

Department of

0250726

Environmental Protection

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 14, 1996

Ms. Sylvia Ghenu Sylvia's Valeteria Cleaners 1066 Northeast 163 Street North Miami Beach, Florida 33162

Dear Ms. Ghenu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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 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

0250726 Sylvia's Valeteria Cleaners 1.(c) mark out "X" and initial 3. Should be existing large area 4. Should be existing large area Source W/a control device 5.(c) or 5.(d) is required depending on type of control device installe

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SYLVIA'S VALETERIA CLEANERS (SYLVIA- BONSTANTIN)
2.	Site Name (For example, plant name or number):
	SYLVIA'S VALETERIA CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981024656
4.	Facility Location: 1066 NE 163 RS ST Street Address:
	City: NMB County: DADE Zip Code: 33/62
5.	Facility Identification Number (DEP Use):
	0250726
	Responsible Official
6.	Name and Title of Responsible Official:
	SYLVIA GHENU DWNER
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: SAME AS ABOVE City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (305) 945-3291 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	CONSTANTIN GHENU DWNER
10.	Facility Contact Address:
	Street Address: City: SAME AS ABOTE County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: (305) 945-3291 Fax: () -
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AUG 29 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

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.

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		12-NOV-93	#2	08-DEC-91	Instance	#3	02-MAR-92	1
Dry-to-Dry Unit	1	· · · · · · · · · · · · · · · · · · ·			a a			•	1 1 1 1 1 1 1 1 1 1
(1) w/ ref. condenser		T		<u> </u>	1				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1.9				1. 1. 1.		7 - S.	e i l'espailla	1
(4) w/ ref. condenser	#1	88EC 91			T			1	
(5) w/ carbon adsorber	77	υ θυσ μ		_					
(6) w/ no controls	1								
Dryer Unit	** * * * *	Populari algo			tra - Siessi		Set 1		
(7) w/ ref. condenser	<u> </u>	Τ]		1	1			
(8) w/ carbon adsorber	_								
(9) w/ no controls									_
Reclaimer Unit							7 . 3 .		
(10) w/ ref. condenser	#2	8 DEC91		İ	1 , .				
(11) w/carbon adsorber	// ^	000011							
(12) w/ no controls									-
(b) Control devices are No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control of t	are requanting	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				
What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found	·	3) of .	Part II?	
Existing large ar	ea soi	ırce []	Ne	w laı	ge area sour	ce [l		

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What control technology is required on machines pursuant (Indicate with an "X".)	to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refriger	rated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall to Rule 62-213.300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural ga- during which propane or fuel oil containing no more than one	s except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Reco	rdkeeping Information
Check all logs which are required to be kept on-site in accorda	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	رگا
(b) Leak detection inspection and repair	
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

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Surrender of Existing Air Permit(s)

lease indicat	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)									
\mathcal{L}	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 eith all terms and conditions of this general permit as set forth in Part II of this notification form.									
	mptly notify the Department of any changes to the information contained in this notification. ### Page 196									
Signature	Date									

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AIRS 10#: 0250426

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DEC 1.9 1996

FACILITY NAME: SYLVII	A'S VALETERIA	CLEANERS	Air Quality
FACILITY NAME: SYLV// FACILITY LOCATION: 106	6NE 163 PD ST	N.MB FC	33162_
		·	
Annual Reporting Period:	Lle_1	9 <u>%</u> то	Ole 1997
Based on each term or condition of	• • •	•	<u> </u>
62-213.300, Florida Administrative	Code (F.A.C.), during the period	covered by this statement.	YES UNO
If NO, complete the following:			
#1. Term or condition of the gener	al permit that has not been in cont	inuous compliance during th	ne reporting period stated above:
	•		<u> </u>
Exact period of non-compliance: fi	rom	to	9
Action(s) taken to achieve complian	nce:		
Method used to demonstrate compl	iance:		
#2. Term or condition of the gener	al permit that has not been in cont	inuous compliance during the	ne reporting period-stated above:
Exact period of non-compliance: fi	rom	to	
Action(s) taken to achieve compliant	nce:		
Method used to demonstrate compl	iance:		<u> </u>
As the responsible official, I hereby made in this notification are true, a	accurate and complete. Further, n	ny annual consumption of pe	erchloroethylene solvent, based
upon rolling averages of purchase year for transfer or combination fa	-	uions per year for dry-to dry.	/
RESPONSIBLE OFFICIAL:	SYLVIA OHENU		llu 12/16/96
	Name (Please Print)	Signatur	e 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.

