

# Department of Environmental Protection FEB 0 4 1997

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

Management Division

Virginia B. Wetherell

Secretary

January 30, 1997

Mr. Luis Castaneda
A-1 Hour Cleaners & Laundry, Inc.
75 Northeast 8th Street
Homestead, Florida 33030

Re: Facility I.D. No. 0250757

Dear Mr. Castaneda:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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"

Street Addres	ss:	County:	Zip Code:	
Facility Cont	act Address:			
Name and Ti	tle of Facility Contac	ct (For example, plant mana	ger):	
material to 1888 consequence	:			
				ode: 33030
				-
	· . :			
		<i>Y</i> .		_
Value Annual Prince Prince Conference Confere	5.(f)ra		<u> </u>	
	5.(C) +	5.(d) not reg	Mired,	0457
P.15	4. mark	Kout X" an	d initial	
	anon	CONTINUE.		- <b>33</b> 030
J-7.17	1.00 010 3. Shoul	ange "N/A" t I be existiv	ia Small	
- 12 /2/				
P.13	6. add	title-Own	er	
				•
	-Spoke T	With Luis Ca	staneda—	
		rur Cleaners With Luis Ca		Management Div
	A-1 HO	rur Cleaners	Haundry	DEC 2 6 19
				DEC

# RECEIVED

SEP 5 1996

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Compan	y Name (Name of corpor	ration, agency, or indivi-	dual owner):
	A-/ House	CLEANERS	\$ ZAUNDA.	1 INC.
2.	Site Name (For example		1	
3.	Hazardous Waste Gener	ator Identification Number	er:	-
				, ,
4.	Facility Location:			
	Street Address: 75	N.E. 87	STALLT	7in Codes San
	City: HUMESTEAD	County:	DADE	Zip Code: <b>う</b> きでまる
5.	Facility Identification N	umber (DEP Use):		
		Andrew Comments		
		Dosnans	sible Official	
		Respons	sible Official	
6.	Name and Title of Respo	onsible Official:		_
	Luis CAS	TANEDA - O	waer	
7.	Responsible Official Ma Organization/Firm:	iling Address:		
	Street Address: .75	N.E. 87		
	City: HOMESTEAD	Coun	ty: DADE	Zip Code: 33000
8.	Responsible Official Tel			
	Telephone: (305)	247-2425	Fax: (365)	246-4221
	Fa	cility Contact (If differe	ent from Responsible C	Official)
9.	Name and Title of Facili	ty Contact (For example,	plant manager):	
				,
10.	Facility Contact Address	: ·		
	Street Address:			
	City:	County	:	Zip Code:
11	Facility Contact Telepho	ne Number		
	Telephone: ( )	-	Fax: ( )	-
	<u> </u>	=		
			•	

RECEIVED

SEP 5 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02  Dry-to-Dry Unit    (1) w/ ref. condenser	T 014 1:	,,,	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Dry-to-Dry Unit  (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 (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [5] gallons  (b) If less than 12 months, how many? [	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(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 (12) w/ no controls  (b) Control devices are required, but not yet installed (12) w/ no controls  (c) No control devices are required to be installed (13) w/ and (14) w/ and (15) w/ a	Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
(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 (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  (d) w/ a control devices are required to be installed  (e) No control devices are required to be installed  (f) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  (b) If less than 12 months, how many? [] months	Dry-to-Dry Unit								<u>:-</u> ·	
(3) w/ no controls   (4) w/ ref. condenser   (5) w/ carbon adsorber   (6) w/ no controls   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (13) w/ no controls   (14) w/carbon adsorber   (15) w/ no controls   (16) w/ ref. condenser   (17) w/carbon adsorber   (18) w/carbon adsorber   (19) w/ no controls   (19) w/ no control devices are required to be installed   (10	(1) w/ ref. condenser	#1	1987	1987						
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 (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  (d) w/ a control devices are required to be installed  (e) No control devices are required to be installed  (f) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [60] months	(2) w/ carbon adsorber									
(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   Dryer Unit   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   Dryer Unit   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   Dryer Unit   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   Dryer Unit   Dryer Unit   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   Dryer Unit	(3) w/ no controls									
(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 (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	Washer Unit			8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
(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 (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	(4) w/ ref. condenser									
Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	1 ' '									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months										
(8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons (b) If less than 12 months, how many? [] months	Dryer Unit	1								
(9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	(7) w/ ref. condenser									
Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	(8) w/ carbon adsorber									
(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  (b) If less than 12 months, how many? [] months	(9) w/ no controls									
(b) Control devices are required, but not yet installed (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	Reclaimer Unit									
(b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [50] gallons  (b) If less than 12 months, how many? [] months	(10) w/ ref. condenser									
<ul> <li>(b) Control devices are required, but not yet installed [</li></ul>	(11) w/carbon adsorber									
<ul> <li>(b) Control devices are required, but not yet installed [</li></ul>	(12) w/ no controls		-		<del>                                     </del>		1			
	(c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol devices	are re quanti gallo hs, ho	equired to be ity of perchlo ons ow many? [_	installed [ proethylene (] months	X perc)	purchased i				
3. What is the facility's source classification based on the definitions found in section (3) of Part II?  (Indicate with an "X". Select one classification only.)  Existing small area source New small area source  New large area source	(Indicate with an "X".  Existing small ar	Selec ea soi	t one classifi	cation only.)	ew sn	nall area sou	rce [	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
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-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

