"

Printed on recycled paper.

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN	UAL VSPECTION	<b>/S</b> (	COMPLAINT/DISCO	OVERY	
AIRS ID#: 1250 7(4 DATE: FACILITY NAME: Xpress	Clian	urs	in: <u>2-25 p</u> patim	е оит: <u>З</u>	:05pm
FACILITY LOCATION: 7911	NW	2 St. 2 3318	) (q		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by 9/	1/96				<b>∀</b>
2. New facility notified DARM 30 days	prior to start	up			
3. Facility failed to notify DARM to use	general perr	nit			
Facility indicated on notification form (check appropriate box)  A.	that it is:	2 Now and			
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		transfer only, both types, x	ly, x<140 gal/yr x<200 gal/yr	u	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>		transfer only, both types, 14	e area source ly, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification		AA ON			ii ii
If no, please check the appropriate class	sification:				
facility qualified for a facility exceeds above					
B. The total quantity of perchloroethyle facility was 139 gallons.	ene (perc) pu	rchased within	n the preceding 12 month	ns by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON √ NA						
2. Examining the containers for leakage?	OY ∩N √NA						
3. Closing and securing machine doors except during loading/unloading?	MY ON						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N						
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בארוש מם אר						
PART IV: PROCESS VENT CONTROLS							
In Part II-A:							
If classification 1 has been checked, no controls are required. Proceed to Part V.							
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	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 refrig (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?	OY ON						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A						
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 basis?	מם צם						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מם צם						
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON						

В.			
II	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?	ΟY	ПИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и
	Is the temperature differential equal to or greater than 20° F?	ΠY	□И
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?		□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	UN
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	חם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		
	as the responsible official: heck appropriate boxes)		
1.	Maintained receipts for perc purchased?		
2.	,		ΠN
11	Maintained rolling monthly averages of perc consumption?		<b>αγ</b> ν □ν
3.	· · · · · · · · · · · · · · · · · · ·		
3.	Maintained rolling monthly averages of perc consumption?	ΟŸ	
3.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:		DN V NA
	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		им пр луд
4.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		DN V NA
4.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	OY OY OY QY QY	ON V NA ON ONNA ON V NA ON V NA
4. 5. 6.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	OY OY OY OY	
4. 5. 6.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY OY OY OY	ON V NA ON ONNA ON V NA ON V NA
4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	OY OY OY OY OY OY	
4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY OY OY OY OY OY	
4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	O Y O Y O Y O Y O Y O Y O Y O Y O Y O Y	

2. V	Which method of detection is used by the	ne respon	sible officia	1?		
	Visual examination (condensed so					
	Physical detection (airflow felt the	$\Delta$				
	Odor (noticeable perc odor)	<b>P</b>	,			
If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	perc vapo	r concentrat	tions in a range of 0-500 ppm?	ΠY	□и
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						⊔ח
	c. Inspected for leaks an	d obviou	s signs of w	ear on a weekly basis?	$\Box$ Y	□и
	in use?	$\Box$ Y	חם ∥			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПΝ
3. Has the facility maintained a leak log?						□и
4. I	Does the responsible official check the	following	g areas for le	eaks?		
	Hose connections, fittings, couplings, and valves	MY	□и	Muck cookers	<b>Q</b> Y	ПN
	Door gaskets and seating	QX.	□и	Stills	ΔY	ΠИ
	Filter gaskets and seating	<b>A</b> A	□И	Exhaust dampers	<b>Q</b> Y	מם
	Pumps	R <sup>A</sup>	□N	Diverter valves	A <sup>X</sup>	NO
	Solvent tanks and containers	ĄA	□И	Cartridge filter housings	Α	ПN
	Water separators	Я <sup>Х</sup>				

Sergio De Quesada

Name of Responsible Official

Debbie Tiver

Model Thur

 $\frac{3/5/97}{\text{Date of Inspection}}$ 

3/98

Approximate Date of Next Inspection

#### **BEST AVAILABLE COPY**

#### ADDITIONAL SITE INFORMATION:

he must notify (by letter) the State of his viguipment change.

# TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPOR

TYPE OF INSPECTION: ANNUAL $\boxed{\ }$	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:35 pm TIME OUT: 3:05	pm: AIRS ID#: 0250716
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Xpress Cleaner-S	DATE: 3/5/97
FACILITY LOCATION: 7911 NW 2 St.	
Miami, FL 33126	
RESPONSIBLE OFFICIAL: Sergio De Quesado	a PHONE NUMBER: (305) 202-9980
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ Based on the results of the compliance requirements evalue.	rative Code (F.A.C.).
discrepancies were noted:	EOLLOW LIP ACTION DECLUDED
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No log of rolling monthly	Must begin keeping a rolling
No log of rolling monthly averages of perc Consumption.	Hust begin keeping a rolling log of perc. Purchases.
Equipment Change - New Jay to be installed 3/7/97	Must submit letter informing the State of the equipment Change.
COMMENTS: Equipment and face	lity Satisfactory.
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $3/98$	nn rovimato)
INSPECTION CONDUCTED BY: Debise Gr	Approximate)  New Please Print)
INSPECTOR'S SIGNATURE: Almas. Tu	ALL PHONE NUMBER: (305)372-6936
Page_	of Revised 10/96

	#0250716		
•	BEST AVAILABLE (COPY	( 202	- Granna-
	Variable 21		3 CIEII MIEII
	Xpress Cleaners		711
		THE THE	OCT 24 1996
	-spoke with an employee-91	19/9/2	Air Quality
		Mar	agement Division
1.	DIA 1/11) Anivida has 1 h als		0.6
	P.14 1.(a) facility has I machine using perc.—mark out a +dates in columns #3-#9 o	ve,	(2)
2.	using perc.—mark out a	ell IDE	\$
	+dates in columns #3-#9 o	$\neq$	
3.	line (3) and mark out all.	Th#c	
	+dates in Columns #1 #0.	$\triangle$	
4.	line (6) add date and	/ / \}	
	line (6); add date control of installed, if any; initial 1.(b) mark out "/" and init	evice	33126
	usuled, it any, initial	Chart	- 33126
5.	1.Lb) mark out "V" and init	ial	
	P.15 5.(f) required		
ì	V		
- 1			
6.			$\overline{\rho}$
	to the second of		RESS!
7		_	
		·	
			Code: 33126
	M. M		
8			
	/ · · · · · · · · · · · · · · · · · · ·		
		* 4	
9.	Name and Title of Facility Contact (For example, plant manager).		
	SAME		
10.	Facility Contact Address:		
	Street Address: SAME		
	City: County:	Zip Code	:
1 1	Facility Contact Talanhana Number		
11.	Facility Contact Telephone Number:  Telephone: ( ) Fax: ( )	_	1
	Telephone: ( ) Same - Fax: ( )		

RECEIVED

AUG 2 6 1996

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
DOREY CORP. DBA. XDRESS CLEANERS
2. Site Name (For example, plant name or number):
XPRESS CLEANERS
3. Hazardous Waste Generator Identification Number:
INS-02759-96 0050 05 DERM
Street Address: 7911 NW Znd ST
City: MIAMT County: DADE Zip Code: 33126
5. Facility Identification Number (DEP Use):
0250716
Responsible Official
6. Name and Title of Responsible Official:
SERGIO DE QUESADA OWNER PRESSI
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 7911 NW ZnJ 57
City: MIAMI, County: DADE Zip Code: 33126
8. Responsible Official Telephone Number:
Telephone: $(3cs)$ $262$ - $9980$ Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME
10. Facility Contact Address:
Street Address: SAME
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) Same - Fax: ( ) -
RECEIVE
I have been to be to