on the reverse side?	■ Print your name and address on the reverse of this form so that your art to you. ■ Attach this form to the front of the mailpiece, or on the back if sparermit. ■ Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered.	we can return this	also wish to re following service extra fee): 1. Address 2. Restrict Consult postmas	es (for an see's Address ed Delivery	pt Service.
Is your RETURN ADDRESS completed	AIRS ID#: 0250726 SYLVIA GHENU SYLVIA GHENU 1066 NE 163RD STREET NORTH MIAMI BEACH FL 33162 5. Received By: (Print Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	7. Date of De	Imber 3/3 Type d Aail eipt for Merchandise live Y S Address (Only inaid)	Certified Insured COD	Thank you for using Return Receipt
	1 5 Form 36 1, December 1994		Domestic Retu	ırn Receipt	Ì

•	P 265 305	437							
	US Postal Service Receipt for Certifie No Insurance Coverage Provi Do not use for International M Sent to	ded.							
	AIRS ID#: 025	50726							
SYL	VIA GHENU								
	VIA GHENU								
1066	S NE 163RD STREET								
NOR	RTH MIAMI BEACH FL 33162	2							
	Certified Fee	<u> </u>							
	Special Delivery Fee								
10	Restricted Delivery Fee								
199	Return Receipt Showing to Whom & Date Delivered								
Return Receipt Showing to Whom, Date, & Addressee's Address									
TOTAL Postage & Fees \$									
<u>د</u>	Postmark or Date								
PS Form 3800 , April 1995	2/17/97								

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INSPECTION SUMMARY REPORT ANNUAL V TYPE OF INSPECTION: COMPLAINT/DISCOVERY **RE-INSPECTION** TIME OUT: AIRS ID#: CRCH long other FACILITY LOCATION: 33162 MIKM RESPONSIBLE OFFICIAL: PHONE NUMBER: 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 COMMENTS: FACILITY IS IN COMPCIANCE NO The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES V DATE OF NEXT INSPECTION: Approximate) INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 372 6925 INSPECTOR'S SIGNATUR

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

FEB 26 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0250726

SYLVIA GHENU SYLVIA GHENU 1066 NE 163RD STREET

NORTH MIAMI BEACH FL 33162

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

X

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	d	COMPLAINT/DISCO	O VE RY	
AIRS ID#: <u>025 0726</u> DAY FACILITY NAME:				E OUT: <u>/</u>	2 <i>:15</i>
PART I: NOTIFICATION		· -	· · · · · · · · · · · · · · · · · · ·		
(check appropriate box) 1. Existing facility notified DARM 2. New facility notified DARM 30 3. Facility failed to notify DARM to	days prior to startup				Y 0
PART II: CLASSIFICATION Facility indicated on notification	form that it is:				
(check appropriate box)	iorm that it is:				
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)	dry tra bo	nsfer only, x th types, x<1	, x<140 gal/yr <200 gal/yr		
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="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr dr /yr tra bo</td><td>nsfer only, 2 th types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	gal/yr dr /yr tra bo	nsfer only, 2 th types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classificat	ion 🖼	Y DN			
11	for a general permit bove limits and is no	t eligible for	-	s by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MY/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) 1. Equipped all machines with the appropriate vent controls? DY DN DYNA 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

To Ward and the control of the contr	
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?	אס צַיַב 🗚 אַ
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אס אס
Is the temperature differential equal to or greater than 20° F?	~X ⊠N
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 ON/A
Is the perc concentration equal to or less than 100 ppm?	אם אם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN WA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	מ/מט מם צם
•	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	,
•	CAY CIN
(check appropriate boxes)	CY ON
(check appropriate boxes) 1. Maintained receipts for perc purchased?	מא כא מא
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	DY ON DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	MY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON OY ON TON/A OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	DY ON DY ON DY ON DY ON DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	DY ON OY ON TON/A OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	DY ON DY ON DY ON DY ON DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	DY ON DY ON DY ON DY ON DY ON DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	DY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	DY ON