#### 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)						
<b>×</b>	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain i comply wi	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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.						
Signature	Date 8/30/96						

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

## PASTRAN, P.A., CPA'S

A Professional Association of Certified Public Accountants

March 11, 2003

Department of Environmental Protection Twin Towers Office Building 2600 Blair stone Road Tallahassee FL 32399-2400

Ref: A-1 Hour Cleaners & Laundry Luis Castaneda 75 NE 8<sup>th</sup> Street Homestead FL 33030 AIRS ID # 0250757

To Whom It may concern:

On behalf of the above named taxpayer and in response to the enclosed notice, regarding the use of Title V Air General Permit. Please be advised that this facility has been permanently closed.

If you should need any additional information please do not hesitate to contact our office.

Sincerely

Raul E. Pastran C.P.A., CFST

Pastran, PA., CPA's

REP/aev



## Department of Environmental Protection

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

David B. Struhs Secretary

March 25, 2003

Mr. Raul E. Pastran C.P.A., CFST 333 Northeast Eighth Street Homestead, Florida 33030

Dear Mr. Pastran:

Thank you for your March 11 letter notifying the department of the closing of A-1 Hour Cleaners & Laundry (AIRS ID #0250757). The department has changed the facility status to *inactive* in the database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that an annual emission fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that A-1 Hour Cleaners & Laundry operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

	#0250757
	A-1 Hour Cleaners + Laundry
	Spoke With Luis Castaneda-
P.13	6.add title-Owner
P.14	1.(c) Change "N/A" to "X"  3. Should be existing small  area Source  4. mark out "X" and initial  5.(c) + 5.(d) not required,  mark out "Vs and initial  5.(f) required
P.15	4. mark out "X" and initial
	mark out "1/3 and initial 5.(+) required

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Ow	ner/Company	Name (Name of	corporatio	n. agency. c	r individu	al owner):	
			CLEANER		-			
2.	Site Name (	For example,	plant name or nu	mber):				
3.			tor Identification					
4.	Facility Loc Street Addr City: Hum	eation: ress: 75	N. E. 8	ounty: D	THET ADE		Zip Code: 🔰	) Ээсэ О
5.	Facility Iden	ntification Nu	mber (DEP Use):				0250	757
			R	esponsible	Official			1
(£))		itle of Respon	nsible Official: 「ANEDA					
7.	Organization Street Addre	Official Mail n/Firm: ess: <b>75</b> mESTEAD	ing Address:	872 County:			Zip Cod	e: <b>33</b> @0
8.			phone Number: -47- 242ら		Fax:	(305) 2	246- 422	,
		Fac	ility Contact (If	different 1	rom Respo	nsible Off	īcial)	i
9.	Name and T	itle of Facility	Contact (For exa	ample, plai	nt manager)	:		
10.	Facility Con	tact Address:	_	<u> </u>				
	Street Addre	ess:	C	County:			Zip Code:	
11.	Facility Con Telephone:	tact Telephon	e Number: -		Fax: (	( )	<u>.</u>	,

