

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 7, 1996

Mr. Sadru Pirani President MacDonald Imperial Cleaners, Inc. 199 South Northside Center Court Miami, Florida 33147

Dear Mr. Pirani:

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 MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

12. . 9

±0250730

P. It 1(a) add date control device installed

P.15 4. existing large C.a. or r.c. should be marked

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MACDONALD IMPERIAL CLEANERS, INC
2.	Site Name (For example, plant name or number):
	QUALITY I HOUR CLEANERS
	<u> </u>
3.	Hazardous Waste Generator Identification Number:
	FLD 981468762
4.	Facility Location: 199 SOUTH NORTHSUE CENTER COURT Street Address:
	City: MIAMI County: FLORIDA Zip Code: 33147
	1 "MITTON 1011 30111
5.	Facility Identification Number (DEP Use):
	The second of th
	19 The second of

Responsible Official

6.	Name and Title of Responsible Official: SADRU PIRANI; PRESIDENT					
7. Responsible Official Mailing Address: Organization/Firm: MACDOWALD IMPERIAL CLEANERS INC Street Address: 5840 S. DIXIE HWY. MIAMI. City: MIAMI County: FL Zip Code: 33143						
8.	Responsible Official Telephone Number: Telephone: (305)661-583\ Fat: (305)661-6550					

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact KARIM P	(For example, plant manager):	AGER
Street Address: 27TH AVE	COURT, NORTHS! ENW 79TH S County: FL	4
11. Facility Contact Telephone Number Telephone: (305) 691-) '×

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AUG 2 9 1996

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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.

T. CM III	10	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device
Type of Machine Example	# <i>1</i>	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	#3	Purchased 02-MAR-92	Installed 02-MAR-9
Dry-to-Dry Unit				iger.			7- 3		
(1) w/ ref. condenser	1	08-DEC-91	THE COURSE OF LA LABORATOR PLANTS	V 1.41.00 1.00 V	11 40 11 11 11 11 11 1	T	<u> </u>		
(2) w/ carbon adsorber	' -		·						
(3) w/ no controls									
Washer Unit			riginaliya.	arti:	eneric id		Natio	Still Market	
(4) w/ ref. condenser					1	1			<u> </u>
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	TALL			Mil	i iz dankiring		minte ett o Selfavia er	State oveder	
(7) w/ ref. condenser			,,,,,		T				
(8) w/ carbon adsorber								-	
(9) w/ no controls	_				-				
Reclaimer Unit									
(10) w/ ref. condenser						I			
(11) w/carbon adsorber	_	<u> </u>		· ·					
(12) w/ no controls	_		-						
(b) Control devices are required, but not yet installed [
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source									

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 What control technology is required on machines pursuant to section (5) (Indicate with an "X".) 	of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condense	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 eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulf	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	nformation
Check all logs which are required to be kept on-site in accordance with the	requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	[X]
(e) Instrument calibration	[X] [X]
(f) Start-up, shutdown, malfunction plan	[X]

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Surrender of Existing Air Permit(s)

,	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 notij statemen	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 nts made in this notification are true, accurate and complete. Further, I agree to operate and
comply v	n 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.

BEST AVAILABLE COPY IN PECTION SUM	
	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 am TIME OUT: 10:05 TYPE OF FACILITY: Dry Cleaner FACILITY NAME: Quality 1 How Cleaner FACILITY LOCATION: 199 5. Court, North Miami, Fl. 33147 RESPONSIBLE OFFICIAL: Karim Pirani	s (MacDonald Imperial) DATE: 3/11/97
Based on the results of the compliance requirements evaluated 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
- No log of weekly temp monitoring of ref. condenser exhaust. (Not to exceed 45°F)	- Will begin taking weekly temp. measurements + keeping a log.
- No weekly leak inspection.	- Will begin weekly leak inspection and keep a log.
	•
COMMENTS: Facility + Equipment	Satisfactory
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: 1) ebbic	pproximate) (7) NW lease Print) 277 - (093 (0