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

#### Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber		-							
(3) w/ no controls	tt 3	5-89	5-89	#3.	5.89	5-89	713	550	5-50
Washer Unit	<del>" –</del>	1 - 0 -	<u> </u>	1,,	, may a mass or mass of				
(4) w/ ref. condenser		T							
(5) w/ carbon adsorber									
(6) w/ no controls	#3	(1)	1991	W 2	1961	1991	11-3	1901	149 1
Dryer Unit					, , , ,	,,,,,	<u> </u>		
(7) w/ ref. condenser				1		1		T	
(8) w/ carbon adsorber	_	<del> </del>				-		1	1
(9) w/ no controls	_							<del>                                     </del>	
Reclaimer Unit			1			<del></del>			
(10) w/ ref. condenser		_						T	1
(11) w/carbon adsorber	_							1	1
(12) w/ no controls				1				<del> </del>	
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	are r	equired to be	installed [	レ	<b>≥</b>				
2.(a) What was the total $(120)$	quant gallo	-	oroethylene (	(perc)	purchased in	n the latest 12	2 mor	iths?	
(b) If less than 12 month Check why it is less					_] New store	e: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (	3) of	Part II?	
Existing small ar	ea so	urce [X	N	ew sn	nall area sou	rce [	]		
Existing large ar	ea so	urce []	N	ew lai	ge area sour	-ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	) of Part 11 of this notification form?
Existing large area source	
Carbon adsorber [] Refrigerated conden	ser []
New small area source Refrigerated condenser []	
New large area source  Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligi to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total heat inpuboiler HP or less), and (2) are fired exclusively by natural gas except for placing which propane or fuel oil containing no more than one percent sulfit.	g units on-site meet the following at of 10 million BTU/hr or less (298 periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping I	nformation
Check all logs which are required to be kept on-site in accordance with the	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	دكا
(b) Leak detection inspection and repair	土
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

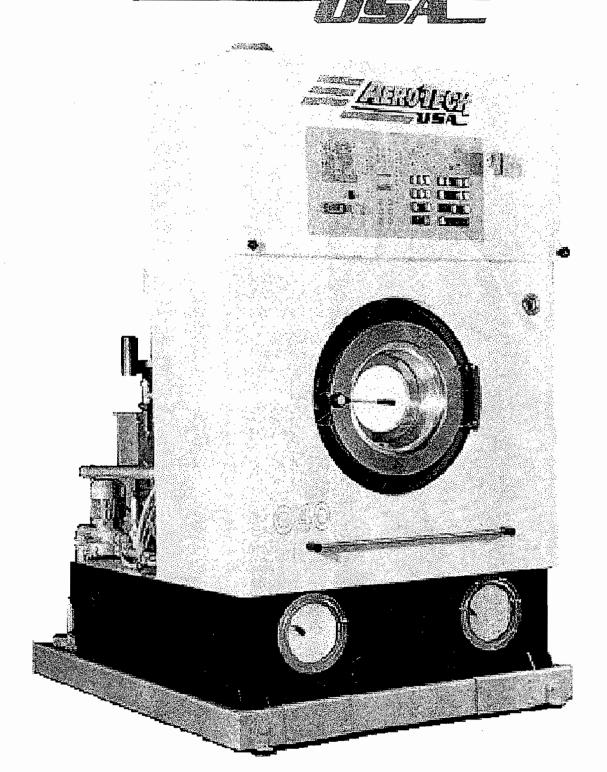
#### Surrender of Existing Air Permit(s)

Please indica	ate 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)
$\bowtie$	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 note of this notification are true, accurate and complete. Further, I agree to operate and in 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.
Signatur	2 17-96 Date
	-1·
	SQ 3-13-97
Sis	Shature Date