RECEIVED

SEP 5 1996

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

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Tuna of Markins	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device	īD	Date Machine Initially	Date Control 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-9
Dry-to-Dry Unit	:*		ight of the g	1 7		a de la companya de		Mg . 1 . 145.	i ima
(1) w/ ref. condenser	#1	1987	1987						
(2) w/ carbon adsorber					!				
(3) w/ no controls			٠						
Washer Unit		i dia di	e salte y la la			14.1	10		
(4) w/ ref. condenser					İ				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.作為			12	e roger region		Said.		
(7) w/ ref. condenser		<u> </u>			1				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	all gr	9 - 10 6 1 4 6 1 4		. Copie		Mary Halley	1347		. stj. 200.,m/
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		_							
(b) Control devices are  No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control of t	are ro	equired to be ity of perchlons ow many? [_	installed [*/ proethylene (*)] months	perc)	_] purchased in	the latest I2		,	
What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selec ea so	t one classifi	cation only.)		nitions found	******	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<b>*</b>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 prof	mptly notify the Department of any changes to the information contained in this notification.  8/3c/96  Date

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

## PERCHLO OETHYLENE DRY CLEANE

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

M

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0250757 DATE: 09/14/98 FACILITY NAME: A-1 HOUR CLEANERS FACILITY LOCATION: 75 NE 8th.	# Laundry INC.	
RESPONSIBLE OFFICIAL: Mr, LUIS Castan CONTACT NAME: Same	PHONE: 247-2425 PHONE: PHONE: PHONE:	
	Big 7/2 1sy	
PART I: NOTIFICATION	Bureau of Waste Cleanup	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit	SE 25 1003  Hazardous W. 19 Cleanup Section	

#### PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum A. П 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/yrtransfer 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 < x < 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, $200 \le x \le 1,800 \text{ gal/yr}$ 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 $\square N$ □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 gallons.

MB)
9/21/98

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

beds according to the manufacturer's specifications?

verifying that the coolant had been completely charged?

#### 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 MYA 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 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

OY ON SAIA

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 ondenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? DY DN 2. Measured and recorded the washer exhaust temperature at the condenser DY ON ON/A inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? DY DN DN/A 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? DY DN DN/A DY DN DN/A Is the perc concentration equal to or less than 100 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct dameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? DY DN DN/A 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? DY DN DN/A 6. Routed airflow to the carbon adsorber (if used) at all times? DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	M DN
2. Maintained rolling monthly total of perc consumption?	OY 🔀
3. Maintained leak detection inspection and repair reports for the following:	(
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SUNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 🚧/A
6. Maintained startup/shutdown/malfunction plan?	SEP ON
7. Maintained deviation reports?	DA ON ONIA
Problem corrected?	OY ON 941/A
8. Maintained compliance plan, if applicable?	MY ON ON/A

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

Mitchell Fishkind	9/14/98
Inspector's Name (Please Print)	Date of Inspection
mitt Lilul	9/99
Inspector's Signature	Approximate Date of Next Inspection

Renzacci ckan pro 440 1989 GAVE DEP Calendar 9/98 Gave DERM Pollation Prevention Booklet 9/98

MAN YUNLLE E GENERAL L'ERMIT BEST AVAILABLE COPY INSPECTION SUMMARY REPORT TYPE OF INSPECTION: VHUNT 🔼 COMPLAINT/DISCOVERY RE-INSPECTION TIME OUT: 1230 TYPE OF FACILITY: Dry Cleaners FACILITY NAME: A-2 Hour Cleaners & Laundry, Inc DATE: 9/1/2016
FACILITY LOCATION: 75 NE 8th street, Homestead, FL 33030 RESPONSIBLE OFFICIAL: Mr. Luis Casta Neda PHONE NUMBER: (305)247-2425 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 failure To MAINTAIN
Rolling Log for Perc. Gasymphon USE DEP Calcular. A. E. C. L. L. C. S. C. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: Mitchell FishkinD (Please Print) PHONE NUMBER:

Page\_\_\_of\_\_\_.

