

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Anwer Vayani Frank's Cleaners 1240 Southwest 57th Street West Miami, Florida 33144

Re: Facility No. 0250740

Dear Mr. Vayani:

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

Please note that in January 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/jw

cc: Mr. Ewart Anderson, Dade County

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

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Based on each term or condition 62-213.500, Piorida Administrat				DEP Rule X INO
INO complete treated that		/		
#1. Term or condition of the to-	· Jogmonat mat has	en in continuous compliance	during the reporting pe	riod stated above:
No dear dog.	?. No Perce	√og and No	Condentur	Telp . 209
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WZ. Bearing & lower waste to go	ে <u>৮ ১৯৯</u> ৫ (বছ ১৯ ৫ চ	een in continuous complian∝	during the reporting pe	rind stated above:
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D. E. R. M.

COUNTY

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 of the re

CTOTO AND SERVICE CONMENTED COMMENT OF SERVICE CONTROL OF SERVICE CONT

Frank 1 S 1240 S.W. 57 Th Ave Migmi FL 33144



Attn Rosana Rivera DER M Aia Quality Management Division 335.W. 2nd Ave, Suite 900 Miami, FL 33/30-1540

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	APLAIN I/DISCOVERY
TIME IN: 3:00pm TIME OUT: 4:00p	omAIRS ID#:
TYPE OF FACILITY: Dry Cleanu	i
FACILITY NAME: Frank's Cleanus	DATE:
FACILITY LOCATION: 1240 SW 57 St.	
Miami, FL.	
RESPONSIBLE OFFICIAL: Anwer Vayani	PHONE NUMBER:
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak log on-site.	Must start inspecting leaks and recording said inspections (weekl
No puc log on-site	must start a pur log.
- No eandenser demperature log.	Must start recording condenser temperature log on a weekly basis.
COMMENTS:	
:	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2.98	<u> </u>
INSPECTION CONDUCTED BY: ROSana Riv	pproximate) (ETCH Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372 - 69 42

Page___of___.

Revised 10/96

		,
	#0250740	
	Frank's Cleaners	,
	- spoke with Anwer Vayani-	
	Spoke With Anwer Vayani- 9/30/96-sent fax-did not send updated copy by mail	
·	P.13 6 add title-President	
	7.14 1.(c) mark out "X" and initial 3. should be new small area	
	Soump.	
	p.15 4. should be new small area Source Wrefrig. con. 5.(d) not required, mark out	
	5.(d) not required, mark out	
	,	
	p.16 need new original signature on updated	

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001-01-196 TUE 13:08 ID:

ATTAMINET MARCH

#958 P01

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ANWER Inc.
2. Site Name (For example, plant name or number):
FRANK'S CLEANERS
3. Hazardous Waste Generator Identification Number:
MCF Systems Atlanta, Inc # GAI) 981269095
4. Facility Location: Street Address: 12 HO SW 578 ST
City: WEST MIAMI County: DADE Zip Code: 33144
5. Facility Identification Number (DEP Use): 13-9500888 0350740
Responsible Official
Name and Villa of Responsible Official:
ANWER VAYANI
7. Responsible Official Mailing Address: Organization/Firm: 12 40 5. W. 57 Th Ave Street Address:
City: West MIAMI County: DADE Zip Code: 33/44
8. Responsible Official Telephone Number: Telephone: 305/26/-84/2. Fax: () NONC
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
as ahore ANWER VAYAMI
12405 SW 57M M
Street Address:
West villation - 2514
11. Facility Contact Telephone Number:
Telephone: (305)261-8472 Fax: ()

RECEIVED

SEP 3 1996

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	7	Date Machine	Date Control		Date Machine	Date Control
,		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	1.	Installed	מו	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	¥2	08-DEC-91	. —	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					, , ,			· · · · · · · · · · · · · · · · · · ·	
(1) w/ ref. condenser		JULY 1993	July 1993				T	1	T
(2) w/ carbon adsorber	*****	4	4	-			1		
(3) w/ no controls		3	1			1	—		
Washer Unit					4				
(4) w/ ref. condenser :				-					
(5) w/ carbon adsorber							1		
(6) w/ no controls			_ ·						
Oryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls						1			
Reclaimer Unit					A-1,-1,-1,-1		·		
(10) w/ ref. condenser									
(11) w/carbon adsorber							Τ		
(12) w/ no controls									
(b) Control devices are (c) No control devices: 2 (a) What was the total q (b) If less than 12 montl Check why it is less	uantigallo	equired to be ty of perchlo ns ow many? [1 12 months:]	installed [(perc)] purchased in] New store	: [] Did	not k	eep records:	<u></u>
Existing small are	901CC1	one classific	cation only.)	all area sour		_		
Existing large are	a sou	rce []	N	ew lar	ge area sour	:e []		
								'32. L.	

