

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Abdul Auz Bhimani President Goody's Quality Cleaners 16990 Northeast 19 Avenue North Miami Beach, Florida 33162

Re: Facility I.D. No. 0250744

Dear Mr. Bhimani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Ewart Anderson, Dade County

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

#0250744 P.15 (f) should be marked

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

- 1	Facility Company Name Olympa from antique and in the total company
••	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
í	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	GODDYS QUALITY CLEAMERS
3.	`
э.	and the second s
	9500258 - GAD981269095
4.	Facility Location: 16990 NR 19th AR
	Street Address: City: NMiami Boxest County: DOTE Zip Code: 33162
	City: 1 Vi Couring Property Couring. 130136 Zip Code. 3300
5.	Facility Identification Number (DEP Use):
	025044
	Responsible Official
6.	Name and Title of Responsible Official:
f	ABOUL ALIZ BHIMANI - PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: 16990 WE 19th AND
	3.8
	Street Address:
	Street Address: City: Nonigami Paracut County: Dobe zip Code: 33162
8.	Street Address: City: N_Man Brack County: Dobe Zip Code: 331 62  Responsible Official Telephone Number:
8.	Street Address: City: N_Man Brack County: Dobe Zip Code: 331 62  Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
8.	Street Address: City: N_MACH County: DODE Zip Code: 331 62  Responsible Official Telephone Number:
	Responsible Official Telephone Number: Telephone: (30T) 949-8391 Fax: (305) 949-8391  Facility Contact (If different from Responsible Official)
	Responsible Official Telephone Number: Telephone: (30T) 949-8391 Fax: (305) 949-8391
	Responsible Official Telephone Number: Telephone: (30T) 949-8391 Fax: (305) 949-8391  Facility Contact (If different from Responsible Official)
9.	Responsible Official Telephone Number: Telephone: (30T) 949-8391 Fax: (36S) 949-8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):
9.	Responsible Official Telephone Number: Telephone: (30T) Gug-8391 Fax: (305) 949-8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  The phone of Facility Contact (For example, plant manager):  The phone of Facility Contact (For example, plant manager):
9.	Responsible Official Telephone Number: Telephone: (30T) G 49 - 8391 Fax: (30S) 949 - 8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  The Facility Contact Address:  Street Address:
9.	Responsible Official Telephone Number: Telephone: (30T) Gug-8391 Fax: (305) 949-8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  The phone of Facility Contact (For example, plant manager):  The phone of Facility Contact (For example, plant manager):
9.	Responsible Official Telephone Number: Telephone: (30T) 949-8391 Fax: (30S) 949-8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Here Address:  Street Address:  City:  County:  Zip Code:  Zip Code:
9.	Responsible Official Telephone Number: Telephone: (30T) G 49 - 8391 Fax: (30S) 949 - 8391  Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:  NA  Street Address:

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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.

Economatic		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	. ID	Purchased	Installed	ID	Purchased	Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC- <b>)</b> T	SLA	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	5	ZPT 195	91	2	ONO	MARIC			
(I) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		NA	- A-1				: :	i de la composición della comp	1.4. 1.4
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		,							
Dryer Unit		NA		: " '	jan stakar 1		i .		or May 1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls		Н.							-
Reclaimer Unit		NA	ayera . Po			and the second second			
(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 mont Check why it is less  3. What is the facility's so	are requanting gallo	equired to be ity of perchlo ons ow many? [	installed [] months New owner:	perc)	purchased ir	: [] Did :	not k	eep records:	
(Indicate with an "X".  Existing small ar		. /	-		nall area sour	re [ ]	ĺ		
Daisting small at	-u 30		140	++ 311	iaii ai ca soui		1		
Existing large are	ea sou	ırce [] <b>9</b>	Ne	ew lar	ge area sour	ce []			

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4. What control technology is required on (Indicate with an "X".)	machines pursuant to section (5) of I	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	1 .	
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units ex	l steam and hot water generating unit	
All steam and hot water generating units boiler HP or less), and (2) are fired excluduring which propane or fuel oil containing	sively by natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units of No such units on-site	exempt []	
Equipment Mo	onitoring and Recordkeeping Inform	mation
Check all logs which are required to be keep	ept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchase	es	· 🗹
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature m	onitoring	MA
(d) Carbon adsorber exhaust perc concent		NA
(e) Instrument calibration		NA
(f) Start-up, shutdown, malfunction plan		NA

