

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Benicio Laserna Mon Ami Cleaners 11091 Biscayne Boulevard Miami, Florida 33161

Facility I.D. No. 0250745

Dear Mr. Laserna:

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 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, Florida 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"





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	$\overline{}$
ACILITY NAME: MON AM & CLEANERS DATE: 1/31/	77
ACILITY LOCATION: 1091 POUS CRYDE POLUT	
MIAMI, PL. 33/61	· ———
Annual Reporting Period: 8 - 26 1996 TO 1 - 31 19	9-7
Based on each term or condition of the Title V general air permit, my facility has remained in complimice with DEP Rule 32-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES	
f 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	ve:
Exact period of non-compliance: from 8/26/96 to 1/31/97 Action(s) taken to achieve compliance: 57777. TO KARP RECORDS 5' 1095	·
Action(s) taken to achieve compliance: 5770 VO KERD RECORDS & 1053	
Method used to demonstrate compliance: WIZITEN NOTICE	
2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	ve:
Exact period of non-compliance: fromto	
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, base 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: Name (Please Print) Signature Date	ed
Trainid to trace country. 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 IT PECTION SUMMA	RY REPORT
TYPE OF INSPECTION: ANNUAL OF COMPLAINTED	NT/DISCOVERY (RE-INSPECTION (
TIME IN: 2:45 TIME OUT: 3:15	AIRS ID#: 0250745
TYPE OF FACILITY: PERC. DRY CA	BANGR
FACILITY NAME: LON AMI CLEMA	IERS DATE: 1/3/197
FACILITY LOCATION: 11091 BISCAUM	= BNO
RESPONSIBLE OFFICIAL: BENICIO LASANN	14 PHONE NUMBER: 891-4878
Based on the results of the compliance requirements evaluated d compliance with DEP Rule 62-213.300, Florida Administrative of	
Based on the results of the compliance requirements evaluated d discrepancies were noted:	uring this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No exhaust out acontoning	
DATA ON PERC. Concess.	 _
No MAG. [Shul Down Approjus	
No DEVIATION RESOURT	
No Lesk log.	·
COMMENTS:	
. •	
The Annual Compliance Certification form has been properly certified as	nd submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/98 (Approx	imatel
INSPECTION CONDUCTED BY: (Approx (Approx (Approx (Please	Polio
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 3726922
Pageof_	

	# 0250745
	Mon Ami Cleaners
p./4	1.(c) mark out "X" and initial 3. Should be new small area
,	3. Should be new small area
	Sm1+10.
p./5	5.(d) not required, mark out
,	"X" and initial
· · · · · · · · · · · · · · · · · · ·	
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	MON AMI CLEANERS, INC.							
2.	Site Name (For example, plant name or number): MON AMI CLEANERS							
3.	Hazardous Waste Generator Identification Number: FLD 106691512							
	Street Address: 11091 BISCAYNE BOVLEVARD City: MIAMI County: DADE Zip Code: 33161							
5.	Facility Identification Number (DEP Use): 0250745							
	Responsible Official							
	Name and Title of Responsible Official: BENICIO LASERNA, PRESIDENT							
7.	Responsible Official Mailing Address: 11091 BISCAYUL BOULEVARD Organization/Firm: Street Address:							
	City: MIAUI County: DADE Zip Code: 33161							
8.	Responsible Official Telephone Number: Telephone: (305) 891 - 4878 Fax: (305) 891 - 7503							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
	Street Address: City: County: Zip Code:							
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -							
	RECEIVE							

SEP

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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.

Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			02-MAR-92	
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	S 11-72-95				- 240°C	
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	S 11-72-95	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			- 240°C	
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	S 11-72-95	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			- 240°C	
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber					- 240°C	
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber					- 240°C	
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber						
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber						
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber						
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber						
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber			Programme of the second of the			
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber			Marie La Company			
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	A Part of the Part		Allen III. III. III. III. III. III. III. II			
(10) w/ ref. condenser (11) w/carbon adsorber						
(10) w/ ref. condenser (11) w/carbon adsorber						
(12) w/ no controls						1
, , , , , , , , , , , , , , , , , , , ,						
 (b) Control devices are required, but no (c) No control devices are required to b 2.(a) What was the total quantity of perchl gallons (b) If less than 12 months, how many? [Check why it is less than 12 months: 	e installed [_ loroethylene (] months	perc)	purchased in			
What is the facility's source classificatio (Indicate with an "X". Select one classification Existing small area source [X] Existing large area source []	fication only.)	ew sn	nitions found	3) of	Part II?	