DEP Form No. 02-2 (31900(2) Effective: 6-25-96

(Indicate with an "X".)	'art li of thi	notification form?
Existing large area source Carbon adsorber Refrigerated condenser	\boxtimes	
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) have a total heat input of 10 bottler IIP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ls of natural	
All steam and hot water generating units exempt No such units on-site		1
		!
Equipment Monitoring and Recordkeeping Inform	ation	
Check all logs which are required to be kept on-site in accordance with the requ	irements of	this general permit:
(a) Purchase receipts and solvent purchases	α	
(b) Leak detection inspection and repair	K	i
(e) Refrigerated condenser temperature monitoring	\mathcal{L}	
(d) Carbon adsorber exhaust perc concentration monitoring	(x)	1
(e) Instrument calibration	K K	
(f) Start-up, shutdown, malfunction plan	区区	ا ا

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please Indicat	c with an "X" the appropriate selection:
ĹJ	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	4
L)XQ	No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

8.29.96.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ANWER Inc.
2.	Site Name (For example, plant name or number):
	FRANK'S CLEANERS
3.	Hazardous Waste Generator Identification Number: MCF Systems Atlanta, Inc # GAD 981269995
4.	Facility Location: Street Address: 1240 SW 51st St
	City: WEST MIAMI County: DADE Zip Code: 33144
5.	Facility Identification Number (DEP Use): 13 - 9500 8 8 8 0250740
	Responsible Official
6)	Name and Kille of Responsible Official: ANWER VAMAN!
7.	Responsible Official Mailing Address: Organization/Firm: 12 40 S. W. 57 Th Ave Street Address: City: West MIAMI County: DADE Zip Code: 33144
8.	Responsible Official Telephone Number: Telephone: (305) 26/-8472 Fax: () -
•	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	as ahare
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVE

SEP 3 1996

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93		08-DEC-91	Instance	<u> </u>	02-MAR-92	1
Dry-to-Dry Unit			r da e						
(1) w/ ref. condenser		<u> </u>	T .	·	T	T		T	1
(2) w/ carbon adsorber			1					1	
(3) w/ no controls					_		l	1	
Washer Unit			A second of the			* * * * * * * * * * * * * * * * * * *	·. ·	1000	
(4) w/ ref. condenser		1	ĺ				l		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		North Consultation	ing part of		3 12- 12- 1				Gab
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	-15					a be		- Pg-1-g] - [al., 1	Tyria (Alab
(10) w/ ref. condenser									
(11) w/carbon adsorber						•			
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control o	are ro	equired to be ity of perchlons ons	installed [_ oroethylene (] months	perc)	_] purchased in				
3. 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 are	ea soi	ırce []	Nε	w lai	rge area sour	ce 「	1		1

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
[179]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
Signature	B. 29-96.					

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN	UAL NSPECTION	_	1 1	COMPLAIN	T/DISCOVER	у п	
AIRS ID#: <u>0250740</u> DATE:_ FACILITY NAME: <u>Frank</u> FACILITY LOCATION: <u>1240</u>	'3 Cle	anu. 7 st.	<u> </u>			T: <u>4:00pm</u>	
Wist	riuun			33144			
PART I: NOTIFICATION		_		-			
(check appropriate box)							
1. Existing facility notified DARM by 9	1/96					12	
2. New facility notified DARM 30 days	prior to start	tup					
3. Facility failed to notify DARM to use	general peri	mit				a	
PART II: CLASSIFICATION							
Facility indicated on notification form (check appropriate box)	that it is:				٠, ٠		
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)	ם	dry-to-dry transfer of both type	y only, only, x< s, x<14	rea source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/9	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)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td></td><td>dry-to-dr transfer of both type (construc</td><td>y only, only, 20 s, 140</td><td>rea source 140<x<2, 100<br="">00<x<1,800 gi<br=""><x<1,800 gal="" i<br="">or after 12/9/9</x<1,800></x<1,800></x<2,></td><td>аИут ут</td><td></td></x<2,>		dry-to-dr transfer of both type (construc	y only, only, 20 s, 140	rea source 140 <x<2, 100<br="">00<x<1,800 gi<br=""><x<1,800 gal="" i<br="">or after 12/9/9</x<1,800></x<1,800></x<2,>	аИут ут		
This is a correct facility classification If no, please check the appropriate clas	sification:	ΩI	אנט				
facility qualified for a facility exceeds above B. The total quantity of perchloroethyles	limits and is	s not eligil	ble for	-		this dry cleaning	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.							

Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON BINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON WA 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 DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

b. Mas the responsible official of an existing large of new large area source also:	
 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	אם צם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם
Is the temperature differential equal to or greater than 20° F?	ОХ ОИ
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?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AVAC NO YC
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY DN
2. Maintained rolling monthly averages of perc consumption?	DY BN
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or,	OY QN
 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 CM
4. Maintained calibration data? (for direct reading instruments only)	DY ON DAMA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON THA
6. Maintained startup/shutdown/malfunction plan?	DN DN
7. Maintained deviation reports?	DY DN E NA
n	
Problem corrected?	DY ON ENA
8. Maintained compliance plan, if applicable?	OY ON BYNA
8. Maintained compliance plan, if applicable?	

2.	Which method of detection is used by the	respons	ible official?			
Visual examination (condensed solvent on exterior surfaces)					B	
	Physical detection (airflow felt thro	ugh gask	cets)	•		.]
	Odor (noticeable perc odor)		·		<u> </u>	l
	Use of direct-reading instrumentati	on (FID/	PID/calorimetric t	aubes)		
	If using direct-reading instrumen	tation, i	s the equipment:			•
	a. Capable of detecting po	erc vapor	concentrations in	a range of 0-500 ppm?	OY O	N
	b. Calibrated against a sta (PID/FID only)?	andard ga	as prior to and afte	er each use	ם צם	N
	c. Inspected for leaks and	obvious	signs of wear on a	weekly basis?	OY O	N
d. Kept in a clean and secure area when not in use?						И
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON	
3. Has the facility maintained a leak log?					OY @	N
4.	Does the responsible official check the f	ollowing	areas for leaks?			
 -	Hose connections, fittings, couplings, and valves	CEY	Ωи	Muck cookers	T	ИО
	Door gaskets and seating		ПИ	Stills	4	Ωи
	Filter gaskets and seating	Y	מם	Exhaust dampers	DY.	Ωи
	Pumps	CPY	ПИ	Diverter valves	OY /	מם,
	Solvent tanks and containers	OK ,	ПИ	Cartridge filter housings	DX.	ΩΝ
	Water separators	ΟΧ	ΩИ	· 	<u> </u>	

ANWER VAYANI Name of Responsible Official	
Name of Responsible Official	
Rosana RIVERA	2.25.97
Inspector's Name (Please Print)	Date of Inspection
Pasana P.	2.98
Inspector's Signature	Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250740
ANWER INC
ANWER VAYANI
1240 SW 57TH AVE
WEST MIAMI FL 33144

Do NOT Remove Label

Annual Reporting Period:	_19 TO	19
Based on each term or condition of the Title V general air permit, n 62-213.300, Florida Administrative Code (F.A.C.), during the period		th DEP Rule
If NO, complete the following:		и .
#1. Term or condition of the general permit that has not been in con	ontinuous compliance during the reporting	period stated above:
		•
Exact period of non-compliance: from	to:	
Action(s) taken to achieve compliance:		Contra and a second
Method used to demonstrate compliance:		M 20
#2. Term or condition of the general permit that has not been in con-	ntinuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	RECEIVED	
Action(s) taken to achieve compliance:	0. 0. (0)	
Method used to demonstrate compliance:	JAN 2 2 1998	
·	Bureau of Air Monitoring & Mobile Sources	
As the responsible official, I hereby certify, based on information and be notification are true, accurate and complete. Further, my annual consultates not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons	emption of perchloroethylene solvent, based u	pon purchase receipts,
RESPONSIBLE OFFICIAL: MEROUN VA JAN / Name (Please Print)	1 Mesonwiss Ve Signature	Date /-15.98

^{*}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.