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>⅓</b> COMPLAINT/DISCO	OVERY 🗅		
FACILITY NAME:A-   FACILITY LOCATION:7:	Hour Cle 5 NE B	97 TIME IN: 12:15pm TIM aners + Launday, I St. FL 33030			
PART I: NOTIFICATION		T			
(check appropriate box)					
1. Existing facility notified DAR	M by 9/1/96				
2. New facility notified DARM 3	0 days prior to star	tup			
3. Facility failed to notify DARM	to use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	n form that it is:				
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)	e <b>(5</b>	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""></x<2,>					
This is a correct facility classific	ation	DY XV			
If no, please check the appropria	te classification:				
	d for a general per above limits and i	mit as number above s not eligible for a general permit			
B. The total quantity of perchlor facility was <u>63</u> gallons.	oethylene (perc) pi	urchased within the preceding 12 month	s by this dry cleaning		

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON √NA
2. Examining the containers for leakage?	□Y □N <b>√ NA</b>
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>/</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimum installed prior to September 22, 1993	<u> </u>
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/ND NO YO
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 basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
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?	מם צם	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	
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?  Is the perc concentration equal to or less than 100 ppm?	OY ON	□n/a
is the pero concentration equal to or less than 100 ppint:	<b>G. C</b> <sub>1</sub> ,	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ОУ ОИ	□N/A
		ll ll
PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
Has the responsible official:	ØY ON	
Has the responsible official: (check appropriate boxes)	ØY ON	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	Q <b>A</b> r □N	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	Q <b>A</b> r □N	√ <sub>N</sub> A
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:	OY ON	1424
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 OY ON OY ON	DAN/A
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 OY ON OY ON OY ON	DAN/A
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	DÍN/A  VNA
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 OY ON OY ON	DAN/A
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?		DIN/A VNA VNA
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?		DAVA VNA VNA VNA
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?		DAVA VNA VNA VNA
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?		DAVA VNA VNA VNA

າ	Which method of detection is used by the responsible official?						
۷.	•	-			5	,	
	Visual examination (condensed so		у.,				
	Physical detection (airflow felt thro	ougn gas	kets)		VI ⊒^		
	Odor (noticeable perc odor)				<b>M</b>		
	Use of direct-reading instrumentat	,		,			
	If using direct-reading instrume	ntation,	is the equipment	:			
	a. Capable of detecting p	erc vapo	r concentrations i	n a range of 0-500 ppm?		N	
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and af	ter each use	OY O	И	
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	OY O	И	
	d. Kept in a clean and se	cure area	when not in use	?	OY O	N	
	e. Verified for accuracy t	y use of	duplicate sample	s (calorimetric only)?	OY ON		
3.	Has the facility maintained a leak log?				GMY □	N	
4.	Does the responsible official check the f	ollowing	areas for leaks?				
	Hose connections, fittings, couplings, and valves	ΔY	ПN	Muck cookers	ΟY	ПИ	
	Door gaskets and seating	ŊY	□и	Stills	ΔY	ПИ	
l	Filter gaskets and seating	ŪΥ	ПИ	Exhaust dampers	ΦY	ΠN	
ì	Pumps	<b>W</b> Y	ПИ	Diverter valves	OXY	ПΝ	
	Solvent tanks and containers	□ <b>3</b> /Y	ПN	Cartridge filter housings	ΦY	ПИ	
Water separators QY □N							
	Luis Castane	da		ı			

ame of Responsible Official

Spector's Name (Please Print)

Difference of the second o

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·			
			•	
			t	
				\
				,
				Į.
<u>'</u>				
·				
		•		
·				

AIRS ID#: 0250757

# DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

RACULITY NAME: A-1 HOUR	leanes & Launa	L Inc	DATE: 9//	1 tax
FACILITY NAME: A-1 HOUR C	8thst, Hon	restead, FL	33030	
Annual Reporting Period: 9/97		то9	198	19
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	- '		liance with DEP Rule  YES   NO	
If NO, complete the following:				
#1. Term or condition of the general permit the factore to marshare		-		- /
Factore to marstar  Exact period of non-compliance: from	9/99	to	9/98	
Action(s) taken to achieve compliance:	Use DEF	Calerdar		
Method used to demonstrate compliance:				
#2. Term or condition of the general permit th	nat has not been in continuou	us compliance during the	reporting period stated a	bove:
Exact period of non-compliance: from		to	1 2 1	
Action(s) taken to achieve compliance:		·	Blight By C	<b>.</b>
Method used to demonstrate compliance:			Sources of the	
As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	nd complete. Further, my an oes not exceed 2,100 gallons	nual consumption of per	chloroethylene solvent, b	ased
	e (Please Print)	Signature	Date	c