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCO	VERY 🔾
ARS ID#: 1250730 DATE: 3/11 BBA QUALITY NAME: Quality 1 F	197 TIME IN: 10:00 anTIME	OUT: 10:50 and Irmperia DClean
FACILITY NAME: Quality 1 to FACILITY LOCATION: 199 S. Col Miami, A	-1. 3347 1091-1	9 Center
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		od
2. New facility notified DARM 30 days prior to s	startup	
3. Facility failed to notify DARM to use general	permit	
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	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91) 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>(constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	(constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	Ж Ү	
If no, please check the appropriate classification	:	
	nd is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc facility was 170 gallons.) purchased within the preceding 12 months	s 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 ON √ N4					
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?	MY ON					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WN/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:	·					
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .					
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	· ·					
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	DY DN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY WN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON √NA					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	QY ON					

B. Has the responsible official of an existing large or new large area source also:	
b. Mas the responsible official of an existing range of new range area source also.	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY N/N
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	OY ON ✓NA
Is the temperature differential equal to or greater than 20° F?	OY ON √NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ONIA
is the perc concentration equal to or less than 100 ppin?	OI ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON √NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON VA
6. Routed airflow to the carbon adsorber (if used) at all times?	AND NO YO
PART V: RECORDKEEPING REQUIREMENTS	-
Has the responsible official: (check appropriate boxes)	A
	/
1. Maintained receipts for perc purchased?	DAY ON
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	MY ON
	,
2. Maintained rolling monthly averages of perc consumption?	DY ON NA
2. Maintained rolling monthly averages of perc consumption?3. Maintained leak detection inspection and repair reports for the following:	,
 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 	OY ON √NA OY ON √NA OY ON Q
 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? 	ANV NG YO
 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) 	NO YOU YOU YOU AND YOU NO YOU NO YOU AND YOU YOU AND YOU AND YOU YOU YOU AND Y
 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? 	NA VAC YCC AVAC NC YCC AVAC NC YCC AVAC NC YCC NC YCC NC YCA
 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 ON VA
 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? 	NA VAC YCC AVAC NC YCC AVAC NC YCC AVAC NC YCC NC YCC NC YCA
 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 lrrs? 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? 	OY ON NA OY ON ON OY ON ON OY ON
 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 ON NA OY ON ON OY ON ON OY ON

2.	2. Which method of detection is used by the responsible official?							
	Visual examination (condensed so							
	Physical detection (airflow felt thi							
	Odor (noticeable perc odor)		P					
	Use of direct-reading instrumenta							
	If using direct-reading instrume							
	a. Capable of detecting p	ΠY	□и					
	b. Calibrated against a s (PID/FID only)?	to and after each use	ΩY	□N				
	c. Inspected for leaks an	wear on a weekly basis?	QΥ	□и				
	d. Kept in a clean and s	ot in use?	ΩY	ΩΝ				
	e. Verified for accuracy	by use of	duplicate	e samples (calorimetric only)?	ΩY	DИ		
3.	Has the facility maintained a leak log?		ΩY	D N				
4.	Does the responsible official check the	following	areas fo	r leaks?				
	Hose connections, fittings, couplings, and valves	ØY.	ПΩ	Muck cookers	ØΥ	ПN		
	Door gaskets and seating	ΔY	ПΝ	Stills	T Y	ΩИ		
	Filter gaskets and seating	ΦY	ПΝ	Exhaust dampers	ØY	ПИ		
	Pumps	ŪXY	ΩΝ	Diverter valves	ΦY	ΩΝ		
	Solvent tanks and containers	Cartridge filter housings	ØY	ПN				
	Water separators	ΦY	ИО					

Name of Responsible Official

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

.3/11/97
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

-Owner requests that all correspondences are sent to the following address:

MacDonald Imperial Cleaners, Inc. 5840 S. Dixie Hwy Miami, FL 33143

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			7100	
FACILITY NAME: Quality	1 Hour Cleaners	MacDonald I	upenal DAT	CE: 3/11/97
FACILITY LOCATION:	S. Court Norths	ide Shopping	Center 127	Ave + NW 798)
FACILITY NAME: <u>Ouclite</u> FACILITY LOCATION: <u>199</u>	ni, Fi 33147	,, J		
Annual Reporting Period:	4/27	_19 <u>96</u> то	7	19 <u>9</u> 7
Based on each term or condition of the 62-213.300, Florida Administrative C	-	•		DEP Rule
If NO, complete the following:				,
#1. Term or condition of the general	permit that has not been in o	continuous compliance	during the reporting p	eriod stated above:
Insufficient doc				
Exact period of non-compliance: from Action(s) taken to achieve compliance	m 7/27/96	to_	date of in,	rection (3.11.97)
Action(s) taken to achieve compliance	e: Recording we	Kly) temperatures	of perc & Lea	ex detection Los
Method used to demonstrate complia	nce: Log/Record	Keeping.		
#2. Term or condition of the general	permit that has not been in	continuous compliance	during the reporting p	period stated above:
Exact period of non-compliance: fro	m	to		
Action(s) taken to achieve compliance	æ:			<u></u>
Method used to demonstrate complia	nce:			
As the responsible official, I hereby of made in this notification are true, ac upon rolling averages of purchase reyear for transfer or combination faci	curate and complete. Further ceipts, does not exceed 2,10 lities.	er, my annual consumpl 0 gallons per year for d	tion of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	Karim Pira		the man	3.11.97
	Name (Please Print)		Signature	Date

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

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): MACDONALD IMPERIAL CLEANERS, INC.
2.	Site Name (For example, plant name or number): QUALITY HOUR CLEANERS
3.	Hazardous Waste Generator Identification Number:
٥.	FLD 981468762
4.	Facility Location: 199 SOUTH NORTHSUE CENTER COURT Street Address:
	City: MIAMI County: FLORIDA Zip Code: 33147
±5:4	Facility Identification Number (DEP, Use): The Company of the Comp
	Responsible Official

6.	Name and Title of Responsible Official: SADRU PIRANI; PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: MACDOWALD IMPERIAL CLEANERS INC Street Address: 5840 S. DIXIE HWY. MIAMI. City: MIAMI County: FL Zip Code: 33143
8.	Responsible Official Telephone Number: Telephone: (305)661 - 583 \ Fax: (305)661 - 6550

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager		
10. Facility Contact Address: 199 E Street Address: 27TK AVE City: MIAMI	COURT, NORTH ENW 79TH County: FL	ST. Zip Code: 33147	FR
11. Facility Contact Telephone Number Telephone: (305) 691-		() 😾	

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control Device		Date Machine	Date Control Device
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Installed	dI	Initially Purchased	Installed
Example	#1		12-NOV-93		08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	08-DEC-91	08 Dec 19						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1,1,1	l da spin	Programa di		Bayers of		٠.		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	250			ont.					Jan Jarger et
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber				-					
(9) w/ no controls							İ		
Reclaimer Unit	14(4)				ų autorijai e		i e gr	y dy Pycaldii	M. Marier 3
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [(c) No control devices are required to be installed [(d) 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [180.10] gallons (
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source									
3 3				-	5	L	-		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is requ (Indicate with an "X".)	aired on machin	es pursuant to section (5)	of Par	t II of this notification form?
		1		
Existing large area source	<u>e</u>			*/
Carbon adsorber		Refrigerated conden	ser '	<u>. X</u>
New small area source		·		
Refrigerated condenser				
New large area source				
Refrigerated condenser				
				,
	•			
5. A facility which contains non-to Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil of All steam and hot water generating No such units on-site	y that all steam units exist on-sing units on-site (ed exclusively by containing no m	and hot water generating ite: (1) have a total heat inpu y natural gas except for p	units of 10 periods	on-site meet the following million BTU/hr or less (298 of natural gas curtailment
er General				•
Equipn	aent Monitorin	g and Recordkeeping I	nforma	ation
Check all logs which are required	to be kept on-si	te in accordance with the	requir	rements of this general permit:
(a) Purchase receipts and solvent p	purchases			[X] [X]
(b) Leak detection inspection and	repair			<u>[X]</u>
(c) Refrigerated condenser temper	rature monitorin	g		(义)
(d) Carbon adsorber exhaust perc	concentration m	nonitoring		(X)
(e) Instrument calibration				X
(f) Start-up, shutdown, malfunction	on plan			X