ATTAKTION PROMI

OCT-01-196 THE 13:08 ID:

#258 P01

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ANWER Inc.
2. Site Name (For example, plant name or number):
FRANK'S CLEANERS
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number: MCF Systems Atlanto, Inc & GAD 981269095
4. Facility Location: Suect Address: 12 HO SW 51st St Since the state of the state
City: WEST MIAMI County: DADE Zip Code: 33144
5. Facility Identification Number (DEP Use):
13-9500888 0350740
Responsible Official
Name and Till of Responsible Official:
ANWER VANANI, Proceeding
7. Responsible Official Mailing Address: Organization/Firm: 12 40 5. W. 57 Th Ave Street Address:
City: West MIAMI County: DADE Zip Code: 33144
8. Responsible Official Telephone Number: Telephone: 30526-8472 Fax: () NONC
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
as ahore ANWER VAYAMI
10. Facility Contact Address: 12405 SW 57M M
City: WEST MIMMI County: DADE Zip Code: 33144
11. Facility Contact Telephone Number:
Telephone: (305)261-847 Z. Fax: ()

HEUD FINZ

Facility Information

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

		Date	Date	1	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
,	1	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ΙD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12•NOV•93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-5
Dry-to-Dry Unit]		-						
(1) w/ ref. condenser		TOLY 1993	July1993		T	T			T
(2) w/ carbon adsorber			13.1.2	1		1			
(3) w/ no controls		,		 	1	1		 	1
Washer Unit			L					h	L
(4) w/ ref. condenser			<u> </u>	[1				
(5) w/ carbon adsorber									
(6) w/ no controls	·								
Dryer Unit	••••		1		L	J		L	L
(7) w/ ref. condenser					·	1			
(8) w/ carbon adsorber		~~~~~~						-	
(9) w/ no controls								,	
Reclaimer Unit			I	1	L	L			
(10) w/ ref. condenser					1	1			<u> </u>
(11) w/carbon adsorber									
(12) w/ no controls				-					
(b) Control devices are									
2.(a) What was the total of	juanti gallo	ty of perchlons	oroethylene (perc)	purchased in	the latest 12	mon	ths?	
(b) If less than 12 mont Check why it is less	hs, ho than	ow many? [/ 12 months:]	1/A] months New owner:] New store:	: [] Did :	not k	eep records;	
:									
3. What is the facility's son (Indicate with an "X".	arce o	lassification one classific	based on the cation only.)	defi	nitions found	l in section (3) of I	Part II?	
Existing small are	a sci	irce	Ne	w sm	all area sour	ce 🔀			
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e1			

DEP Form No. 02-213 900(2) Effective: 6-25-96

DCT-01-196	TUE	13:09	ID:
[NO] - ₩			***

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	and the second
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 units exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of bottler IIP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ts on-site meet the following 10 million BTU/hr or less (298 ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	· · · · ·
Equipment Monitoring and Recordkeeping Infor-	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	LX1
(b) Leak detection inspection and repair	K)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	X
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease Indica	ite with an "X" the appropriate selection:	
L1	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
()XQ	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
iliis notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facilification. I hereby certify, based on information and belief formed after reasonable his made in this notification are true, accurate and complete. Further, I agree to operate and complete of the air pollutant emissions units and air pollution control equipment described about his air pollution control equipment described about his general permit as set forth in Part II of this not	inquiry, that the perate and pove so as to
I will pro	omptly notify the Department of any changes to the information contained in this ne	_
- Signature	1/0//	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	∑ X Į	COMPLAINT/DISCOVERY	
	RE-INSPECTION	a		
			· .	P
1	, ,		N: 1:00 pm тімьойт:	1:45pm
FACILITY NAME:F	Frank Clear	ers	A L	
FACILITY LOCATION:	_	57 A	ve gr	5 4
	·	3314	17	£ (1)
RESPONSIBLE OFFICIAL:	Anwer Vai	jani	PHONE: (305) 26 1-8	472
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM				
2. Facility failed to notify DAF	RM to use general permit			
PART II: CLASSIFICATION	N		 	
				I
Facility indicated on notificat			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business/	petroleum
(check appropriate box)	ion form that it is:		☐ Drop store/out of business/	petroleum
(check appropriate box) A. 1. Existing small area sou	ion form that it is:	New small a	☐ Drop store/out of business/	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal	ion form that it is: rce	to-dry only	☐ Drop store/out of business/ rea source x < 140 gal/yr	petroleum
(check appropriate box) A. 1. Existing small area sou	ion form that it is: rce	to-dry only	☐ Drop store/out of business/ rea source , x < 140 gal/yr < 200 gal/yr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	ion form that it is: rce	to-dry only, sfer only, x types, x <	☐ Drop store/out of business/ rea source , x < 140 gal/yr < 200 gal/yr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ion form that it is: rce	to-dry only, sfer only, x types, x < structed on	The Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: rce	sto-dry only, x sfer only, x types, x < structed on New large a	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ion form that it is: rce	sto-dry only, x sfer only, x types, x < structed on New large a to-dry only.	☐ Drop store/out of business/ rea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source ☐ , 140 ≤ x ≤ 2,100 gal/yr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	to-dry only, x sfer only, x types, x < structed on New large a to-dry only sfer only, 26 types, 140	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	to-dry only, x sfer only, x types, x < structed on New large a to-dry only sfer only, 26 types, 140	☐ Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	ster only, x a types, x < a structed on New large a to-dry only, sfer only, 20 a types, 140 a structed on structed on	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	ion form that it is: rce	sto-dry only, sfer only, x a types, x < a structed on New large a -to-dry only, sfer only, 26 a types, 140 a structed on	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the sound types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	ion form that it is: rce	to-dry only, services only, x a types, x < a structed on types, x < a structed on the large a deto-dry only, as fer only, 20 a types, 140 a structed on types.	□ Drop store/out of business/ rea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source , 140 \leq x \leq 2,100 gal/yr \leq 00 \leq x \leq 1,800 gal/yr or after 12/9/91) □ Can not determine	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility	ion form that it is: rce	eto-dry only, services only, x on types, x < a structed on types, x < a structed on types, 140 a	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $x < 200 \text$	petroleum