Date

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

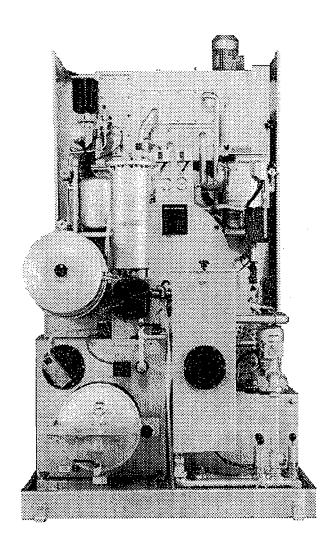
X-Press Cleaners
7911 NW 2nd St
3-5-97



# The NEW C-40 and C-48

COMPACT 40lb. and 48lb. DRYCLEANING MACHINES

#### **BEST AVAILABLE COPY**



		13 <b>(</b>	
Technical Specifications		C-40	C-48
MAXIMUM LOAD CAPACITY	LBS.	40	48
CYLINDER:			
Diameter Depth Volume Wash Speed Extract	Inches Inches Cu. Ft. R.P.M. R.P.M.	36 20 11.8 37 370	38 21 13.8 36 360
CAPACITIES: Tank 1	Gals.	46	46
Tank 2 Still: Total Capacity Capacity to Max. Fill Line	Gals Gals. Gals.	46 70 55	46 70 55
FILTRATION:		1	1
Convertible Housing for 3 Splits Optional: Ecofilter Spin Disc		1 1	1
Carbon Tower	·	1	1
DISTILLATION RATE:  (Gal. Per Hr.) Steam @ 40 PSI		. 60	60
MOTORS: Wash	H.P.	.8	1.0
Extract	H.P.	3.0	4.0
Fan Refrigeration	H.P. H:P.	1.5 3.0	2.0
Pump	H.P.	.75	.75
Spin Filter Motor	H.P	1.0	1.0
Exhaust Fan	H.P.	.1	.1
Super Sorb Fan	H.P.	1.0	1.0
DIMENSIONS:Width	Inches	51.5	51.5
Depth	Inches	64.5	71
Height: Fully Assembled Stripped	Inches Inches	84 82 *	86 82
WEIGHTS: Empty	Lbs.	3450	3600
Full Shipping (domestic wood crate)	Lbs. Lbs.	4692 3700	4842 3870

All specifications subject to change without notice.



# Department of Environmental Protection

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

October 18, 1996

Virginia B. Wetherell
Secretary...

OCT 2 4 1996

Mr. Sergio DeQuesada President Xpress Cleaners 7911 Northwest 2nd Street Miami, Florida 33126

Air Quality
Management Division

Dear Mr. DeQuesada:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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,

¢potty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

# PERCHLOROETHYLENE DRY CLEANERS RECEIVED

TYPE OF INSPECTION: ANN	UAL. RSPECTION	Xi c	OMPLAINT/DISCOV B	OCT 2.7 1998  Sureau of Air Monitoring  & Mobile Sources
responsible official: <u>Ser</u>	Clean NW ami, Fi go De Or	ors 2 St 2 331. wsadar	1:04am TIME ( 26 HONE: (305)	11:30 am
CONTACT NAME:		P	HONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days	prior to startup			U .
2. Facility failed to notify DARM to use	general permit			
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. N	lew small are to-dry only, x	< 140 gal/yr	13
transfer only, x < 200 gal/yr		sfer only, $x < x < x < x < x < x < x < x < x < x $		),
both types, x < 140 gal/yr (constructed before 12/9/91)		types, $x < 14$ istructed on or	after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	/yr dry- - tran- botl (cor	sfer only, 200 h types, 140 ≤	$40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ r after 12/9/91)	
5. This is a correct facility classification	tionv	$\mathcal{K}_{N}$	□Can not determine	

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_\_above 

facility exceeds above limits and is not eligible for a general permit 

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15.5 gallons.



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PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	4.4		
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XNIA		
2. Examining the containers for leakage?	OY ON MANA		
3. Closing and securing machine doors except during loading/unloading?	· XY ON		
Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	XV ON ONY		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X		
PART IV: PROCESS VENT CONTROLS .			
In Part II-A:			
If classification I has been checked, no controls are required. Proceed to Part V	7 -		
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 source (check appropriate boxes)	s:		
1. Equipped all machines with the appropriate vent controls?	XY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XIA ON ONIV		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XX ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON XN/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been complètely charged?	AL ON XN/V		

13,	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?	ЦY	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЦY	ÜN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜУ	ÜN	ÜΝ/Λ
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?	ŮΥ	ÜМ	űn/a
	Is the pere concentration equal to or less than 100 ppm?			□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	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШΥ	אט	ÜN/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□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?	X ON
3. Maintained leak detection inspection and repair reports for the following:	, ,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XWA
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	מא אלא אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	AVA ON PO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DH XNA
6. Maintained startup/shutdown/malfunction plan?	XY UN
7. Maintained deviation reports?	OY OH XININ
Problem corrected?	DY DN XNIA
8. Maintained compliance plan, if applicable?	OY ON DWIN