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

2.	Which method of detection is used by the	ne respon	sible offici	al?		
	Visual examination (condensed so	ra C				
	Physical detection (airflow felt the					
	Odor (noticeable perc odor)	R				
	Use of direct-reading instrumenta					
	If using direct-reading instrume	ipment:				
1	a. Capable of detecting p	perc vapo	or concentr	ations in a range of 0-500 ppm?	DY D	N
	b. Calibrated against a s (PID/FID only)?	and after each use		И		
	c. Inspected for leaks an	d obviou	s signs of v	wear on a weekly basis?	DY D	И
	d. Kept in a clean and se	ecure are	a when not	t in use?	OY ON	
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	OY ON	
3.	Has the facility maintained a leak log?				DY D	N NA
4.	Does the responsible official check the	following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	MY	ПN	Muck cookers	ΟY	ON NA
	Door gaskets and seating	QY	ПΝ	Stills	ΟY	DNNV
	Filter gaskets and seating	_ Ø\	ΠN	Exhaust dampers	MY	ΠN
	Pumps	ØΥ	ПN	Diverter valves	ΠY	DN NA
	Solvent tanks and containers	DYY	ПN	Cartridge filter housings	Y	ΠN
	Water separators	ĽΣYΥ	ΠN	·		
_	SylVIA GIHEN Name of Responsible Offici	l'Y al				

Juspoor Signature

Approximate Date of Next Inspection

12 /6/96 Date of Inspection

4 of 4

ADDITIONAL SITE INFORMA	ATION:			
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DRY CLEANER ANNUAL COMP	IR QUALITY G		w	REC
		#0250726	FEB 3 1998 ureau of Air Monitoring & Mobile Sources	EIVED
· · · · · · · · · · · · · · · · · · ·	Do <u>NOT</u> Remove Label	* 6 m	.	
Annual Reporting Period: 1731	19¶8 то	12/3	31	19_9
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during t	•			
If NO, complete the following:				,
#1. Term or condition of the general permit that has not been	en in continuous compli	ance during the repo	rting period state	ed above:
Exact period of non-compliance: from		to	N 30	
Action(s) taken to achieve compliance:			986	
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not been	en in continuous compli	ance during the repo	rting period state	d above:
Exact period of non-compliance: from		_ to		
Action(s) taken to achieve compliance:				*
Method used to demonstrate compliance:	· .	ı		
As the responsible official, I hereby certify, based on information notification are true, accurate and complete. Further, my annual does not exceed 2,100 gallons per year for dry-to dry facilities or	al consumption of perchlo	oroethylene solvent, ba	ised upon purchas	

^{*}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

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN:TI	ME OUT:	AIRS ID#:	
TYPE OF FACILITY:			250726 \
FACILITY NAME: FCICL.	. 1219 1. C		DATE:
FACILITY LOCATION:	11/3 VALETO	IM Clarity	3-17-90
RESPONSIBLE OFFICIAL:	19/11/1 100.	PHONE NUMBER:	
Based on the results of the compliance with DEP Rule 62-213		_	y is found to be in
Based on the results of the compliandiscrepancies were noted:	nnce requirements evaluate	ed during this inspection, the follow	ving compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			•
			·
•			18 ma - Cy
			(
,			
COMMENTS: FACILITY.	a Conjo	MUCE!	
The Annual Compliance Certification form	has been properly certifie	d and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	TANK A (App	tóximate)	
INSPECTION CONDUCTED BY:	(Ples		
INSPECTOR'S SIGNATURE:	1,	PHONE NUMBER:	7/2/2=
	Page	_of	72692 Revised 10/96

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ACC / DRY

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

hund Halinton Che	
FACILITY NAME: SON VIAS VIHIE PERIA CEM	1ERS DATE: 377-98
FACILITY LOCATION: 1066 NE 163 ST	
No. MIAMI BESCH	
Annual Reporting Period: 12-6-96 19 TO	3-17 1998
Based on each term or condition of the Title V general air permit, my facility has rema 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this s	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	
	ce during the reporting period stated above:
Method used to demonstrate compliance:	RECEIVED
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance. Exact period of non-compliance: from	RECEIVED
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance.	RECEIVED MAY 1 9 1998 Bureau of Air Monitoring
#2. Term or condition of the general permit that has not been in continuous compliant Exact period of non-compliance: from	RECEIVED MAY 1 9 1998

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

BEST AVAILABLE COPY ULO UTLO Sylvia's Valeteria Cleaners III OCT 24 1996 Air Quality Management Diwisi 1. 2. 3. H 4. 3/62 6. 7. 8. 9. Name and Title of Facility Contact (For example, plant managery-OWNER CONSTANTIN GHENU 10. Facility Contact Address: Street Address: City: SAMEAS ABOVE Zip Code: County: 11. Facility Contact Telephone Number:) Fax: ((305) 945-3291 Telephone:

RECEIVED

408 5 8 1936

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):
	SITE Name (For example, plant name or number): SYLVIA'S VALETER IA CLEANERS (SYLVIA a CONSTANTIN) Site Name (For example, plant name or number): GHENU)
2.	Site Name (For example, plant name or number):
	SYLVIA'S VALETERIA CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981024656
4.	Street Address: 1066 NE 163 RS ST
	City: NMB County: DADE Zip Code: 33/62
5.	Facility Identification Number (DEP Use):
	0250726
	Responsible Official
6.	Name and Title of Responsible Official:
	SYLVIA GHEN.U OWNER
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: SAME AS ABOVE City: Zip Code:
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (305) 945-3291 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	CONSTANTIN GHENU DWNER
10.	Facility Contact Address:
	Street Address:
	City: SAME AS ABOVE County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: (305) 945-2201 Fax: () -
	Telephone: (305) 945-3291 Fax: ()
	CEIVED

RECEIVED

AVE 29 1946

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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	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]	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							 		
Washer Unit		0;	2						
(4) w/ ref. condenser	#1	XNEC 91	Dec 8	2_					
(5) w/ carbon adsorber	77	7							
(6) w/ no controls							T		
Dryer Unit				<u> </u>			3333		
(7) w/ ref. condenser									
(8) w/ carbon adsorber							t		
(9) w/ no controls							· ·		
Reclaimer Unit		0.7)			2.4	F1: 1		ing a state of
(10) w/ ref. condenser	#2	8 DECG	DEC 8	2			,		
(11) w/carbon adsorber	,								
(12) w/ no controls						·			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchloons ow many? [_	installed [perc)					
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce	cation only.)	ew sn	initions found nall area sour	rce [3) of	Part II?	
Daisting targe are	Ju 301		140	, ++ 1a	. 50 ai ca 30ai		J		

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(Indicate with an "X".)	pursuant to section (3) of Fart 11 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 natural 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	
	<i>.</i> *
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ι <u>X</u> ı
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	نہ]
(d) Carbon adsorber exhaust perc concentration more	nitoring [X
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. I polyphority the Department of any changes to the information contained in this notification.
Signature	Melly Syllin 8/26/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	_
AIRS 10#:0260716 D	ATE:317-98	TIME	IN: <u>/240</u> TIME OUT: <u>/</u>	(80)
FACILITY NAME:	1/1/4/5 6	DIETE	RIA CREANER	<u>-5</u>
FACILITY LOCATION:	1066	NE 1	63 55	
	1. MIAMI	Brek	RH	
RESPONSIBLE OFFICIAL : (SiglVIA GAL	ENU	yphone: 945-32°]/
CONTACT NAME:	· . ·		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startu	g		
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)	n lui m mai it 15.		☐ Drop store/out of business/per	troleum
A.	e 5/2	2 No-compli		
1. Existing small area sourc dry-to-dry only, x < 140 gal/y.		2. New small dry-to-dry only	area source \Box $y, x < 140 \text{ gal/yr}$	
transfer only, x < 200 gal/yr		transfer only, x		
" " " " " " " " " " " " " " " " " " "				
both types, x < 140 gal/yr	t	both types, x <	140 gal/yr	
,,			: 140 gal/yr n or after 12/9/91)	
both types, x < 140 gal/yr	(n or after 12/9/91)	
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourc dry-to-dry only, 140 ≤ x ≤ 2,1	e 4 00 gal/yr 6	(constructed or 4. New large dry-to-dry only	or after 12/9/91) area source y , $140 \le x \le 2,100 \text{ gal/yr}$	
 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 	c 2 00 gal/yr c) gal/yr t	(constructed or 4. New large dry-to-dry only transfer only, 2	area source \Box y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$	
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	e 4 00 gal/yr 6) gal/yr t al/yr t	4. New large dry-to-dry only transfer only, 2 both types, 140	area source \square $y, 140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 	e 4 00 gal/yr 6) gal/yr t al/yr t	4. New large dry-to-dry only transfer only, 2 both types, 140	area source \Box y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$	
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourcedry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr	c 4 00 gal/yr 6 0 gal/yr tal/yr t	4. New large dry-to-dry only transfer only, 2 both types, 140	area source \square $y, 140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr (constructed before 12/9/91)	c 4 00 gal/yr 6 0 gal/yr tal/yr 6 cassification	(constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or	area source $(7.140 \le x \le 2,100 \text{ gal/yr})$ $(7.140 \le x \le 2,100 \text{ gal/yr})$ $(7.140 \le x \le 1,800 \text{ gal/yr})$	
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classing the constructed before 12/9/91 from please check the a facility	c 2 00 gal/yr 6 0 gal/yr 1 al/yr 6 assification 5 ppropriate classificaty qualified for a gene	4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY \bullet N tion: eral permit as r	area source $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	