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4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	eart II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser [X]	
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 1 boiler HP 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	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
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	[X]
(b) Leak detection inspection and repair	\square
(c) Refrigerated condenser temperature monitoring	LX.
(d) Carbon adsorber exhaust perc concentration monitoring	(X)
(e) Instrument calibration	(X)
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ιX	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 prof	mptly notify the Department of any changes to the information contained in this notification. O8/26/96 Date						



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

CC	MPLIANCE:	INSPECTION	CHECKLIST	
	ANNUAL RE-INSPECTIO		COMPLAINT/DISCOVERY	
AIRS ID#: 0250745 DATE FACILITY NAME: 1000 FACILITY LOCATION: 1700 PART I: NOTIFICATION	TE: 1/3/9 AMI 1091 1/AMI	37 TIME Clem Biscre 33/16	IN: 2°45 TIME OUT: DERS , ZNC.	3:15
(check appropriate box)	h 0/1/06			1
Existing facility notified DARM New facility notified DARM 30.	-			. 0
2. New facility notified DARM 303. Facility failed to notify DARM to		-		
5. Pacinty fance to nonly DARWI to			·	
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)	orm that it is:	2. New smal dry-to-dry on transfer only, both types, x	ly, x<140 gal/yr x<200 gal/yr	(
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate<="" before="" both="" check="" classificat="" correct="" facility="" g="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td>ion</td><td>dry-to-dry on transfer only, both types, 14</td><td>e area source</td><td></td></x<2,>	ion	dry-to-dry on transfer only, both types, 14	e area source	
☐ facility qualified ☐ facility exceeds a			above or a general permit	

Revised 10/28/96

Molar

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

TART III. GENERAL CONTROL REQUIREMENTS	<u></u> 9
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	מס מא
2. Examining the containers for leakage?	DY ON
3. Closing and securing machine doors except during loading/unloading?	מם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/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 refrig (complete A below).	gerated 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 mus 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?	MO NO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	באחם אם אס
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	u¥. ⊒N NΔ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	GY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY 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?	מט צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	אם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אומם מם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY ON
Has the responsible official: (check appropriate boxes)	מע עם אם
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	/
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	/
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON OY ON OY ON OY ON

2.	2. Which method of detection is used by the responsible official?							
	Visual examination (condensed	₽ 2						
	Physical detection (airflow felt t	□,						
	Odor (noticeable perc odor)				ජ			
	Use of direct-reading instrumen	tation (FID	/PID/cale	orimetric tubes)				
	If using direct-reading instrun	uipment:						
	a. Capable of detecting	g perc vapor	r concent	rations in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	to and after each use	מם עם					
	c. Inspected for leaks a	and obvious	signs of	wear on a weekly basis?	DY ON			
d. Kept in a clean and secure area when not in use?					מם עם			
	e. Verified for accurac	y by use of	duplicate	e samples (calorimetric only)?	אם צם			
3.	Has the facility maintained a leak log	?			אם צם			
4.	4. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	ΔX	ПN	Muck cookers	MC DN			
	Door gaskets and seating	ØΥ	ПΝ	Stills	מם אַם			
	Filter gaskets and seating	ΟΥ	ПΝ	Exhaust dampers	DY ON			
	Pumps	ØY	ΩИ	Diverter valves	DY DN			
	Solvent tanks and containers	DY,	ПΝ	Cartridge filter housings	DY DN			
l 	Water separators	ØY	ПИ					
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, , , , , , , , , , , , , , , , , , ,	ADDITIONAL SITE INFORM	MATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 230 TIME OUT: 302	AIRS ID#: 025 0745
TYPE OF FACILITY: PERC. ORLY C	lannen
FACILITY NAME: MON AMI CLA	DATE: 4-27-98
FACILITY LOCATION: 11091 1315C.	RYNG BND
RESPONSIBLE OFFICIAL: BENICO LASE	SNNA PHONE NUMBER: 891 4896
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	:
COMMENTS: FACILITY IN Com	olance.
The Annual Compliance Certification form has been properly cer	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4-199	9
1/h.mr	Approximate)
INSPECTION CONDUCTED BY:	///J-TANCO (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 3726927
Page	of / Revised 10/96