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### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:	
	I hereby surrender all existing air permits facility indicated in this notification form;	
$ \checkmark $	No air permits currently exist for the oper this notification form.	ation of the facility indicated in
	Responsible Offici	al Certification
this notifi statement maintain comply w	ication. I hereby certify, based on informations in this notification are true, accurate the air pollutant emissions units and air poly with all terms and conditions of this general parts.	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and lution control equipment described above so as to permit as set forth in Part II of this notification form.
1 wiii pro	A Aur Ramoni	8/27/96
Signature		Date

· ;	BEST AVAILABLE COPY	# 0250744	
' ~	PIS		
	(f) sh	ould be marke	RECEIVE
		but be marke	NOV 1 2 1996
	1. Facility Own		Air Dyphitys DN
Diga	2. Site Name (I		Management Division
	(100)	·	
	3. Hazardous		
	4. Facility L		5
	Street Ad City: (N)	/ % a /	33162
	Sw. Eacility I		
	S. Araciny,		
	destruit Constitution of the Constitution of t	Y	新生物的现在分词 100 100 100 100 100 100 100 100 100 10
ı	6. Name		
	ABBUL.,		Tu
	7. Responsible Official Mailing Ac	1dress:	
	I SITPEL AUGITESS	FACUL COUNTY: DODE	zip Code: 331 62
	Responsible Official Telephone		
	Telephone: (301) 9 =	t9-8391 Fax: (3)	59 949-8391
ı	Facility C	Contact (If different from Responsi	ble Official)
	Name and Title of Facility Contact	act (For example, plant manager):	
	<b>9</b>	7/ A	
	10. Facility Contact Address:	MA	
	Street Address:		7in Code
	City:	County:	Zip Code:
	11. Facility Contact Telephone Num Telephone: ( ) -	nber: N (V Fax: (	) -

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Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
٢	GOODYS QUALITY CLOANERS DESA'AL'A CLEAMERS Site Name (For example, plant name or number):
2.	
	GOODY'S QUALITY CLEAMERS
3.	Transmitted in abit Contract Indianiformics in animos.
	9500258 - GAD981269095
4.	Facility Location: 16990 NE 19th ADE Street Address:
	City: NMiami Road County: DONE Zip Code: 33162
<b>35.</b>	Facility Identification Number (DEP Use):
	15 1 1 C 25 O 7 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Responsible Official
6.	Name and Title of Responsible Official:
	ABBULATIZ BHIMANI - PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: 6990 WE 19th ANE
	Street Address:
	City: Now am Brach County: DODE Zip Code: 331 62
8.	Responsible Official Telephone Number:
	Telephone: (305) 949-8391 Fax: (305) 949-8391
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	N/ A
10.	. Facility Contact Address:
	MA
	Street Address:
	City: County: Zip Code:
11.	County: Zip Code:  Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

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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.

		Date	Date		Date	Date	l	Date	Date
ECONOMATIC		Machine	Control		Machine	Control		Machine	Control
CONTRACT	_	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	lnstalled	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-\$1	MA	#3	02-MAR-92	J ( <b>J</b> X 02-MAR-9.
Dry-to-Dry Unit	5	ERT 19	٩١	E (	ONO	NARIC			
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		NA	•				•	•	
(4) w/ ref. condenser				I			<u> </u>		
(5) w/ carbon adsorber					·				
(6) w/ no controls						-			
Dryer Unit		NA					·		
(7) w/ ref. condenser		1 "							
(8) w/ carbon adsorber				· · · ·					
(9) w/ no controls				· · · ·					
Reclaimer Unit		NA			<del>'</del>		<u> </u>	L	
(10) w/ ref. condenser		T .		Ι					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re quant galle	equired to be ity of perchlons ow many? [_	installed [_ proethylene (] 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 so	urce []	Ne Ne	ew la	rge area sour	ce [	]		

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4. What control technology is requi	ired on machines	pursuant to section (5) of P	art II of this notification form?
(Indicate with an "X".)	NLA		•
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	o be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	urchases		$\checkmark$
(b) Leak detection inspection and re	epair		
(c) Refrigerated condenser tempera	ture monitoring		LAMA LAMA
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	NA
(e) Instrument calibration			NA
(f) Start-up, shutdown, malfunction	n plan		JH .