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

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
\bowtie	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Officia	al Certification				
this notifi statemen maintain	ication. I hereby certify, based on information is made in this notification are true, accurate the air pollutant emissions units and air poll	ned in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and lution control equipment described above so as to ermit as set forth in Part II of this notification form.				
I will pro	mptly notify the Department of any changes in	to the information contained in this notification.				
Signature	Judiet Rem	7 27 96 Date				
X		3.13.97				
K	PRIM PIRANI	Date				



Department of

Environmental Protection

Lawton Chiles Governor

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

Air Quality Management Division Secretary

October 7, 1996

Mr. Sadru Pirani President MacDonald Imperial Cleaners, Inc. 199 South Northside Center Court Miami, Florida 33147

ENVIRONMENTAL MONITORING DIVISION

Dear Mr. Pirani:

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 MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

BEST AVAILABLE COPY 生0250730 Pe P. 14 Air Quality 1(a) add date control Management Division device installed 1. Facility Owner/C MACDE P.15 4. existing large C.a. or r.c. should be marked Site Name (For e QUAL 3. Hazardous Wast 4. Facility Location PAURT Street Address: City: 1 Facility Identifi Name and Title Responsible Official Mailing Address: Organization/Firm: MACDOWALD IMPERIAL CLEANERS INC

(305)661-5831

Street Address: 5840 S. DIXIE HWY. MIAMI.

County:

FL

Fat: (305)661 - 6550

MIAMI

8. Responsible Official Telephone Number:

Telephone:

9. Name and Title of Facility Contact (For example, plant manager): KARIM PIRANI- MANAGER					
10. Facility Contact Address: 199 S. COURT, NORTHSIDE SHOPPING CENTER Street Address: 27TH AVE NW 79TH ST.					
Street Address: 27177 County: FL Zip Code: 331	47				
11. Facility Contact Telephone Number: Telephone: (305) 691-7122 Fas: ()					

Facility Contact (If different from Responsible Official)

RECEIVED

AUG 29 1996

Zip Code: 33143

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250730 MACDONALD IMPERIAL CLEANERS SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143 MAR 0 3 (998)

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period: Jan 15	5! 19 97 TO Dec 31 2 19 97
	E.A.C.), during the period covered by this statement. WES NO
If NO, complete the following:	
#1. Term or condition of the general permit	t that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit	t that has not been in continuous 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:	

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

RESPONSIBLE OFFICIAL:

INAZ ACI.

Name (Please Print)

Signature

2/23/98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TVDE	00	INCRECTION
TYPE	Or.	INSPECTION

ANNUAL

2. Facility failed to notify DARM to use general permit

RE-INSPECTION

7

COMPLAINT/DISCOVERY

RECEIVED

MAR - 1 1999

Bureau of Air Monitoring

Mobile Sources

AIRS IDH: 0250930 DATE: 129 9 TIME IN: 12:50pm TIME OUT: 2:10pm

FACILITY NAME: Quality 1 Hour Cleaner S

FACILITY LOCATION: 199 S. Court, Northside Shopping Center

Miami, FL 33147

RESPONSIBLE OFFICIAL: Sadru Pirani PHONE: (305) 691-7122

CONTACT NAME: PHONE:

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
Α.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a get	neral permit as number above
☐ facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purfacility was 288.22 gallons.	archased within the preceding 12 months by this dry cleaning



2/12/99

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN X N/A
2. Examining the containers for leakage?	DY DN XXN/A
3. Closing and securing machine doors except during loading/unloading?	жуч Ои
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	YAY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	A/N/A
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 refr (complete A below).	igerated 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 in prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	Д ЧО
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND ND AND
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?	DA Á N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	חא אל אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY MY

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	Mи
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	ΩY	ON XINIA
	Is the temperature differential equal to or greater than 20° F?	ΩY	ON DINIA
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?	ΠV	ON DINA
	· · · · ·		/ · I
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N XN/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	ON DINIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DN SON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON DONA
P	ART V: RECORDKEEPING REQUIREMENTS		
II .	as the responsible official: heck appropriate boxes)	,	