AIRS 10#: 0250745

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM RECEIVED

FACILITY NAME: MON AMI Class	DATE OF SE
FACILITY LOCATION: 11091 BISCAY.	NS Bureau of Air Monitoring & Mobile Sources
Annual Reporting Period: 1 - 31	1992 то 4-27-98 19_
Based on each term or condition of the Title V general air permit, a 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ontinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in c	ontinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to_
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furthe upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	r, my annual consumption of perchloroethylene solvent, based

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

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

			_/YION_H	mi Clean	ers		
		2/1/	1/0) 6	4+11	V// 0 -/	1,2,22/	
1.	Fac	p.17_	1. (U) Ma	rkout", I be new	and 11	MUTUU	
			2. S/10WC	DE MEW	Sman	_W. CO	
2.	Site	215	5/d)no	e t require nd initial	1 ma	rt out	
3.	Haz —	p/	II IV	d initial	D_)_1.1_W1		
3.	H						•
4.	Fac		:				
	Str City—				<u> </u>		-3161
5.	Fac		Needs				
			Lapel				
				KIU	//		
6.	Nar			1) U			Approved a state
				V/			
7.	Res Org						D
	Stre City						:22161
8.	Resi		• 1				_3316
	Tele			****		<u> </u>	,
9.	Name a	and Title of Fa	acility Contact (Fo	r example, plant m	anager):		
10.	Facility	Contact Add	ress:	-			
	Street A	Address:					
	City:			County:		Zip Code:	
11.		Contact Tele	phone Number:		Fax: () -	
							

RECEIVED

SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	MON AMI CLEANERS, INC.					
2.	2. Site Name (For example, plant name or number):					
	MON AMI CLEANERS					
3.	Hazardous Waste Generator Identification Number:					
	FLD 106691512					
4.	Facility Location: 11091 BISCAYNE BOULEVARD					
	Street Address: 170 (1 DISCIPLOC OSUMITION COUNTY: DADE Zip Code: 33161					
180 - 08000	7.70					
) 	Facility Identification Number (DEP Use): 250745					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	BENICIO LASERNA, PRESIDENT					
7.	III MI WICHII CONKID					
	Street Address:					
	City: MIAUI County: DADE Zip Code: 33161					
8.	Responsible Official Telephone Number: Telephone: (305) 891 - 4878 Fax: (305) 891 - 7503					
	1 common (303) 3 ti - 10 1 3 1 ax. (303) 3 ti - 735					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
	DECEIVE					

RECEIVE

Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
	l	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	· ·						-		
(1) w/ ref. condenser	#1	11-22-95	11-22-95						
(2) w/ carbon adsorber	#1	11-22-95	11-72-95						
(3) w/ no controls		1							
Washer Unit		•						•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		••							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									1
Reclaimer Unit				:		-	4		
(10) w/ ref. condenser									
(11) w/carbon adsorber		ı							····
(12) w/ no controls									
	-				· · · · · · · · · · · · · · · · · · ·		-	•	•
(b) Control devices are	e requ	ired, but not	yet installed]				
					ala				
(c) No control devices	are r	equired to be	installed [_						
				,	CV				
						•			
2.(a) What was the total			oroethylene (perc)	purchased i	n the latest 12	2 moi	nths?	
$\begin{bmatrix} 70 \end{bmatrix}$	gallo	ons							
(b) If less than 12 mon									
Check why it is less	s thar	12 months:	New owner:	[_] New store	e: [] Did	not k	keep records:	
3. What is the facility's so					initions foun	d in section (3) of	Part II?	
(Indicate with an "X".	Selec	ct one classifi	cation only.))					
		?	Va			,			
Existing small ar	rea so	ource [X]	XX/ No	ew sn	nall area sou	rce 💢]		
		~	7			,	_		
Existing large ar	ea so	urce [] `	No.	ew la	rge area soui	rce [1		