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

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?	בעואם אם עם
2. Examining the containers for leakage?	DY DN ENIA
3. Closing and securing machine doors except during loading/unloading?	מם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON TONA
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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled 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)	
1. Equipped all machines with the appropriate vent controls?	AN ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	בואם אם עם
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?	A MN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY CON

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?	OY QN	ſ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	C' DW	MNA
	Is the temperature differential equal to or greater than 20° F?	Dr DN	PN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		,
	if machines are equipped with a carbon adsorber?	OY ON	
	Is the perc concentration equal to or less than 100 ppm?		DAN/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?	OY ON	I DAT/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	dy on	I L.V/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	I MVA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	מט צעס
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DX/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DWA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON DATIA
Problem corrected?	OY ON DYVA
8. Maintained compliance plan, if applicable?	אומט אם צם

PART VI: LEAK DETECTION AND REPAIRS

_					
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	ıd repa	air
	inspection?			BY Y	ПN
2.	Has the facility maintained a leak log?	•		ØY	ΠN
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	₽Ý	ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	ΠY	AINED MO
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	T Y	ON ON/A
	Pumps	DY ON ON/A	Diverter valves	ŪΥ	ON ØNIA
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	ŪΥ	ON ON/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)		
	Physical detection (airflow felt the	hrough gaskets)		Œ	
	Odor (noticeable perc odor)			Ø	
	Use of direct-reading instrument	tation (FID/PID/calorime	tric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equi	pment:	□N/	Ą
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	ΠY	\Box N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	ΩY	□N
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	ΠY	□И
	d. Kept in a clean and	secure area when not in	ise?	ΠY	□N
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	ΠY	□и

Inspector's Name (Please Print)

3-17-98

Date of Inspection

HARLH1999

Approximate Date of Next Inspection

THIS Encelify Ins a pone. Tennsform

BEST AVAILABLE COPY

AIRS 10#: 0250726

ACC DRV

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT. ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SCHING'S VALLETERIA	CLEMIERS DATE: 377-98
FACILITY LOCATION: 1066 NE 163 9	-
No. MIAMI BEDEH	
Annual Reporting Period: 12-6-96 19	то 3-17 1998
Based on each term or condition of the Title V general air permit, my faci 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	ility has remained in compliance with DEP Rule ered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuo	ous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuo	ous compliance during the reporting period stated above:
	RECEIVED
Exact period of non-compliance: from	to RECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring
·	& Mobile Sources

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

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

PERCHLOROETHYLENE DRY CLEANERS ECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY D Bureau of Air Monitoring

RE-INSPECTION

& Mobile Sources

airs id#: <u>0250726</u> date: <u>3/1/</u> 9	TIME IN: LE AM TIM	E OUT: 115
FACILITY NAME: Sylvias Val	Aeria Cleans	
FACILITY LOCATION: 1066 N	1	MB
RESPONSIBLE OFFICIAL: Dylvia G	There PHONE: 94	8-3291
CONTACT NAME:	PHONE:	
	<u></u>	·
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	ortup	. 0
2. Facility failed to notify DARM to use general pe	rmit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification for	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification for ☐ Drop store/out of b	
Facility indicated on notification form that it is: (check appropriate box) A.		
Facility indicated on notification form that it is: (check appropriate box)	☐ Drop store/out of t	ousiness/petroleum
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	☐ Drop store/out of b 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	ousiness/petroleum
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	Drop store/out of the	ousiness/petroleum
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	☐ Drop store/out of b 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	ousiness/petroleum
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)	Drop store/out of the	ousiness/petroleum
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	Drop store/out of the	ousiness/petroleum
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	Drop store/out of the	ousiness/petroleum
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 \le x \le 2,100 gal/yr	 Drop store/out of the control of the cont	ousiness/petroleum
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	Drop store/out of the	ousiness/petroleum
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 \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	 Drop store/out of the control of the cont	ousiness/petroleum