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

### Surrender of Existing Air Permit(s)

Please 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)
$\checkmark$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats 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.
-	omptly notify the Department of any changes to the information contained in this notification.
Signature	A. Arir Bluman + 12/5/96 A. Arir Barrani 8/27/96

RECREVILLOVO/E/9D

AIR'S ID#: 0250744

# DRY CLEANER AIR QUALITY GENERAL PERMIT DEC 30 1996 ANNUAL COMPLIANCE CERTIFICATION FORM

<del></del>	Dureau of Air Monitoring
FACILITY NAME: GODYS QU.	Ality CLEANER SDATE: 12/22/96
FACILITY LOCATION: 16990 NO 16	at ano.
M. Miam	BEACH FLA 33162
Annual Reporting Period:	19
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	n in continuous compliance during the reporting period stated above:
~./ <u>~</u>	A
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· .
Method used to demonstrate compliance:	<u> </u>
#2. Term or condition of the general permit that has not been	n 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:	·
made in this notification are true, accurate and complete. F	ation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: AZUVL AZUL Name (Please Print)	Signature Date

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

INSPECTION SUMMARY REPORT ANNUAL V TYPE OF INSPECTION: COMPLAINT/DISCOVERY **RE-INSPECTION** TIME OUT: AIRS ID#: TYPE OF FACILITY: **FACILITY NAME:** DATE: **FACILITY LOCATION:** PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: in Compliance. FACILITY OPERATING The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:

(Please Print)

of

Page\_

PHONE NUMBER:

Revised 10/96

**INSPECTOR'S SIGNATURE:** 



### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>d</b>	COMPLAINT/DISCO	OVERY	
AIRS ID#: 0250744 D. FACILITY NAME: 6000 FACILITY LOCATION: 16	ATE: 12/5/90 14'S QUAL 990 NE HIDNI BU	194VE		e out: <i>2,</i>	' <i>D</i>
PART I: NOTIFICATION				<del></del>	
(check appropriate box)					
Existing facility notified DAR	M by 9/1/96				of
2. New facility notified DARM 3	0 days prior to start	up			۵
3. Facility failed to notify DARM	I to use general perr	nit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>e 🖸 O gal/yr</td><td>4. New large a dry-to-dry only transfer only, 2 both types, 140</td><td>, x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr or after 12/9/91)</td><td></td><td></td></x<2,>	e 🖸 O gal/yr	4. New large a dry-to-dry only transfer only, 2 both types, 140	, x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)		
This is a correct facility classific	ation	MC NG			
	ed for a general perr s above limits and is	not eligible for	a general permit	ns by this dry	cleaning
facility was 6 gallons.	, <u>(1</u> ) [-				

### (check appropriate boxes) NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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 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? $\Box$ Y $\Box$ N DY DN DN/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 condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

2 of 4

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ΠИ	
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	□и	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			
ш	as the responsible official: heck appropriate boxes)	/		
1.	Maintained receipts for perc purchased?	αy	ПИ	
2.	Maintained rolling monthly averages of perc consumption?	ΔY	ΩN	
3.	Maintained leak detection inspection and repair reports for the following:	/		
	a. documentation of leaks repaired w/in 24 hrs? or;	ØУ	ΩИ	
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΔY	Ωи	/
4	Maintained calibration data? (for direct reading instruments only)	ΠY	ΠИ	<b>Ø</b> N/A
5	Maintained exhaust duct monitoring data on perc concentrations?	ΩУ	ПN	ND
6	Maintained startup/shutdown/malfunction plan?	ΔY	ИС	
7	Maintained deviation reports?	C	ΩИ	AM
	Problem corrected?	<u> Y</u>	ПΝ	NA
8	Maintained compliance plan, if applicable?	E. Y	ΩИ	MNA
Ų_	1 1 7 11			
P	ART VI: LEAK DETECTION AND REPAIRS	<u> </u>	,	

2.	Which method of detection is used by the	ne respons	sible offic	cial?			
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt thr	ough gas	kets)		Z/		
	Odor (noticeable perc odor)	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						·
	If using direct-reading instrume	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting p	perc vapo	r concent	rations in a range of 0-500 ppm?	ΟY	ПИ	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
d. Kept in a clean and secure area when not in use?						ПΝ	·
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПΝ	
3.	Has the facility maintained a leak log?				ΠY	ПN	NA
4.	Does the responsible official check the	following	areas for	r leaks?			
	Hose connections, fittings, couplings, and valves		ПN	Muck cookers	ΠY		N NA
	Door gaskets and seating	G.	ПИ	Stills	ØY	· 	N
	Filter gaskets and seating	Ø\z	ПΝ	Exhaust dampers	DYY.		N
   	Pumps	DYY	ПИ	Diverter valves	DY		IN.
	Solvent tanks and containers	МA	ПΝ	Cartridge filter housings	<b>D</b> Y		IN
	Water separators	ДY	□и				
	Abdul BhimAn Name of Responsible Officia	J. al					