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	control technology is requate with an "X".)	ired on machines	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			
to Rule 6		y that all steam an	d hot water generating unit	o use the general permit pursuant ts on-site meet the following
boiler HF	or less), and (2) are fire	d exclusively by r		10 million BTU/hr or less (298 ods of natural gas curtailment s fired
	and hot water generating units on-site	g units exempt		
	Equipm	ent 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) Purch	ase receipts and solvent p	ourchases		(X)
(b) Leak	detection inspection and	repair		[X]
(c) Refrig	gerated condenser temper	ature monitoring		
(d) Carbo	on adsorber exhaust perc	concentration mo	nitoring	L 330
(e) Instru	ment calibration			KI CO
(f) Start-	up, shutdown, malfunctio	on plan		LX

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Surrender of Existing Air Permit(s)

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

LERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	12	COMPLAINT/DISCOVERY			
AIRS ID#: 0250745 D. FACILITY NAME:	N AMI	Clans	VERS			
FACILITY LOCATION: // RESPONSIBLE OFFICIAL: //	4/AMI	/		(89E		
CONTACT NAME:			_ PHONE:			
PART I: NOTIFICATION		·				
(check appropriate box)						
1. New facility notified DARM 30	0 days prior to start	up				
2. Facility failed to notify DARM	to use general perm	nit		. 0		
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box) A. 1. Existing small area source		2. New small	☐ No notification form ☐ Drop store/out of business/j	petroleum		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, > both types, x <				
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr ll/yr	transfer only, 2 both types, 140	area source $\sqrt{140} \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ an or after 12/9/91)	·		
5. This is a correct facility class	ssification	œY □N	□Can not determine			
If no, please check the appropriate classification: ☐ facility qualified for a general permit as number above ☐ facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchlore	•			•		

Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	בא באים אם אים				
2. Examining the containers for leakage?	ם א סאגס אם A				
3. Closing and securing machine doors except during loading/unloading?	oγ ον				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	םע ט מטארא				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.	:				
If classification 2 has been checked, the machine should be equipped with a refri (complete $\bf A$ 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 refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	מס אָם				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ɗy on on⁄a				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QA ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON UN/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON				

PART III: GENERAL CONTROL REQUIREMENTS

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?	ОУ ОИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □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 ON/A
	Is the perc concentration equal to or less than 100 ppm?	OA ON ON\Ÿ
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?	A/אם אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□У □И □И/А
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_		
P.	ART V: RECORDKEEPING REQUIREMENTS	
III .	(as the responsible official: check appropriate boxes)	
1.	. Maintained receipts for perc purchased?	ELY ON
2.	. Maintained rolling monthly averages of perc consumption?	ON ON
3.	. Maintained leak detection inspection and repair reports for the following:	,
	a. documentation of leaks repaired w/in 24 hrs? or,	OY ON OMA
	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 DAYA

DY ON ON/A

DY DN DN/A

DY ON DWA

DY DN DYNA

DY DN DN/A

MY ON

4. Maintained calibration data? (for applicable direct reading instruments)

6. Maintained startup/shutdown/malfunction plan?

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

5. Maintained exhaust duct monitoring data on perc concentrations?

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON			
2.	Has the facility maintained a leak log?			DAY ON			
3.	Does the responsible official check the fe	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON WN/A			
	Door gaskets and seating	OY ON ON/A	Stills	מאמם אם אמ			
	Filter gaskets and seating	OM ON ON/A	Exhaust dampers	ON/A			
	Pumps	OY ON ON/A	Diverter valves	AVID NO YE			
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	lvent on exterior surfaces	· · ·	ď			
	Physical detection (airflow felt thr	TY .					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat	tion (FID/PID/calorimetri	c tubes)				
	Halogen leak detector						
	If using direct-reading instru	umentation, is the equipr	nent:	□N/A			
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a st (PID/FID only)?	OY ON					
	c. Inspected for leaks and	OY ON					
	d. Kept in a clean and se	cure area when not in use	?	OY ON			
	e. Verified for accuracy b	by use of duplicate sample	es (calorimetric only)?	OY ON			
				·			

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspect

ADDITIONAL SITE INFORMATION:		
·		
·		
	·	
	<i>;</i>	
·		

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1995

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER Mobile Sources

RE-INSPECTION

AIRS ID#: 0250745 DATE: 4/7/99 TIME IN: 1045M TIME OUT: 11/24

FACILITY NAME: MON AMI. CRARES

FACILITY LOCATION: 1091 B -5 CAPPE BLUE

RESPONSIBLE OFFICIAL: Benicio LASCINA PHONE: 891-4898

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	ŊΝ
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Facility indicated on notification form that it is: (check appropriate box)
A.