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
	.			
1. Maintained receipts for perc purchased?	X DN			
2. Maintained rolling monthly total of perc consumption?	X DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XINIA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days				
and parts installed w/in 5 days of receipt?	OA ON X INIY			
4. Maintained calibration data? (for applicable direct reading instruments)	AINX NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XN/A			
6. Maintained startup/shutdown/malfunction plan?	XY DN			
7. Maintained deviation reports?	DY DN XNIA			
Problem corrected?	DY DN XNA			
8. Maintained compliance plan, if applicable?	DY DN XN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	ΩY	MМ			
2.	Has the facility maintained a leak log?	ΩY	×μν			
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves OY XN V/A Muck cookers	□Y [NE NA			
	Door gaskets and seating DY N N/A Stills	□Y ∑	N VA			
	Filter gaskets and seating	OY 🎘	[N 1/V			
	Pumps Diverter valves	□'Y ∑ Μ	N 1/A			
	Solvent tanks and containers $\Box Y \nearrow N $ N/A Cartridge filter housings	OY 🌶	N/A			
	Water separators □Y X(N N/A					
4.	Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	XN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	DY C	אנ			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?		ЭN			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY C	ЛV			
	d. Kept in a clean and secure area when not in use?		אנ			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY C	ИС			

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Machine: AVANTI Economatic

Mailing address changed to facility address (199 S. Courb...)

Provided DEP Calendar

Mailing address. Changed in Arms

BEST AVAILABLE COPY					
	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 12:50 pm TIME OUT: 2:10 ptype of Facility: Per Dry Cleane Facility NAME: Quality One Hour FACILITY LOCATION: 199 S. Court, Mianu, FL 330 RESPONSIBLE OFFICIAL: Sadry Pirani	Cleaners DATE: 1/29/99 Novthside Shopping Center				
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance				
No montoring on record of refrighted condension femp. (outlet stream) on weekly pusis-Machine abes not have a femp. Jauge installed on the outlet stream of refrigerated condenser. Failed to conduct + record leak detection inspection.	Begin conducting and recording Begin conducting and Tecording temperature. (not to exceed 450) [FPEP rolender Must install per temperature gauge within 30 days. Begin conducting and recording leak detection inspections on a weekly basis.				
COMMENTS: R.D. requests mailing 5840 to the facility of	address to be changed from address at 199 S. Court.				
The Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION:	oproximate)				
NSPECTION CONDUCTED BY: Delotre	a Griver lease Print)				
NSPECTOR'S SIGNATURE:	—— PHONE NUMBER: (305) 372-6925				
Page	of Revised 10/96				

AIRS ID#: 0050730

REC	•
Revis	10/10/96

DRY C	CLEANER AIR QU NUAL COMPLIANC	ALITY GENERA E CERTIFICATION	L PERMITE, "A	9-11999 EL
FACILITY NAME: Qual	,		-3	502999
FACILITY LOCATION:	. —,	-, Northside 33147	Shopping (<u>enter</u>
	J			
Annual Reporting Period:		1998 то		1999
Based on each term or condition of 62-213.300, Florida Administrative				P Rule NO
If NO, complete the following:				
#1. Term or condition of the gener				. 1
Machine does no Stream of Exact period of non-compliance: f	ret. Conden	np. quase in	stalled on th	<u>u outlet</u>
Action(s) taken to achieve complia	nce: Have ter	up. Cause is	stalled with	nin 30 dau
Method used to demonstrate comple	Tau a.	d'mail BER	<i>I</i> ,	, , ,,,,
#2. Term or condition of the gene	_	/\ <u>~</u>		d stated above:
No monitorina	or recordin	er of ref. COV	rdenser ten	De
Exact period of non-compliance:	\mathcal{O}	8 1 98 to	1/99	
Action(s) taken to achieve complia	ince: Blain	monitoring +	recording	·
Method used to demonstrate comp	liance: Calen	dai		
		. • 		
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination for	accurate and complete. Fur receipts, does not exceed 2, acilities.	rther, my annual consumpt	ion of perchloroethylene s	solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	1 900	Signature	12999
			nemiuio	י שבעוני ו