PART VI: LEAK DETECTION AND			ANTONIO DE L'OLIGINATION DE L'OLIGINATIO	
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			XU ON	
2. Has the facility maintained a leak lo	$\mathcal{O}_{i}$		AX UN	
3. Does the responsible official check t	he following areas for leaks	?		
Hose connections, fittings, couplings, and valves	AN ON ONIV	Muck cookers	איאים אם איא	
Door gaskets and scating	XIY ON ON/A	Stills	איים אם אא	
Filter gaskets and seating	XIY ON ON/A	Exhaust dampers	XY ON ON/A	
Pumps	JAY ON ON/A	Diverter valves	AND UD DN/V	
Solvent tanks and containers	AY ON ONIA	Cartridge filter housings	AN ON ONIV	
Water separators	ALY UN UNIA			
4. Which method of detection is used	by the responsible official?			
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow fe	lt through gaskets)		$\times$	
Odor (noticeable perc odor)			X	
Use of direct-reading instrum	entation (FID/PID/calorime	etric tubes)	´ □ .	
Halogen leak detector				
If using direct-reading i	astrumentation, is the equ	ipment:	XIN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			NO YO	
b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?			OY ON	
c. Inspected for leaf	cs and obvious signs of wea	nr on a weekly basis?	OY ON	
d. Kept in a clean and secure area when not in use?				
c. Verified for accu	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Provided an FDEP calendar deving inspection.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL $X$ COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:04 am TIME OUT: 11:30 TYPE OF FACILITY: Perc Dry Cleaners TACILITY NAME: Xpress Cleaners TACILITY LOCATION: 7911 NW 2		
RESPONSIBLE OFFICIAL: Sergib De Quesde	ada_phone number:_	(305)262-9980
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate.	tive Code (F.A.C.).	
discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
		<u></u>
· · · · · · · · · · · · · · · · · · ·		\
COMMENTS: Facility + Equi Good record-keepin	pment Sa	tisfactory
Good record-keepin	8.	J ,
The Annual Compliance Certification form has been properly certification form has been properly certification.	· · · · · · · · · · · · · · · · · · ·	YESX NO
INSPECTION CONDUCTED BY: JEDDYA	Dease Print)	
INSPECTOR'S SIGNATURE:	PHONE NUMBER	
Page_	of	Revised 1 <b>0</b> /96

AdC Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: XDress	Cleaners	DATE: 9/30/98
FACILITY LOCATION: 79111	NW 2 St	
Miam	VW 2 St i, FL 33120	
Annual Reporting Period:	19_47 то	9 19 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		_
If NO, complete the following:		,
#1. Term or condition of the general permit	that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	to	)
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance	e during the reporting period-stated above:
Exact period of non-compliance: from	to_	RECEIVED
Action(s) taken to achieve compliance:		0CT 2 7 1998
Method used to demonstrate compliance:		Bureau of Air Monitoring  & Mobile Sources
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual consum	ption of perchloroethylene 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

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

Tarihan diku bermana			e de la Perrenda R		$\mathcal{P}_{i}$
				·	M
•				. 10	$C_{\star}$
PER	CHLOROETHYLI	ENE DI	RY CLEAD	VERS &	
	TITLE Y GENE	RALPE	TIM1	4 10	2
	COMPLIANCE INSPE	CTION C	CHECKLIST	OF E	5
TYPE OF INSPECTION:	ANNUAL.	12	COMPLÁIN	T/DISCOVE	3 O
	RE-INSPECTION	ū	•	Tces.	TOTIK
		.,			<u> </u>
ATRS 10#: 0250716	DATE: 5/28/99	TIME	IN: 9004	TIME OUT:	930 1m
		-			
FACILITY NAME:	Xprass Cle	aners	<u> </u>		
FACILITY LOCATION: _	7911 Nw	~~	24		
	Miani, F	· ( · 3	53126		
RESPONSIBLE OFFICIAL	: Derio De	Quesa	PHONE:	305) 26:	2-9980
CONTACT NAME:	3		PHONE:		