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 ON EN/A
2. Examining the containers for leakage?	DY ON OTNA
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 ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WINA
	· · · · · · · · · · · · · · · · · · ·
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 refrige (complete A below).	rated 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).	rated 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?	φΎ ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מאם אם אם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON ON/A
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON DNIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □N

B.	Has the responsible official of an existing large or new large area source also:		
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ום צם	٧
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	מ אם	A/ND V
İ	Is the temperature differential equal to or greater than 20° F?	OY O	N DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	OY O	A/MD N
	Is the perc concentration equal to or less than 100 ppm?	OY O	N □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?	OY O	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	uy u	N DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		
Ш	as the responsible official:		
(c	neck appropriate boxes)		/
١,	NACTOR IN THE STATE OF THE STAT		(,

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY MY
2. Maintained rolling monthly total of perc consumption?	OY MAN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DINA
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 OM/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OPRIVA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WIN/A
6. Maintained startup/shutdown/malfunction plan?	MO AM
7. Maintained deviation reports?	DY DN WIA
Problem corrected?	אומט אם עם
8. Maintained compliance plan, if applicable?	ON ON ONIV

PA	PART VI: LEAK DETECTION AND REPAIRS			
1,	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			MA ON
2.	Has the facility maintained a leak log?			DY MN
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ØN/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	DY ON ONA
	Pumps	DY ON ON/A	Diverter valves	DY ON ONA
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		i
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed so	olvent on exterior surface	es)	8
	Physical detection (airflow felt th	rough gaskets)		
	Odor (noticeable perc odor)		•	
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	D .
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	oment:	DAN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b.· Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in us	se?	אם אם
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
	•			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	-		
	- -		
			•
		•	

	ABLE COPY
% - 4h	MARY REPORT PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00 pm TIME OUT: 1:45 pm TYPE OF FACILITY: Perc Dry Cloane FACILITY NAME: Frank Cleaners FACILITY LOCATION: 1240 Sto 57 Ave Miami, FL 3314 RESPONSIBLE OFFICIAL: Anwer Vayani	DATE: 1 4 99
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:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak inspection 108.	Begin keeping leak inspection results in FDEP Calendar provided.
No 12 Month Rolling Perc Consumption 108.	Calendan provided.
Not all receipts were readily available (perc purchase)	Begin keeping receipts on-site for a minimum of 5 years.
COMMENTS: Equipment Satisfact	ory.
<i>:</i> .	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1 2000 (A)	pproximate)
NSPECTION CONDUCTED BY: Deboro	lease Print)
NSPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-6925
Page_	of . Revised 10/96