*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

٠.	line over top of envelope to			
rse side?	■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we card to you.	can return this	i also wish to rece following services extra fee):	(for an
the reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addresse	e's Address
her	■Write "Return Receipt Requested" on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered an		2. Restricted	d Delivery
on t	delivered.		Consult postmast	er for fee.
RN ADDRESS completed	AIRS ID # 0250730 QUALITY 1 HOUR CLEANERS SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143	7. Date of De	ype d Mail seipt for Merchandise	Contilied Loop COD
your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X > 10, Yh (2), (2), (2), (2)	8. Addressee and fee is	o's Address (Only if paid)	Thank you
<u>:</u>	PS Form 3811 , December 1994		Domestic Retu	ırn Receipt

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April 1995	Restricte Return R Whom &	d Delivery eceipt Sho	Fee owing to vered g to Whom,				
PS Form 3800 , April 1995	Restricte Return R Whom & Return Re Date, & Ac	d Delivery eceipt Sho Date Deliv	Fee owing to vered g to Whom, ddress	\$			

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON ON ON ON ON ON ON ON
· ·	How Cleaners
	Court, Northands Shypping Cuty.
'	FL 33147 PHONE: 305-691-7122
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	<i>₹</i>
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	700 70
2. Facility failed to notify DARM to use general pe	ermit 300 mil
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. In the small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	©Y □N □Can not determine
	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was <u>a co</u> gallons.	urchased within the preceding 12 months by this dry cleaning

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

n	TY-all-array the egg the garden and the egg the egg the garden and the egg the garden and the egg the			
∥ છ.	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?	72 Y	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	MN/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	ΠИ	Ø N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	M/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ПИ	10 1N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	Ø N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MY ON		
2. Has the facility maintained a leak log?			OY ØN		
3. Does the responsible official check the	following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	ФУ ОИ ОИ/А	Muck cookers	OY ON ON/A		
Door gaskets and seating	GY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	PY ON ONA	Exhaust dampers	PY ON ON/A		
Pumps	AA ON ONV	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DY ON TINIA	Cartridge filter housings	MY ON ON/A		
Water separators	DY ON ONIA				
4. Which method of detection is used by the responsible official?					
Visual examination (condensed so	Z				
Physical detection (airflow felt thr		A .			
Odor (noticeable perc odor)	1				
Use of direct-reading instrumentat	a .				
Halogen leak detector	Ġ.				
If using direct-reading instru	□N/A				
a. Capable of detecting p	אם צם				
b. Calibrated against a sta (PID/FID only)?	מם עם				
c. Inspected for leaks and	□Y □N				
d. Kept in a clean and sec		QY QN			
e. Verified for accuracy b	oy use of duplicate samples	(calorimetric only)?	DY QN		

Inspector's Name (Please Print)

Date of Inspection

S/15/00

Date of Inspection

Approximate Date of Next Inspection

- Torp. Conge ustalled
- Wo lask log
- Housekeeping satisfactory

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🖳	СОМ	PLAINT/DIS	COVERY	RE-INSPE	CTION
TIME IN: 1445	TIME OUT:	15de)	AIRS ID#:	0250 730	<u> </u>
TYPE OF FACILITY:	Para Dry (leaner	_	<u> </u>		
FACILITY NAME:	Quelit One	Hern			DATE: 57	15/00
FACILITY LOCATION:	199 S Co.		Unthank	's (langue	Cata	
	N. El	~,		· Jy)	
RESPONSIBLE OFFICIAL:	adom Picar	•	F	PHONE NUMBER	: 305 - 691	-7112
Based on the results of the compliance with DEP Ru			-	-	cility is found to t	e in
Based on the results of the discrepancies were noted:	•	nts evaluat	ed during this	inspection, the fo	llowing complian	ce
COMPLIANCE REQUI	REMENT/PROBI	LEM	FOLI	LOW-UP ACT	ION REQUI	RED
Not maintaining	leak by		Begin	leek loj	veodke	ping
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COMMENTS:	-	t				
<u> </u>	atis factory	Lousek	magang			
The Annual Compliance Certificat	ion form has been prope	erly certific	ed and submit	ted to the inspecto	r. YES	ИО
DATE OF NEXT INSPECTION	:	<u> </u>	oroximate)		<u>-</u>	
INSPECTION CONDUCTED B	Y: Iva	n Fan	ase Print)			
INSPECTOR'S SIGNATURE:_	Avan		P	HONE NUMBER	: 305-372	- 6972
		Page	of			Revised 10/96