4 of 4

Approximate Date of Next Inspection

DITIONAL SITE INFOR	MATION:			 	
	•				
•					
					·
•	•		•		
					•
		•			
	•				
<b>_</b>					

# BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT

COMPLAINT/DISCOVERY

( ISPECTION SUMMARY REPOR

ANNUAL 7

TYPE OF INSPECTION:	ANNUAL 🛮	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 140	TIME OUT:	200	AIRS ID#:	0250744
TYPE OF FACILITY:	PCICC.	Ansay C	CELLY STED	
FACILITY NAME:	Crowy S	1 Elling	City Clemism	-S DATE: 2-2-98
FACILITY LOCATION:	164721		2 UNE	
RESPONSIBLE OFFICIAL:	noby to	(n etani	PHONE NUMBER	R:
Based on the results of compliance with DEP I	•		during this inspection, the factor (F.A.C.).	acility is found to be in
Based on the results of discrepancies were note		nents evaluated	during this inspection, the f	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROI	BLEM	FOLLOW-UP AC	TION REQUIRED
			,	
	<u> </u>			——————————————————————————————————————
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	**************************************			AR 3 0 1998 of Air Moniton Mobile Sources
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COMMENTS:	Milify 1	( in)	Compliance	ے.
		•		
The Annual Compliance Certif	ication form has been pr	operly certified	and submitted to the inspec	etor. YES NO
DATE OF NEXT INSPECTI	on:	199	<u>* 3</u>	
			oximate)	
INSPECTION CONDUCTED	D BY:	IME /	V421720	>
INSPECTOR'S SIGNATUR	1011	(Pleas	e Print) - PHONE NUMB	FR. 3726922
MSI BOTOR SSIGNATOR		Page	PHONE NUMB	Revised 10/9

ARS 10#: 0250744 ( WC)

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 5000 65  FACILITY LOCATION: 169	790 Niet 1 74 MIAMI	191VE	DATE:	
Annual Reporting Period: 12	-/5	19.96 TO	2-2-78	19
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			~~/	EP Rulc NO
If NO, complete the following:				
#1. Term or condition of the general permit t	hat has not been in cor	ttinuous compliance d	uring the reporting per	Burea &
Exact period of non-compliance: from		to		u of Ai
Action(s) taken to achieve compliance:				ω <sup>-</sup> Ο
Method used to demonstrate compliance:		<del> </del>	· .	0 1998 Monitoring Sources
#2. Term or condition of the general permit	that has not been in con	ntinuous compliance o	luring the reporting per	iod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	<del> </del>			
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further,	my annual consumpt	ion of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL: Nan	ne (Please Print)	under	Signature	Date

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

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

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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				1	, , ,	
PERC	HLOROETHYL	ENE DI	RY CLEA	NERS _		
	TITLE V GENT COMPLIANCE INSPI	ERAL PEI	RMIT	Sureau Mak	3 L	
TYPE OF INSPECTION:	ANNUAL	œ	COMPLAIN	T/DISCO VERVE		)
	RE-INSPECTION	<u> </u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Nonjiorin Cestin	
AIRS 1D#: <u>0250744</u>	DATE: 2-2-98	TIME	IN: 140	TIME OUT:	200	
FACILITY NAME:	00045 Ch	meta	Clin	NERS		
FACILITY LOCATION:	16990 N	K 1	9AVE	·		
RESPONSIBLE OFFICIAL :	ABDUL BK	IMMI	, PHONE:	949-83	39/	
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	

Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
À.	1
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	/
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate classific	eation:
facility qualified for a ge	
	nits and is not eligible for a general permit
•	

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

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ	□n/a
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	OY ON	N/A
 	Is the perc concentration equal to or less than 100 ppm?	OY ON	□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?	חלם אם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MY ON					
2. Maintained rolling monthly averages of perc consumption?	ON YO					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	DIY ON ON NA					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN CON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	אואס אכן צכן					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A					
6. Maintained startup/shutdown/malfunction plan?	MO AM					
7. Maintained deviation reports?	אואאם אם צם					
Problem corrected?	OY ON CONA					
8. Maintained compliance plan, if applicable?	OY ON ON/A					