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
Λ.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$
transfer only, x < 200 gaVyr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(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, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □Can not determine
If no, please check the appropriate classifi	cation:
facility qualified for a ge	eneral permit as number above
	mits and is not eligible for a general permit

# BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ONIA				
2. Examining the containers for leakage?	DY DN ØN/A				
3. Closing and securing machine doors except during loading/unloading?	NO DN				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אומם מם צפ				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ZNIA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification I has been checked, no controls are required. Proceed to Part V					
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).					
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	5:				
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צם				
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 ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ογ. ον				

13.	Has the responsible official of an existing large or new large area source also:			
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟŸ	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	On	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ØИ	□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	П	
	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	ПN	□N/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	אם	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	и 	□N/A

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

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PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a w	veekly (for small sources	s, bi-weekly) leak detection ar	id repair		
inspection?			MY ON		
2.) Has the facility maintained a leak log?			DY ON		
3. Does the responsible official check the fo	ollowing areas for leaks'	?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ENIA		
Door gaskets and seating	DY ON ON/A .	Stills	DY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	DY ON ON/A	Diverter valves	ANO NO YO		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואים אם אע		
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)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instr	ØN/A				
a. Capable of detecting	NO YO				
b. Calibrated against a s (PID/FID only)?	OY ON				
c. Inspected for leaks at	OY ON				
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		

5/z8/99
Date of Inspection

ADDITI	IONAL SITE I	INFORMATION:			
	٠.				
			N.	· · · · · · · · · · · · · · · · · · ·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	PLAINT/DISCOVERY REPRISPECTION
	4m AIRS ID#: 02507
TYPE OF FACILITY: Perc	Cleaner III 4 A
FACILITY NAME: Press	Cleares 2 DATE 3/27
FACILITY LOCATION: 79/1 X) W	2 34 54 512 6
RESPONSIBLE OFFICIAL: Deques	PHONE NUMBER: 282-9980
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 evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Recient of Perc	need to mains.
No Reciepted Pec	tecreptof ber
- Jui enasea	Parchised
No Monthly total of Per	need to monthly total
Consumption	of the Consumption
No leak las	mad look lay
•	
COMMENTS:	
COMMENTS: Re Good Need in	2 Malation
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/	7000
/ (Ap	proximate)
INSPECTION CONDUCTED BY: LEO	SMART
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372-6922
Page_	of Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO			COMPLAINT/E	DISCOVERY	. a
AIRS ID#: 02507/6	• •					/ <u>///</u> 000
FACILITY NAME:X_	Viess Clea	aner S				
FACILITY LOCATION:	7911 1	رب	2	s t .		
	Miami,	j=C		P		
RESPONSIBLE OFFICIAL:	Doras	De Qu		RHONE: 3	<b>1</b> 5 - 362	- 9980
CONTACT NAME:		•		PHONE		
				8, c4 -	<u></u>	
PART I: NOTIFICATION				The Soul Man	FT?	
(check appropriate box)				7.00	0	<del></del>
1. New facility notified DARM	30 days prior to star	tup		E		
2. Facility failed to notify DARM	A to use general per	mit				
PART II: CLASSIFICATION						
Facility indicated on notification	n form that it is:			☐ No notificatio		
(check appropriate box) A.				☐ Drop store/ou	t of business/pe	troleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	•	dry-to-d transfer both typ	lry only, only, x oes, x <	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )						
5. This is a correct facility cla	ssification		ПΝ	□Can not determ	nine	
	ppropriate classifica y qualified for a gen y exceeds above lim	neral perm				
B. The total quantity of perchlor facility was 140 gallons.	oethylene (perc) pui	rchased w		c preceding 12 mo	nths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	ΠN	Q/N/A
2. Examining the containers for leakage?	ΩY	ΠN	SAN/A
3. Closing and securing machine doors except during loading/unloading?	ØY	ПΝ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<b>₽</b>	ПΝ	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΟY	ΩΝ	₽N/A
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).	erated	cond	enser .
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated	cond	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?	ДY	N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	<del>P</del> Y	ПΝ	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØΥ	ПИ	□n/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØΥ	ПΝ	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΟY	ПΝ	Øn/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>5</b> ⁄2	ПΝ	