\*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

AIRS 10 1: 0250757

Revised 10/10/96

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

FACILITY NAME: A - 1 Hou	r Cleaners +	Laundry,	Inc. I	DATE: 4/1/97
FACILITY LOCATION: 75 N	EBSt.	•		
	ead, FL 3.			
		<u> </u>		
Annual Reporting Period:	9	_19 <u></u> 96 то		9 19 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•			vith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been in co	ontinuous compliance	during the reporting	ng period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				ji .
#2. Term or condition of the general permit	t that has not been in co	ontinuous compliance	during the reporting	ng 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further does not exceed 2,100	r, my annual consump	ion of perchloroet	hylene solvent, based
RESPONSIBLE OFFICIAL:Na	<u>NS (astanedo</u> me (Please Print)	ine X	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.



# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Luis Castaneda A-1 Hour Cleaners & Laundry, Inc. 75 Northeast 8th Street Homestead, Florida 33030

Re: Facility I.D. No. 0250757

Dear Mr. Castaneda:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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"

#### TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLA	AINT/DISCOVERY	<i>(</i>	RE-INSPECTION
FACILITY NAME: A	ny Cleaner - 1 Hour Clea	iners t	Laundry		
RESPONSIBLE OFFICIAL:	Luis Castan	eda_	PHONE N	NUMBER:	247-2425
compliance with DEP		Administrative ents evaluated	Code (F.A.C.).	ion, the follow	
COMPLIANCE REQ	OIREMENT/FROD	CEM	FOLLOW-C	JI ACITO	N CEQUIDED
-					
_			·		
Owner in fi	11ity and - ill-compl	lquep, ian ce	nent sa	itisfac	tory.
The Annual Compliance Certif	.//	98	•	e inspector.	YES NO
INSPECTION CONDUCTED	BY: <u>Jebl</u>	(Appro	erint)		
INSPECTOR'S SIGNATURE	:: <u> </u>	True	PHONE	NUMBER:_	372-6936
		Pageo	f <b>)</b> .		Revised 10/90

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

AIRS ID#0250757 A-1 HOUR CLEANERS & LAUNDRY INC

LUIS CASTANEDA 75 NE 8TH STREET HOMESTEAD FL 33030

#### Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period:		_19	TO		19
Based on each term or condition of the Today 62-213.300, Florida Administrative Code					DEP Rule
If NO, complete the following:					
#1. Term or condition of the general per	mit that has not been in con	ntinuous	compliance during	g the reporting per	riod 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 per	nit that has not been in cor	ntinuous	compliance during	g the reporting per	iod stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:		<u> </u>			
Method used to demonstrate compliance:	· · ·	_			
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for di	Further, my annual consu	nption of	perchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:					1
1	Name (Please Print)		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.

# RECEIVED

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST Bureau of Air Monitoring & Mobile Spurces

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 250 757 DATE	: 06/15/99 TIME IN: 1: 16 pm TIME OUT: 1:40 pm
FACILITY NAME: A-1	cleaners and Laundry
FACILITY LOCATION:	N.E. 8th St.
	Horrestead FL 33030
RESPONSIBLE OFFICIAL: <u>Le</u>	is Castaneda PHONE: (303) 247-2425
CONTACT NAME:	SAMEPHONE:

PA	RT	Ţ٠	NO	riri	CA	TION	

(check appropriate box)

(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:

#### PART II: CLASSIFICATION

1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr



- (constructed before 12/9/91) 3. Existing large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$
- (constructed before 12/9/91)
- transfer only, 200 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800 \text{ gal/yr}$
- 5. This is a correct facility classification

- □. No notification form
- Drop store/out of business/petroleum

- 2. New small area source dry-to-dry only,  $x \le 140$  gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr(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 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)
  - ΠN 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 \_ **\O**\_ gallons.