١	D A	DT	1/Y.	YTCA	K DETE	CTION	AND	DTD.	A TO C
	$\mu$		$v_{I}$	1 H.A	K 13K 1 K		A (VI)	K H P	аік

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			day □N				
2.	Has the facility maintained a leak log?			YX LAN				
3.	Does the responsible official check the fe							
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON MN/A				
	Door gaskets and seating	DY ON ON/A	Stills	AVACI NCI YA				
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	MY ON ON/A				
	Pumps	OY ON ON/A	Diverter valves	MY ON ON/A				
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by the	e responsible official?						
	Visual examination (condensed so	lvent on exterior surface	es)					
	Physical detection (airflow felt thro	ough gaskets)						
	Odor (noticeable perc odor)	<b>o</b>						
	Use of direct-reading instrumentat	· ·						
	Halogen leak detector			<b>.</b>				
	If using direct-reading instru	□N/A						
	a. Capable of detecting p	DY DN						
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and	after each use	OY ON				
	c. Inspected for leaks and	ΩY ΩN						
	d. Kept in a clean and se	se?	□Y □N					
	e. Verified for accuracy b	by use of duplicate samp	les (calorimetric only)?	□Y □N				

Inspector's Name (Please Print)

Z - 2 - 93
Date of Inspection

2 1999 Approximate Date of Next Inspection

ADDITIONAL SITE IN	FORMATION:		· ·		
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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
AIRS ID#: <u>0250744</u> DATE: <u>3/29</u> FACILITY NAME: <u>Goody's</u> G	Justify Clare
FACILITY LOCATION: 16990	WE 19th Ace
1000-41	n Minni Beach F[.33162
RESPONSIBLE OFFICIAL: ABelul	Bhman: PHONE: (305) 949-8391
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup 🔲
2. Facility failed to notify DARM to use general pe	
2. Yashin, tened to hothly 2. Tay to also generally	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source 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 $\Box$ 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)	(constructed on or after 12/9/91)
(constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	(constructed on or after 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)
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	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
3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general series.	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 $12/9/91$ )

£. \$ 4/14/99

HB) HOR

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DAYA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON DWA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY 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?	ΩΥ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□Ņ/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Пи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ON	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩN	□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	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS							
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DN				
2.	Has the facility maintained a leak log?			DN DN				
3.	Does the responsible official check the							
	Hose connections, fittings, couplings, and valves							
	Door gaskets and seating	אום עם יאם	Stills	מאם אם אם				
	Filter gaskets and seating	EZY DAN DIN/A	Exhaust dampers	אואם אם אס				
	Pumps	EN DN DN/A	Diverter valves	DY DN DNA				
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	OY ON ON/A				
	Water separators	MY ON ON/A						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed s							
	Physical detection (airflow felt th	•						
	Odor (noticeable perc odor)		NO.					
	Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)					
	Halogen leak detector							
	If using direct-reading instr	DAVIA						
	a. Capable of detecting	DY ON						
	b. Calibrated against a (PID/FID only)?	חצ סא						
	c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	DY DN				
	d. Kept in a clean and s	secure area when not in use?		□Y- □N				
	e. Verified for accuracy	y by use of duplicate sample:	s (calorimetric only)?	OY ON				

Inspector's Name (Please Print)

Inspector's Signature

3/29/99
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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			·
5			
	·		
			•

ALL NIN SUM	MARY REPORT BEST AVAILABLE COPY
	PLAINT/DISCOVERY RE-INSPECTION
	AM AIRSIDH: 0250 744
PEOFFACILITY: Pec Dy C	leone
CILITY NAME: Goods Gudity ACILITY LOCATION: 169190 NE 19	th rue MIAM) FZ
ESPONSIBLE OFFICIAL: Abdul BH	PHONE NUMBER: (305) 349-8391
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 evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	·
A. Company of the second secon	
OMMENTS:	
;	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
PATE OF NEXT INSPECTION:	OOO
NSPECTION CONDUCTED BY:	lease Print)
NSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>C3=5</u> ) 372-69
Pagc_	of Revised 10/5