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?	QΥ	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	Y	□и	□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	ื่ก/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?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	dy on
2. Maintained rolling monthly total of perc consumption?	ØY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON QINA
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 PIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DIN/A
6. Maintained startup/shutdown/malfunction plan?	,017 אם
7. Maintained deviation reports?	an an Anna
Problem corrected?	ON ON BINNY
8. Maintained compliance plan, if applicable?	OY ON ÓN/A

PART VI: LEAK DETECTION AND I	REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			ØÎY □N			
2. Has the facility maintained a leak log?			AA ON			
3. Does the responsible official check the	following areas for leaks?	•				
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON ONA			
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ONA	Exhaust dampers	PY ON ON/A			
Pumps	DIA ON ONIA	Diverter valves	ØY □N □N/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	ØY ON ON/A					
4. Which method of detection is used by the	he responsible official?					
Visual examination (condensed so	olvent on exterior surfaces)		9			
Physical detection (airflow felt the	9					
Odor (noticeable perc odor)			P			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric t	ubes)	D Tot			
Halogen leak detector			Ø.			
If using direct-reading instru	umentation, is the equipme	nt:	□N/A:			
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	אם צם			
b. Calibrated against a si (PID/FID only)?	tandard gas prior to and after	r each use	מע פא			
c. Inspected for leaks an	d obvious signs of wear on a	weekly basis?	אם אם			
d. Kept in a clean and se	cure area when not in use?		DY DN			
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	מם עם			
			·			
		1 ,				

Iran Fannin 4/28/00
Inspector's Name (Please Print) Date of Inspection

Inspector's Signature Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:		
	Good De	bouseheeping	
		V	
.,			
			<b>u</b>

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗗	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 09 30	TIME OUT:	1000		0920216
TYPE OF FACILITY:	Perc Dy	Clean	Less.	
FACILITY NAME:	XPress c	leen	•.	DATE: 4/23/co
FACILITY LOCATION:	Miami,	2 st	·	
RESPONSIBLE OFFICIAL:	Dora Quesco	لم	PHONE NUMBER	: 305-262-9980
Based on the results of the compliance with DEP Rule				cility is found to be in
Based on the results of the discrepancies were noted:	compliance requirements	evaluated du	ing this inspection, the fo	llowing compliance
COMPLIANCE REQUI	REMENT/PROBLE	M	FOLLOW-UP ACT	ION REQUIRED
	•			
<del>-</del> .				
				·
		i.		
COMMENTS:	0 4:	•	1	
(100)	(becord he	rng	/ Househee	pug
			_	
The Annual Compliance Certification	on form has been properly	certified and	submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION:	41	ν υ ( (Approxin	nate)	
INSPECTION CONDUCTED BY	: Ivan	Fanne	·	
INSPECTOR'S SIGNATURE:	Dear Jan	(Please Pr		a: 305-272-6922

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

Revised 10/96



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: X Press Cleaners	· .	DATE: 4/2 sloc
FACILITY LOCATION: 794 NW 2 34.		
Mean; FC	· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: 19	99 TO Apr	<u>192.,</u>
Based on each term or condition of the Title V general air permit, my fa	cility has remained in compli	ance with DEP Rule
52-213.300, Florida Administrative Code (F.A.C.), during the period of	vered by this statement.	YES DNO
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in contin	uous compliance during the n	eporting period stated above:
		/.
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in contin	sous compliance during the re	eporting period stated above:
	· · · · · · · · · · · · · · · · · · ·	•
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and be made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 galls year for transfer or combination facilities.	annual consumption of perch	loroethylene solvent, based
	A Charles Carlos	1
RESPONSIBLE OFFICIAL: <u>Ona Oue sada</u> Name (Please Print)	Signature	<u> 2600 _ 4/3分い</u> 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.