Revised 9/15/9

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

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

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

В	. Has the responsible official of an existing large or new large area source also:			-
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	ПN	ANJA
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	ON/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	DXIA
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	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	DHVIA
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,			
l	or expansion; and downstream from no other inlet?	ΠY	ПΝ	DAN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		Пи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	DNIA

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

PART VI: LE	EAK DETECTION AND F	REPAIRS			
1. Does the res	sponsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	and repair	
inspection?			•	ZY	ПΝ
2. Has the facil	lity maintained a leak log?			ΠY	ØИ
3. Does the res	sponsible official check the	following areas for leaks?			
ll .	connections, fittings, lings, and valves	מאם אם עם	Muck cookers	חם אם	I DINIA
Door g	gaskets and seating	DY ON ON/A	Stills		1. D V/V
Filter §	gaskets and seating	DY ON ON/A	Exhaust dampers	ZY ON	1 □N/A
Pumps	5	DY ON ON/A	Diverter valves	DY ON	I DN/A
Solven	nt tanks and containers	DY ON CIN/A	Cartridge filter housings	אָם אַע	I □N/A
Water	separators	DY ON ON/A			
4. Which method	od of detection is used by th	ne responsible official?			
Visual	examination (condensed so	lvent on exterior surfaces)		4	
Physic	al detection (airflow felt thr	ough gaskets)	1.	A	-
Odor (noticeable perc odor)			Ø	
Use of	direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)		
Haloge	en leak detector		•	· · /	•
If u	using direct-reading instru	mentation, is the equipm	ent:	ØN/A	
	a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	,
	b. Calibrated against a state (PID/FID only)?	andard gas prior to and afte	er each use	OY ON	ı
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON	1
	d. Kept in a clean and sec	cure area when not in use?		OY ON	!
	e. Verified for accuracy b	y use of duplicate samples	s (calorimetric only)?	OY ON	
	•				

Inspector's Name (Please Print)

Inspector's Signature

3/11/99 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
·	
·	
	,
	;
·	•
•	
	·
	·
	:
	•

BEST AVAILABLE COPY MOTECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL D COMPLAINT/DISCOVERY [] RE-INSPECTION AIRS 1011: 0250726 TYPE OF FACILITY: ENCILLTY NAME: ACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 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 Facility have not maintained Facility Needs record bemper **IMMENTS:** Compliance NOF NOL : Annual Compliance Certification form has been properly certified and submitted to the inspector. 2000 TE OF NEXT INSPECTION: (Approximate) SMART PECTION CONDUCTED BY: (Please Print) _PHONE NUMBER: (3.5) PECTOR'S SIGNATURE:

Page___of

Revised 10/96

AIRS 10#: 0250776

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sylvias Voletoria Chance DATE: 3/4/99
FACILITY LOCATION: 1066 NE 163° ST
Annual Reporting Period: MA-L 1998 TO MA-L 1998
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:
Facility has not maintained leakly + Per Consumo
11 11 1000
Exact period of fion-compliance: from March 1993 to March 1999
Action(s) taken to achieve compliance:
Method used to demonstrate compliance: PDEP Calede
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
2.0. home not Recorded Temp on B. Weekly hosis
Exact period of non-compliance: from March 1990 to March 1999
up And
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.
SULVIA QUE 1. SULVIA 3/12/00
RESPONSIBLE OFFICIAL: Name (Please Print) Signature Official: Date Official: Name (Please Print)
Skfllu 3/29/99

*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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION:

COMPLIANCE	INSPECTION CHECKLIST & Mobile Source
TYPE OF INSPECTION: ANNUAL	INSPECTION CHECKLIST @ Mobile Sources COMPLAINT DISCOVERY
RE-INSPECTION	
AIDS IDH: COSCOTIA DATE:	00 TIME IN: 1:50 TIME OUT: 2:50
FACILITY NAME: VALETERI	A CLEANURS
FACILITY LOCATION:	NE 163 st.
Miam,	FL
RESPONSIBLE OFFICIAL: M. Mel	Mathelia PHONE: 305-945-3291
	PHONE:
CONTACT NAME.	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A	
1. Existing small area source ✓ dry-to-dry only, x < 140 gal/yr	2. Ivew small area source □ 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, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ galaxyr
(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 ge	eneral permit as number above
☐ facility exceeds above lir	mits 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 40 gallons.