AIRS ID#: <u>0750744</u>

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period: March 1998 TO Harch 1998 TO The Pale 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. WYES NO If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab Exact period of non-compliance: from to Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab Exact period of non-compliance: from to Action(s) taken to achieve compliance: from to Action(s) taken to achieve compliance: Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab Exact period of non-compliance: from to Action(s) taken to achieve compliance:  #3. The responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statem made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, ba upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons	· · · · · · · · · · · · · · · · · · ·			-
Annual Reporting Period: MArch 1998 TO MARCH	129/99	Ceener DATE: D	11	
Annual Reporting Period:	mi Bearl	Average Morth Mran	90 NE 19th	FACILITY LOCATION: 1699
Annual Reporting Period:			·	FL. 33(62
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab Exact period of non-compliance: from				
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES   NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from   Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from   to   Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from   to   Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:  Mothod used to demonstrate compliance:	19 <i>_9</i>	1998 TOMarch	ch	Annual Reporting Period: MACC
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from	Rule	mit, my facility has remained in compliance with DEP R	the Title V general air perm	Based on each term or condition of the
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from	ONE	period covered by this statement. YES	Code (F.A.C.), during the	62-213.300, Florida Administrative C
Exact period of non-compliance: from				If NO, complete the following:
Exact period of non-compliance: from	stated above:		-	_
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from				· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab  Exact period of non-compliance: from		·	.ce:	Action(s) taken to achieve compliance
Exact period of non-compliance: from			ance:	Method used to demonstrate complian
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry-to-	stated above:	in continuous compliance during the reporting period st	al permit that has not been i	#2. Term or condition of the general
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 statement made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry-to-		to	om _	Exact period of non-compliance: from
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the stateme made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, ba upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons p				
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, bat upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to-dry-to			ance:	Method used to demonstrate complian
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, bat upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons p				
	lvent, based	rther, my annual consumption of perchloroethylene solv	ccurate and complete. Fur eccipts, does not exceed 2,	made in this notification are true, accupon rolling averages of purchase rec
RESPONSIBLE OFFICIAL: BRADIAGE BHONONI AAUT BENNES 3	3/29/9	BHMANI AAUT BLOVE	Drackar	RESPONSIBLE OFFICIAL:
Name (Please Print) Signature Date	Date	Signature	Name (Please Print)	

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

all

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250744

ALIA CLEANERS INC ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	narch	1998	то	mark	1999
Easearon each term of condition of the 62-213.300, Florida Administrative					ER KUIE
-	code (r.A.C.), during the	period covered t	y uns staten	ient. Dies	<b>LINO</b>
If NO, complete the following:					
#1. Term or condition of the general	permit that has not been	in continuous co	mpliance du	ring the reporting perio	od stated above:
	·				
Exact period of non-compliance: fro	m		to		
Action(s) taken to achieve compliance	ce:				
Method used to demonstrate complia	nce:	_			· .
					•
#2. Term or condition of the general	permit that has not been	in continuous co	mpliance du	ring the reporting perio	d stated above:
Exact period of non-compliance: fro	m		to		
Action(s) taken to achieve compliance	ce:	_			· .
Method used to demonstrate complia	nce:				
		· · <u> </u>			
As the responsible official, I hereby cer notification are true, accurate and com does not exceed 2,100 gallons per year	plete. Further, my annual	consumption of pe	erchloroethyle	ene solvent, based upon p	purchase receipts,
RESPONSIBLE OFFICIAL:	Angu Arii	BHMAX	i P	Hur Bin	S 2/28/58
	Name (Please Print)		Sig	nature	Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250744 ALIA CLEANERS INC ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE **NORTH MIAMI BEACH FL 33162** Do NOT Remove Label Annual Reporting Period Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule  $\square$ NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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.

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

### BEST AVAILABLE COPY

gordys cludwing Ine. Acid cludwing Ine 16990 he 19th Ave 1899 FLA 33162 P&DC MIAMI.FL 01717798 21:29 DCR#.1

REGETVED

Bureau of Finance and Accounting REVENUE TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315-3**0**70

RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR 1 3 2000

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ON		COMPLAINT/DISC	CO <del>VERSI</del> U & Mo	of Am Monitoring obile Sources
AIRS ID#: 0250744	DATE: 2/1/	00	TIME	IN: <u>2:00</u> TIM	IE OUT: 💪	2:30
FACILITY NAME:	600)75	00	J.Ly	Cleaners	······································	
FACILITY LOCATION:	•		,			l I
				n Beach		ii ii
RESPONSIBLE OFFICIAL :	Abdul 3	him	ani	PHONE: 305 -	949 -8	7351
CONTACT NAME:	<u>.</u>		<del> </del>	PHONE:		
PART I: NOTIFICATION	<u> </u>					
(check appropriate box)				•		
1. New facility notified DARM	30 days prior to sta	rtup				
2. Facility failed to notify DAR			,			
PART II: CLASSIFICATION						
Facility indicated on notification	on form that it is:	,		☐ No notification fo		
(check appropriate box)				☐ Drop store/out of	business/pet	roleum
A. 1. Existing small area source.	ce 🗹	2. Ive	v small a	area source		
dry-to-dry only, x < 140 gal/y		dry-to-	dry only	, x < 140 gal/yr		
transfer only, $x < 200$ gal/yr	•		-	< 200 gal/yr		
both types, $x < 140$ gal/yr				140 gal/yr		ļļ.
(constructed before 12/9/91)		(constr	ucted on	or after 12/9/91)		·
3. Existing large area source	e 🗓	4 Nev	v large a	irea source	<u>-</u>	. [1
dry-to-dry only, $140 \le x \le 2$ ,			_	$140 \le x \le 2,100 \text{ gal/yr}$	-	
transfer only, $200 \le x \le 1,800$				, 00 ≤ x ≤ 1,800 gal/yr		
both types, $140 < x < 1,800 g$				$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	-	(constr	ucted on	or after 12/9/91)		
5. This is a correct facility cla	assification	OY	ПN	□Can not determine		ļ
If no, please check the a	appropriate classific	ation:				
,	y qualified for a ge		mit as nu	ımber above		

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 131 gallons.