AIRS ID#: 0250730



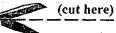
MAY 17 2000



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Genlity One Horn	Cleaner		DATE:	5/15/00
FACILITY LOCATION: 199 S. Comt	Dorthule	Shapping	Cat.	· •
Meaning FL	•			
	•			-
Annual Reporting Period: Man	19 <i><u>9</u>.9</i> 7	ro	May	79.00
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during	•			EP Rule
If NO, complete the following:	*.			
#1. Term or condition of the general permit that has not be Not maintaining lank		• .		od stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	May 99.	to	play 00	
Action(s) taken to achieve compliance:	lack ing	pacteri	log	
Method used to demonstrate compliance:	DEP Cal	andra		
#2. Term or condition of the general permit that has not be	•			
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		•		
Trouted about to demonstrate comprise.				
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not excee year for transfer or combination facilities.	Further, my annual	consumption of	perchloroethylene	solvent, based
· · · · · · · · · · · · · · · · · · ·			/ N . A A .	
RESPONSIBLE OFFICIAL: SADRU PIR	<i>⊕⊬</i> s \	sen	BANKON	5/15/2800

^{*}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 403122

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

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AIRS ID # 0250730

QUALITY I HOUR CLEANERS

SADRU PIRANI

199 SOUTH COURT

MIAMI FL 33147

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

QUALITY 1 HOUR CLEANERS 199 SOUTH COURT MIAMI FL 33147 3. Service Type Certified Mail	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	A. Received by (Please Print Clearly) B. Date (Deliver) C. Signature X
4. Restricted Delivery? (Extra Fee) ☐ Yes	199 SOUTH COURT	Certified Mail

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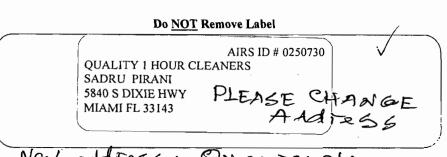


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0363222

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TOTAL AMOUNT DUE: \$50.00



FOR GOVERNMENT USE ONE Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obi.: 002273

NOW address: QUALITY CLEANERS
199 5. CONRT - NOTHERS SLOPPING CONTRE MAIN



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390845

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



AIRS ID # 0250730

QUALITY 1 HOUR CLEANERS SADRU PIRANI 199 SOUTH COURT MIAMI FL 33147 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

MAIL ROOM

on the reverse side	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rec following service: extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address d Delivery	ceipt Service.
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	· Z; 333	660 444 W
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5	QUALITY 1 HOUR CI SADRU PIRANI 1840 S DIXIE HWY MAMI FL 33143	AIRS ID # 0250730 LEANERS
	Certified Fee	:
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. 10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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TOTAL AMOUNT DUE: \$50.00

303937

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AIRS ID 0250730

MACDONALD IMPERIAL CLEANERS SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143 AIL ROOEB 27 S

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the artis. The Return Receipt will show to whom the article was delivered adelivered.	ace does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
your RETURN ADDRESS completed of	AIRS ID 0250730 MACDONALD IMPERIAL CLEANERS SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143 5. Received By: (Print Name) 6. Signature: (Midressee or Agent)	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery 73 -98 e's Address (Only if requested
<u>s</u>	PS Form 3811 , December 1994		Domestic Return Receipt

. Z 333 PPO 524 US Postal Service Receipt for Certified Mail AIRS ID 0250730 MACDONALD IMPERIAL CLEANERS SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143 \$ 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

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

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AIRS ID# 0250730 MACDONALD IMPERIAL CLEANERS INC SADRU PIRANI 5840 S DIXIE HWY MIAMI FL 33143 FOR GOVERNMENT USE ONLY

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

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