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	ПN	□N/A
2. Examining the containers for leakage?	\Box Y	ΩN	□N/A
3. Closing and securing machine doors except during loading/unloading?	\Box Y	ПΝ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	QΥ	ПN	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩΥ	ПN	□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 refrigo (complete A below).	rated	conde	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	427		
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?	ΠY	ΩΝ	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ΠN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΠY	ПИ	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩΥ	ΠN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΟY	ΩN	□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΠY	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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	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?	ΩY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□и	□N/A

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:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for opplicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	ay an an/a
8. Maintained compliance plan, if applicable?	OY ON ON/A

P	ART VI: LEAK DETECTION AND	REPAIRS		
Ī.	Does the responsible official conduct	a weekly (for small source	ces, bi-weekly) leak detection a	ind repair
	inspection?			OY ON
2.	Has the facility maintained a leak log	?		OY ON
3.	Does the responsible official check th	e following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	OY ON ON/A	Stills	DY DN DN/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	OY ON TINIA	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	
	Physical detection (airflow felt t	hrough gaskets)		
	Odor (noticeable perc odor)		•	
	Use of direct-reading instrument	ation (FID/PID/calorimet	tric tubes)	
	Halogen leak detector		·	
	If using direct-reading inst	rumentation, is the equi	pment:	□N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	secure area when not in us	se?	OY ON
	e. Verified for accuracy	y by use of duplicate samp	ples (calorimetric only)?	OY ON
	Ivan Faunin Inspector's Name (Please Pri	nt)	Date of Inspection	0
	Jan Jan			
	Inspector's Signature		Approximate Date of N	Vext Inspection

Formerly Sylvia Veteries Cleaners. New owner as of 6/99. Now Valeteric Cleaners.

SOCR will be obtained during the following inspection.

Provided FSEP calender and gave full explanation of permit requirements.

This portion must be attached to remittance for proper handling 30/442

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#0250726

SYLVIA GHENU SYLVIA GHENU 1066 NE 163RD STREET

NORTH MIAMI BEACH FL 33162

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355557

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: \$50,0098

Do NOT Remove Label

AIRS ID # 0250726

SYLVIA'S VALETERIA CLEANERS
SYLVIA GHENU
1066 NE 163RD STREET
NORTH MIAMI BEACH FL 33162

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Fold at line over top of envelope to SENDER: COMPLETE THIS SE N DELIVERY ■ Complete items 1,32, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature so that we can return the card to you. Attach this card to the back of the mailpiece, Addressee or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: If YES, enter delivery address below: AM ME. AIRS 1D # 0250726 SYLVIA'S VALETERIA CLEANERS SYLVIA GHENU 1066 NE 163RD STREET NORTH MIAMI BEACH FL 33162 3. Service Type Certified Mail
Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail Z 333667094 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 094

US Postal Service

Receipt for Certified Mail

AIRS ID # 0250726 SYLVIA'S VALETERIA CLEANERS SYLVIA GHENU 1066 NE 163RD STREET NORTH MIAMI BEACH FL.33162

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, 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

039T829

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 # 0250725 BRITT METAL PROCESSING INC

RICHARD BRITT JR 15800 NW 49TH AVENUE

MIAMI FL 33014

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

TT METAL I	PROCESSING, INC.		VENDOR NO. M	IIS1	k NO. 8557 VIRONMEN 1008557
INVOICE DATE	INVOICE DATE	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
1/13/00	: 2000EN	-50.00	~ 0.00	ж % 50.00 чер.	0250725
TACH AND RETA	IN THIS STATEMENT.		,	-	
	ECK IS IN PAYMENT	TOTALS 🔷	0.00	50.00	,

line over top of envelope to	
 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: AIRS ID # 0250726 SYLVIA'S-VALETERIA CLEANERS SYLVIA GHENU 1066 NE 163RD STREET NORTH MIAMI BEACH FL 33162 	A. Received by (Please Print Clearly) C. Signature Addresseer D. Is defivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type Certified Mail
2. Article Number (Copy from service label) Z Z 10 66 86 7	
PS Form 3811, July 1999 Domesti	c Return Receipt 102595-99-M-1789

Z 210 661 864 **US Postal Service** Receipt for Certified Mail AIRS ID # 0250726 SYLVIA'S VALETERIA CLEANERS SYLVIA GHENU 1066 NE 163RD STREET NORTH MIAMI BEACH FL 33162 \$ 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