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

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПИ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	ПΝ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
PART V: RECORDKEEPING REQUIREMENTS				
ц,	os the responsible official:			

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

PART VI: LI	EAK DETECTION AND R	EPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?				•	ØΥ	ПN
2. Has the faci	ility maintained a leak log?				ΩÝ	ПN
3. Does the res	sponsible official check the f	ollowing	areas for leaks?			
ll .	connections, fittings, plings, and valves	QY OI	N □N/A	Muck cookers	· 🗆 Y	ON ON/A
Door	gaskets and seating	QÝ OM	N □N/A	Stills	ØΥ	ON □N/A
Filter	gaskets and seating	QΥ □1	N □N/A	Exhaust dampers	PY.	□N □N/A
Pump	s .	OY ON	N/A □N/A	Diverter valves	ЯΥ	□N □N/A
Solve	nt tanks and containers	QY ON	I CIN/A	Cartridge filter housings	ΖÝ	ON ON/A
Water	separators	QY OI	N □N/A			
4. Which meth	nod of detection is used by th	e responși	ble official?			
Visua	l examination (condensed so	vent on e	xterior surfaces)		2	
Physic	cal detection (airflow felt thro	ough ga <b>s</b> k	ets)		Ø	
Odor (	(noticeable perc odor)				Q	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				ubes)		
Halogen leak detector				.0		
If using direct-reading instrumentation, is the equipment:					<b>2</b> N/	A
	a. Capable of detecting po	erc vapor	concentrations in	a range of 0-500 ppm?	$\Box$ Y	ПN
	b. Calibrated against a sta (PID/FID only)?	andard gas	prior to and afte	r each use	ΩY	□N
	c. Inspected for leaks and	obvious :	signs of wear on a	a weekly basis?	. 🗆 Y	□N ·
	d. Kept in a clean and sec	ure area v	vhen not in use?		ΟY	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	□N
l. ,						
		<del></del>	<del></del>			
	Ivan Fann	r		2/2	/.	
lns	spector's Name (Please Print			Date of Inspection	,00	>
	,					
	Duran Dane	۲.		2/e	)(	
	Inspector's Signature			Approximate Date of N	Vext In	rspection

ADDITIONAL SITE INFORMATION:	
•	
, and the second	
-	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2'00 TIME OUT: 2: 2	30 AIRS ID#: 0250 744
TYPE OF FACILITY: Perc Dry Cl	eares
FACILITY NAME: Goody & Quality (	DATE: 2/1/00
FACILITY LOCATION: 18550 AVE 19	bu e
N. Mian, Beac	FC
RESPONSIBLE OFFICIAL: Abd. Blumani	PHONE NUMBER: 305-945-8751
RESPONSIBLE OFFICIAL: /Hode/ Bhimani	FHONE NUMBER. 327 777 V 3
Based on the results of the compliance requirements evaluate	
compliance with DEP Rule 62-213.300, Florida Administrat	ive Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ed during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
COMMENTS.	
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	· · · · · · · · · · · · · · · · · · ·
	roximate)
INSPECTION CONDUCTED BY: Ivan Fa	January in
· · · · · · · · · · · · · · · · · · ·	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-372-6925
- John John Marie	
Page	of Revised 10/96