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

۱.

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)
- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- 5. This is a correct facility classification
- אם אַ
- □Can not determine -

If no, please check the appropriate classification:

facility qualified for a general permit as number _____

- 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 40 gallons.

LA MANS

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/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? 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ey on condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DXVA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

<u></u>		-		
B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	·Пи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
 	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	υY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	- Y	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly total of perc consumption?	□Y @ X				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MN/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 ON MIA				
	-1				
4. Maintained calibration data? (for applicable direct reading instruments)	אס אם אים				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	מעום אם צם				
Problem corrected?	ם א סא אס אים				
8. Maintained compliance plan, if applicable?	מואק אם צם				

PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ØΥ	DN /		
2.	Has the facility maintained a leak log'	?		ΩY	DN		
3.	Does the responsible official check the	e following areas for leaks?	,				
	Hose connections, fittings, couplings, and valves	מאום ואם אם	Muck cookers	DY 91	N ZN/A		
	Door gaskets and seating	ZY ON ON/A	Stills	py on	N □N/A		
	Filter gaskets and seating	DY DN ON/A	Exhaust dampers	pr oi	N □N/A		
	Pumps	DY DN ON/A	Diverter valves	ØY DI	N □N/A		
	Solvent tanks and containers	MY DY TIN/A	Cartridge filter housings	Pr CI	N □N/A		
	Water separators	מאם אם אם					
4.	Which method of detection is used by	the responsible official?		. /			
	Visual examination (condensed	solvent on exterior surfaces)	Ø,			
	Physical detection (airflow felt t	$\mathbb{Z}_{/}$					
	Odor (noticeable perc odor)			Ø			
	Use of direct-reading instrument	tation (FID/PID/calorimetric	c tubes)		,		
	Halogen leak detector			.0 /			
	If using direct-reading inst	rumentation, is the equipr	nent:	ØN/A	,4 .		
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	OY O	N		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and af	ter each use	מם עם	N		
	c. Inspected for leaks a	and obvious signs of wear or	n a weekly basis?	אם אם	N		
	d. Kept in a clean and	secure area when not in use?	?	OY ON	V		
	e. Verified for accuracy	y by use of duplicate sample	es (calorimetric only)?		1		

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Minor record Keeping wiolation

K.