Kip

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Frank	Cleaners		DATE: 1299
FACILITY LOCATION: 1240	SW 57 Ave	· .	
FACILITY LOCATION: 1240 Mia	mi Fl 3314		OF THE PER
		·	300
Annual Reporting Period:	19	<u>98</u> то	19 E
Based on each term or condition of the 3 62-213.300, Florida Administrative Cod			ance with DEP relic YES ANO
If NO, complete the following:			
#1. Term or condition of the general per No look inspection			eporting period stated above: NISSING SOME PERC REC
Exact period of non-compliance: from Action(s) taken to achieve compliance:	1 (98 10 119	19
Method used to demonstrate compliance	\bigcirc \bigcirc		
#2. Term or condition of the general po	ermit that has not been in contin	nuous compliance during the n	eporting period-stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		·	
Method used to demonstrate compliance	æ:		
As the responsible official, I hereby centered in this notification are true, accurate upon rolling averages of purchase received for transfer or combination facility RESPONSIBLE OFFICIAL:	rate and complete. Further, my cipts, does not exceed 2,100 galdies.	annual consumption of perch	loroethylene solvent, based
	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.

BEST AVAILABLE COPY MOTECTION SUMMARY REPORT ANNUAL [TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: ______AIRS ID#:______ TYPE OF FACILITY: FACILITY NAME: _____DATE: FACILITY LOCATION: 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 OMMENTS: he Annual Compliance Certification form has been properly certified and submitted to the inspector. YES МОП ATE OF NEXT INSPECTION: (Approximate) ISPECTION CONDUCTED BY:____ ... (Please Print) PHONE NUMBER: SPECTOR'S SIGNATURE: Page of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCONTERY 42 TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 0250740 DATE: 1/14/00 TIME IN: 11:20 TIME BUTT FACILITY NAME: FRANK'S DRY CLEANING FACILITY LOCATION: 1240 Sw 57 AVe. Minni, FL 33144 RESPONSIBLE OFFICIAL: ANWER YMANI PHONE: 305-261-8472 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth 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, $140 \le x \le 2,100$ gal/yr transfer only, 200 < x < 1,800 gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, 140 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$ □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification:

1/27/00

facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit

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

facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) MD AM 1. Equipped all machines with the appropriate vent controls? MY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ZY ON verifying that the coolant had been completely charged?

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	QΥ	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	Πи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□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?	OM DN
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 win 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable 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?	er on
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

P	ART VI: LEAK DETECTION AND I	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	nd repair		
	inspection?					
2.	Has the facility maintained a leak log?			ØY ON		
3.	Does the responsible official check the	following areas for leaks?		·		
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	DY ON MIN/A		
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	QY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	PY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by the	he responsible official?				
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt the	rough gaskets)				
	Odor (noticeable perc odor)			<u>d</u>		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	۵		
	Halogen leak detector	,		D		
	If using direct-reading instru	ımentation, is the equipn	nent:	ØN/A		
	a. Capable of detecting p	perc vapor concentrations i	in a range of 0-500 ppm?	אם צם		
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and aft	ter each use	OY ON		
	c. Inspected for leaks an	d obvious signs of wear or	a a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in use?	?	OY ON		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON		

Iran farm

Inspector's Name (Please Print)

Date of Inspection

1/01

Approximate Date of Next Inspection

- Good HOSEKEEPING.
- Revnand FDFP colender made minor corrections, Still < 140 gallons
- Machine operating at time
- INC

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL .	COMPL	.AINT/DISCOVER	Y	RE-INSPECTION
TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION:	TIME OUT:	11:	45 AIRS	ID#: (5250740
TYPE OF FACILITY:	PERC Dry (Years	V		· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	Franks Dry	Clear	er		DATE: 1/14/00
FACILITY LOCATION:	1240 SW	57	Ave.		
	Miam	FL.	33144		
RESPONSIBLE OFFICIAL:	Anwer Vaga	n (PHONE 1	NUMBER:_	305-261-8472
F	the compliance requirement Tule 62-213.300, Florida A			on, the facili	ty is found to be in
Based on the results of discrepancies were note	the compliance requiremer d:	nts evaluated	I during this inspecti	on, the follow	wing compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-U	JP ACTIO	N REQUIRED
:					
COMMENTS:	Houseke	eping			
Recor	ds in or	-der	- Satis	FACTO	ey
The Annual Compliance Certific	ation form has been prope	rly certified	and submitted to the	e inspector.	YES NO
DATE OF NEXT INSPECTIO	N:	/0/	oximate)		
INSPECTION CONDUCTED	BY: Tue		e Print)		·
INSPECTOR'S SIGNATURE:	\			NUMBER:_	305-372-6925
		Page o	.f		Pavisad 10/0