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 250716

X-EXPRESS CLEANERS INC 
7911 NW 2nd Street

MIAMI, FLORIDA 33126

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



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

32315+3070-70 B099

Influduation Influduation and infludiation

PLACE STICKER AT TOP OF ENVELOGE TO THE RIGHT OF RETURN ADDRESS. FOLD TA GLOSS	PLETE 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:  10 AIRS ID # 0250716001AG DORA DEQUESADA XPRESS CLEANERS	A. Received by Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  Addressee  Fig. 18 YES, enter delivery address below:  No  No  No
7911 NW 2ND STREET MIAMI FL 33126	3. Service Type    Conflict Mail   Express Mail       Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes
2. Article Number (Copy from service label) 780 0600002 6 413034	75
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

		MAIL REC	EIPT Coverage Provided)
3475			
4130	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	,	Here
7000 0600	I0  ROUGH DORA DEQUE  XPRESS CLEA  SOURCE  7911 NW 2ND SOURCE  MIAMI FL 3312	NERS STREET	001AG
	PS Form 3800, February 2	2000	See Reverse for Instructions



403237

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 # 0250716

XPRESS CLEANERS DORA DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

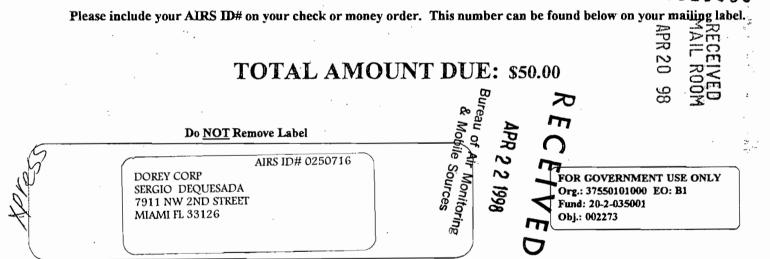
Fund: 20-2-035 Obj.: 002273

Complete items 3, Print your name ar card to you. Attach this form to permit. Write "Return Rece The Return Receip delivered.	d address on the reverse of this form so the the front of the mailpiece, or on the back in the front of the mailpiece, or on the back in the front of the mailpiece below the trivial show to whom the article was deliver	f space does not e article number. red and the date	1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addres  DOREY CORP SERGIO DEQI 7911 NW 2NI MIAMI FL 331	AIRS ID# 0250716 UESADA D STREET 26	4b. Service  Registere  Express  Retum Re  7. Date of D	Type ed Certified Insured ceip for Merchandise COD
No.	(Print Name)  dressee or Agent)  December 1994	8. Addresse and fee is	e's Address (Only if requested paid)

#### Z 333 613 396 US Postal Service Receipt for Certified Mail AIRS ID# 0250716 DOREY CORP SERGIO DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date



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SENDER:  Complete items 1 and/or 2 for additing a Complete items 3, 4a, and 4b.  Print your name and address on the card to you.  Attach this form to the front of the many permit.  Write 'Return Receipt Requested' or The Return Receipt will show to who delivered.	reverse of this form so that we ailpiece, or on the back if space the mailpiece below the article.	e does not	I also wish to recommend following service extra fee):  1.	s (for an ee's Address ed Delivery
3. Article Addressed to:  DOREY CORP SERGIO DEQUESADA 7911 NW.2ND STREET MIAMI FL:33126	AIRS ID 0250716	4b. Service 1 Registere Express I Return Rec	Type ed Mail ceipt for Merchandise	Certified Insured Issued Insured Issued Issu
5. Received By: (Print Name)  6. Signature: (Addresses of Ag  X  PS Form 3811, December 199		8. Addressed and fee is	o's Address (Only paid)  Domestic Ret	

, 6			
Z 333	660 256		
US Postal Service Receipt for Cel	tified Mail		
DOREY CORP SERGIO DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126	AIRS ID 0250716		
Postage	\$		
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee		1	
Return Receipt Showing to Whom & Date Delivered		]	
Return Receipt Showing to Whom Date, & Addressee's Address	,		
TOTAL Postage & Fees	\$		
Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom Date, & Addressee's Address  TOTAL Postage & Fees  Postmark or Date			

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

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AIRS ID # 0250716

XPRESS CLEANERS SERGIO DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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0390354

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## **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 0250716

XPRESS CLEANERS SPACEAUULEUMSAULD DORA QUESADA 7911 NW 2ND STREET

MIAMI FL 33126

FOR GOVERNMENT USE ONLY

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

Obj.: 002273