AIRS ID#: 0250745

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MON AMI Cleanes DATE: 9/7/99
FACILITY LOCATION: 11091 BISCAYDE Blud.
Annual Reporting Period: April 19 98 TO April 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Needs to Mintain monthly total at Puc Consumation
Exact period of non-compliance: from April 98 to April 99
Action(s) taken to achieve compliance: Keep Complete records
Method used to demonstrate compliance: 75 E Calendar
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
R.O. Weeds to residen leak log
Exact period of non-compliance: from April 23 to Spril 29
Action(s) taken to achieve compliance: Keep Priper vacado
Method used to demonstrate compliance: 70 5 P Calcular
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.
RESPONSIBLE OFFICIAL: Benico ASPRNA Signature Date RESPONSIBLE OFFICIAL: Benico ASPRNA 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 discretion of the responsible official to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	0	COMPLAIN [*]	T/DISCOVERY	. 0
AIRS ID#:0250745 DA	TE: 3/4/00	TIME IN	:_/:a0	_ TIME OUT: _	1:20
FACILITY NAME:	Ami Clas	nevs			
FACILITY LOCATION:	11091 Bi	scayne	Blud.		
	N. Miani	, Fo	4		
RESPONSIBLE OFFICIAL:	Bernico La	serna	PHONE:3	05-891-	4878
CONTACT NAME:				P	<u></u> :
			Ø		
PART I: NOTIFICATION			coa in		
(check appropriate box)			30, 1	•	
1. New facility notified DARM 30 (days prior to startup		bile ?		
2. Facility failed to notify DARM to	o use general permit		Source		
			inc		
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box) A.	orm that it is:	*	☐ No notifica ☐ Drop store	tion form out of business/p	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry- tran both	sfer only, $x < 1$ types, $x < 1$; < 140 gal/yr 200 gal/yr)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ ga both types, $140 \le x \le 1,800$ gal/y (constructed before 12/9/91)	gal/yr dry- l/yr tran: 'r both	sfer only, 200 types, 140 ≤	ea source $.40 \le x \le 2,100$ $.40 \le x \le 1,800$ g $.40 \le x \le 1,800$ gal- $.40 \times 1,800$ gal- $.40 \times 1,800$ gal-	al/yr yr	
5. This is a correct facility classif	fication 🗹 Y	ΠN	□Can not dete	ermine	
	ropriate classification: ualified for a general p cceeds above limits ar			above al permit	
B. The total quantity of perchloroeth facility was 60 gallons.	hylene (perc) purchas	ed within the	preceding 12 n	nonths by this dry	· cleaning
	A TOP TOP		77		
	1. 20	., 5	IDIDO	Rev	vised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 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 OY 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 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? אוחם אם אוא 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNIA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□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? Is the perc concentration equal to or less than 100 ppm?			□n/a □n/a
	is the perc concentration equal to or less than 100 ppin:	J '	— 11	GIVA.
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	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:	Has the responsible official:					
(check appropriate boxes)						
1. Maintained receipts for perc purchased?	OV ON					
2. Maintained rolling monthly total of perc consumption?	MO AD					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DANIA					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	,					
and parts installed w/in 5 days of receipt?	DY DN ØN/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 ONA					
6. Maintained startup/shutdown/malfunction plan?	ØÝ ON					
7. Maintained deviation reports?	OY ON ØN/A					
Problem corrected?	OY ON MN/A					
8. Maintained compliance plan, if applicable?	OY ON ON/A					

P	PART VI: LEAK DETECTION AND REPAIRS						
Ī.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection	n?				OY ON	
2.	. Has the fa	acility r	maintained a leak log?			ØY ON	
3.	Does the	respons	sible official check the fo	ollowing areas for leal	ks?		
			ections, fittings, s, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Doc	or gaske	ets and seating	DY ON ON/A	Stills	OY ON ON/A	
	Filte	er gaske	ets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A	
	Pum	nps		DY ON ON/A	Diverter valves	DY DN DN/A	
	Solv	vent tan	nks and containers	DY ON TINA	Cartridge filter housings	DY ON ON/A	
	Wat	ter sepai	irators	DY ON ON/A			
4.	Which me	ethod of	of detection is used by the	e responsible official?			
	Visu	ıal exar	mination (condensed sol	vent on exterior surface	ces)	4	
	Phy	sical de	etection (airflow felt thro	ough gaskets)			
	Odo	r (notic	ceable perc odor)			Ø	
	Use	of dire	ct-reading instrumentation	on (FID/PID/calorime	tric tubes)	۵	
	Halo	ogen lea	ak detector		·		
	1	lf using	g direct-reading instrun	nentation, is the equi	ipment:	ON/A	
	900	a.	Capable of detecting pe	erc vapor concentration	rs in a range of 0-500 ppm?	מם צם	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					OY ON	
		c.	Inspected for leaks and	obvious signs of wear	on a weekly basis?	OY ON	
		d.	Kept in a clean and secu	ure area when not in u	se?	OYON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON	
					•		