AIRS ID#: 0350744

ACO

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:    M.   Manna   Deach   FC	FACILITY NAME:	Gerinday	Qual	4 Clean	ies	DATE:	_2/2/00
Annual Reporting Period:    Feld	FACILITY LOCATION:	16990	NE	- 19 A	ve.		•
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. PYES NO If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:		N. M.	ami_	Deach.	FC		
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:			,				
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	Annual Reporting Period:		Feb	19 <u>59</u> 7	го	Feb	10 Ect
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from		_	_				
Exact period of non-compliance: from	If NO, complete the following:						
Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	#1. Term or condition of the g	eneral permit tha	t has not been	in continuous co	mpliance during	the reporting perio	od stated above:
Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	Exact period of non-compliance	e: from			to		
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	Action(s) taken to achieve con-	ipliance:			· .		
Exact period of non-compliance: from	Method used to demonstrate co	ompliance:					
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	#2. Term or condition of the g	general permit tha	t has not been	in continuous co	mpliance during	g the reporting perio	od stated above:
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	Exact period of non-compliance	ce: from			to		
Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.							
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.							
RESPONSIBLE OFFICIAL: 1/20/1/4 (5/17/4/4) Visited Called Visited C	made in this notification are tr upon rolling averages of purch year for transfer or combination	rue, accurate and nase receipts, doe on facilities.	complete. Fu s not exceed 2	erther, my annual 2,100 gallons per	consumption of year for dry-to	perchloroethylene dry facilities or 1,80	solvent, based 00 gallons per
. Signature Date	RESPONSIBLE OFFICIAL:	Name (	Please Print)	15/1) (V9+)	Signat	ure	Date

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	IPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0250744001AG ABDUL AZIZ BHIMANI GOODY'S QUALITY CLEANERS</li> </ul>	A. Received by (Please Print Clearly).  C. Signature  Agent Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 700 0600002641303	3635
PS Form 3811, July 1999 Domest	ic Return Receipt 102595-99-M-1789

,

To supply		MAIL REC	EIPT Coverage Provided)
3635	The second of the second second	30.4.5.7.	Bayes Service Control (1988) - Control (1988)
43.30	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Enc'		Here
7000 0600	16990 NE 19TI	ALITY CLEANERS	S
	PS Form 3800, February 2	2000	See Reverse for Instructions

ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
( )	
AIRS ID # 0250744 GOODY'S QUALITY CLEANERS	* · · · · · · · · · · · · · · · · · · ·
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Délivery  3 5 6  C. Signature  X

8065		MAIL REC	EIPT Coverage Provided)
0026 43.25	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	s	Postmark Here
7000 0600	ABDUL AZIZ I 8 16990 NE 19TH	LITY CLEANERS BHIMANI	

SENDES: CO. SENDESS SENDES SEN	OIR, BHT OT
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Pestricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you:</li> <li>Attach this card-to-the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>AIRS ID # 0250744</li> <li>GOODY'S QUALITY CLEANERS</li> <li>ABDUL AZIZ BHIMANI</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162	3. Service Type  Certified Mail
2. Article Number (Copy from service label)  2000 6600 0026  PS Form 3811, July 1999 Domestic Ret	4. Restricted Delivery? (Extra Fee)

1 T T T T T T T T T T T T T T T T T T T	US Posid S CERTIFIED (Pomeste Mell Q	CETVICE DEMAIL: REC TIVE No Insurance C	EIPT coverage Provided)
9214 9200	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
2000 0002	GOODY'S QUALIT ABDUL AZIZ BHII 16990 NE 19TH AV NORTH MIAMI BE	MANI /ENUE EACH FL 33162	250744



(cut nere)

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

406817 MAR 52001

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 # 0250744

GOODY'S QUALITY CLEANERS ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Teldayna, in not 19yo shill to blo?				
SENDER: COMPLETE THIS SECTION	SEUTION ON DELIVERY			
<ul> <li>Complete items 1, 23 and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Cleary) Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? If YES, enter delivery address below:			
AIRS ID # 0250744 GOODY'S QUALITY CLEANERS ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162	3. Service Type  Certified Mail			
2333667098	4. Restricted Delivery? (Extra Fee) ☐ Yes			
Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789			

Z.333 667 098 US Postal Service **Receipt for Certified Mail** AIRS ID # 0250744 No Incurance Com GOODY'S QUALITY CLEANERS ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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

304139

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**

AIL ROC

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AIRS ID 0250744

ALIA CLEANERS INC ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162

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 article The Return Receipt will show to whom the article was delivered a delivered.	ice does not	Addressee's Address     Bestricted Delivery	eceipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID 0250744  ALIA*CLEANERS INC ABDUL AZIZ BHIMANI 16990:NE 19TH AVENUE NORTH MIAMI BEACH FL 33162	4a. Article N  4b. Service  Registere  Express  Return Re  7. Date of D	Type ed	you for using Heturn H
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only if requested e paid)	Inank
	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	- }

#### Z 333 660 269 US Postal Service **Receipt for Certified Mail** AIRS ID 0250744 ALIA CLEANERS INC ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

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# This portion must be attached to remittance for proper handling 0 3 5 5 7 3 5

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AIRS ID # 0250744 GOODY'S QUALITY CLEANERS ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162 FOR GOVERNMENT USEONLY

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GOODY'S QUALITY CLEANERS ABDUL AZIZ BHIMANI 16990 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162

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