AIRS ID#: 0250740

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

TIA OW WAY DIA DEP	Faring	\		
FACILITY NAME:				E: (1/4/00
FACILITY LOCATION:		-	the state of the s	<u> </u>
	Miam,	FC 3314	4	
·				2000
Annual Reporting Period:	Jan	19 <u>-77</u> TO	Jan	19
Based on each term or condition	of the Title V general:	air permit, my facility has rema	ined in compliance with	DEP Rule
62-213.300, Florida Administrati	-	- · · · · · · · · · · · · · · · · · · ·	~	□NO
If NO, complete the following:				
#1. Term or condition of the gen	eral permit that has no	nt been in continuous compliance	e during the reporting p	eriod stated above:
W. Torm of consider of the gen	oral portar date talls in	occi in continuous compilario	or during the reporting pr	
				
Exact period of non-compliance:		t		· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compl	iance:	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Method used to demonstrate com	pliance:			
#2. Term or condition of the gen	eral permit that has no	ot been in continuous complianc	ce during the reporting po	eriod stated above:
Exact period of non-compliance:	from	to		•
Action(s) taken to achieve compl	iance:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate com	pliance:			
And house will a Control I have		6		
As the responsible official, I here made in this notification are true	, accurate and comple	te. Further, my annual consum	ption of perchloroethyle	ne solvent, based
upon rolling averages of purchas year for transfer or combination		ceed 2,100 gallons per year for	r dry-to dry facilities or	1,800 gallons per
	yayai		Mul	1-14-00
RESPONSIBLE OFFICIAL: _	Name (Please	Print)	Signature	Date
				·

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of ____.

discretion of the responsible official to use this form.

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#0250740

ANWER INC ANWER VAYANI 1240 SW 57TH AVE WEST MIAMI FL 33144 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

on the reverse side?	SENDE Complete items 1 and/or z for adumunar 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 can return this be does not le number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed	AIRS ID#: 0250740 AIRS ID#: 0250740 ANWER INC ANWER VAYANI 11240'SW 57TH AVE WEST MIAMI FL 33144	4a. Article N 4b. Service 1 Registere Express I Retum Red 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Re
s your RETURN	5. Received By: (Print Name) 6. Signature (Addressee of Agent)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank
) <u></u>	PS Form 3811 , December 1994		Domestic Return Receipt	

	·P 5F2 305 435
1	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to
	AIRS ID#: 0250740
ANV 1240	/ER INC /ER VAYANI ISW 57TH AVE ST MIAMI FL 33144
	Certmed 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 2/17/97

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261228

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

FEB 24, 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0250740

ANWER INC ANWER VAYANI 1240 SW 57TH AVE WEST MIAMI FL 33144 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250740

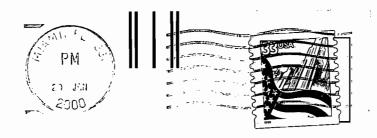
FRANK'S CLEANERS ANWER VAYANI 1240 SW 57TH AVE WEST MIAMI FL 33144 N 25 00

FOR GOVERNMENT USE ONLY

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

Obj.: 002273





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

32315X307**4**E31543070 hilliohhillionlhhinhillionlhinh

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0250740001AG ANWER VAYANI FRANK'S CLEANERS 1240 SW 57TH AVE WEST MIAMI FL 33144 	A. Received by (Please Print Clearly) C. Signature X S DALING SAMOR Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label). 10000600.000 (H130 30)	13
PS Form 3811, July 1999 Domestic Re	turn Receipt · 102595-99-M-1789
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금 [n r				
-	10 AIRS ID # 0250740001AG S				
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~	WEST MIAMI FL 33144			•	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250740

FRANK'S CLEANERS ANWER VAYANI 1240 SW 57TH AVE WEST MIAMI FL 33144 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20.2-03500177 Obj.: 002273

Frank's Cleaners 1249 SW 57th Ave Miami FL 33144



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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250740

FRANK'S CLEANERS ANWER VAYANI 1240 SW 57TH AVE WEST MIAMI FL 33144 FOR GOVERNMEN SUSCOND PURCH STORY OF A STORY

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Obj.: 002273 =