Ivan Fannm Inspector's Name (Please Print) 2/4/00 Date of Inspection

Approx

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMP	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /: 20TIME OUT:	/: 5	AIRS ID#:	0250745
TYPE OF FACILITY: Perc Dr. FACILITY NAME: Mon Am	1 Clean	. or	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Mon ofm	i Cla	rier S	DATE:2/4/05
FACILITY LOCATION: 11091 N. Mien RESPONSIBLE OFFICIAL: Bernes 1	Bucayas	Bled.	
RESPONSIBLE OFFICIAL: Barrion /	a, M	PHONE NUMBE	IR: 2-5- A91-4/28
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flori		- ·	facility is found to be in
Based on the results of the compliance require discrepancies were noted:	ements evaluate	ed during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP AC	TION REQUIRED
	_		
			·
		-	
COMMENTS:			
(Sweet) Re	cord be	spue,	
Good Hou	. 9 . V can ac		
)s.excuepr	7	
The Annual Compliance Certification form has been p	oroperly certifie	d and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	2/01	roximate)	
INSPECTION CONDUCTED BY:	Ivan Fa	ase Print)	<u>. </u>
INSPECTOR'S SIGNATURE:	ran Jan	,	R: 305-371-6928
	Page	of .	Revised 10/9

AIRS 10#: 0490745

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Moon Am	Clean	DATE:	2/4/00
FACILITY LOCATION:	11091 B	scagne Blue	<i>l</i>	•
FACILITY LOCATION:	N. Miani	FC		
Annual Reporting Period:	Feb	19 <u>97</u> TO _	Fel	10 S005
Based on each term or condition 62-213.300, Florida Administration	_			EP Rule
If NO, complete the following:				
#1. Term or condition of the gen	neral permit that has not been	n in continuous complian	ce during the reporting perio	od stated above:
Exact period of non-compliance:	froin		10	
Action(s) taken to achieve compl	liance:			
Method used to demonstrate com	npliance:	<u> </u>		
#2. Term or condition of the gen	neral permit that has not been	n in continuous complian	ce during the reporting perio	od stated above:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve compl	liance:			
Method used to demonstrate com	noliance:			
As the responsible official, I here made in this notification are true upon rolling averages of purchasyear for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and complete. Fi se receipts, does not exceed	urther, my annual consur	nption of perchloroethylene	solvent, based

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

0391260

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

TOTAL AMOUNT DUE: \$5

Do NOT Remove Label

AIRS ID # 0250745

MON AMI CLEANERS BENICIO LASERNA 11091 BISCAYNE BLVD MIAMI FL 33161

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

583

Fund: 20-2-035001 Obj.: 002273

reverse side?	 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. 	re can return this	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
on the	■The Return Receipt will show to whom the article was delivered at		Consult postmaster for fee.
s vour RETURN ADDRESS completed o	AIRS ID#: 0250745 MON AMI CLEANERS INC BENICIO LASERNA 11091 BISCAYNE BLVD MIAMI FL 33161 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Data of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery e's Address (Only if requested paid) Page 17
-	PS Form 3811 , December 1994		Domestic Return Receipt

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PS Form 3800 , April 1995	Postman	or Date	97		

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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FEB 19 98

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AIRS ID#0250745

MON AMI CLEANERS INC BENICIO LASERNA 11091 BISCAYNE BLVD **MIAMI FL 33161**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

ed 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 spac permit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered an delivered. 3. Article Addressed to:	e does not	
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Į ~	PS Form 3811 December 1994		Domestic Return Receipt

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US Postal Service	
Receipt for Cert	ified Mail
	AIRS ID 0250745
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BENICIO LASERNA 1091 BISCAYNE BLVD	
MIAMI FL 33161	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
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Return Receipt Showing to Whom, Date, & Addressee's Address	
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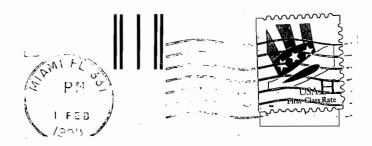
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MON AMI CLEANERS BENICIO LASERNA 11091 BISCAYNE BLVD MIAMI FL 33161 FOR GOVERNMENT USE ONL Org.: 37550101000 EO: BO Fund: 20-2-035001 Obj.: 002273



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

SENDER COMPLETE - TO THE SECOND	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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
10 AIRS ID # 0250745001AG BENICIO LASERNA MON AMI CLEANERS 11091 BISCAYNE BLVD MIAMI FL 33161	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2 980	·
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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TOTAL AMOUNT DUE: \$50.00

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MON AMI CLEANERS BENICIO LASERNA 11091 BISCAYNE BLVD MIAMI FL 33161

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-0350 Obj.: 002273

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