6/18/

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON WAYA 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? IY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? UN UN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON 1/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? . 7 □N

PART III: GENERAL CONTROL REQUIREMENTS

ſ <del></del>				-
∥ 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	ПΝ	
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?	ΩY	ПN	□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?	$\Box$ Y	ΠИ	□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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
l.	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?	,		MD N		
3.	Does the responsible official check the	e following areas for leaks?	·			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	DY ON TIN/A	Cartridge filter housings	Y ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by	the responsible official?		,		
	Visual examination (condensed s	solvent on exterior surfaces)	ý é	by,		
	Physical detection (airflow felt th	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)			<b>©</b>		
	Use of direct-reading instruments	ation (FID/PID/calorimetric t	ubes)			
	Halogen leak detector			<b>-</b> /		
	If using direct-reading instr	M/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	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 secure area when not in use?			OYON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		

Inspector's Name (Please Print)

Del 15/99
Date of Inspection

Kinstal & Jipon Inspector's Signature 06/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
,			
		·	
		**	
		:	
		i	
		į	
			<b>-</b>
	-	:	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:16 pm TIME OUT: 1:40	7 pm AIRS ID#: 250 757
TYPE OF FACILITY: PERC DRY CLE	ANER
FACILITY NAME: A-1 acarers a	nd Soundry DATE: 06/15/99
FACILITY LOCATION: 75 N.E. 8th 81	
Homestead FL	33030
RESPONSIBLE OFFICIAL: Louis Cantaned	PHONE NUMBER: (305) 247-2425
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213 300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NIA	N/A
	-
COMMENTS: Shop in compliance	, and records are well-kopla
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 06/2006	
INSPECTION CONDUCTED BY: KRISTAL	proximate)  Y/P3 N  ease Print)
	PHONE NUMBER 308/372-6942
Page	of / Revised 10/96

AIRS ID#: 250757

Mr. C

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u> </u>	*		
FACILITY NAME: $A - 1$	. Cleaners	and Laura	Lugu Tor DATE:	E/85/99
FACILITY LOCATION:	5 Al. F. SI	to St Home	stearly All 33	
racility Location.	2 10 · D · O ·	7 7 17 0700	Solonie Solonie	<u>~~~</u>
			-OUTCOS INC	
		·		
Annual Reporting Period:	<i>09</i> ∫14	19 98- то	06/15	1999
Based on each term or condition of	the Title V general air pen	mit, my facility has remai	ned in compliance with DEF	Rule
62-213.300, Florida Administrativo	Code (F.A.C.), during the	period covered by this sta	atement. YES	□ио
If NO, complete the following:			,	
#1. Term or condition of the gener	al permit that has not been	in continuous compliance	e during the reporting period	stated above:
Exact period of non-compliance: f	rom	tc	)	
Action(s) taken to achieve complia	nce:			
Method used to demonstrate compl	iance:		· · · · · · · · · · · · · · · · · · ·	
#2. Term or condition of the gener	al permit that has not been	in continuous compliance		stated above:
Exact period of non-compliance: f	rom	to		
Action(s) taken to achieve complia	nce:			· .
Method used to demonstrate compl	iance:			
		·		
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase year for transfer or combination fa	accurate and complete. Fur receipts, does not exceed 2	rther, my annual consump	otion of perchloroethylene so	olvent, based
responsible official: <u></u>	Name (Please Print)	NEDA X	Signature Cartanda	D.6/15/99 Date .
<del>_</del>				

Page of \_\_\_\_\_.

<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.

AIRS 10#: D250757

And

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A1 Clearers		DATE:	10/12/00
FACILITY LOCATION: 75 NES	St. 3302	20	
110114544	<u>a ji C 5507</u>	50	
Annual Reporting Period:	<u>lo</u> 1999 то		4300
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), during		· \ <del></del>	EP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not	been in continuous complian	ace during the reporting perio	od 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	t been in continuous complian	ace during the reporting perio	od stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:	,		
Method used to demonstrate compliance:			
Transite used to demonstrate compilation.			
As the responsible official, I hereby certify, based on infinade in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not except for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please P.	e. Further, my annual consui	mption of perchloroethylene	solvent, based

<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.

ACCESSO

COMPLAINT/DISCOVERY

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	ом ´ □
AIRS ID#: 0250757 DATE: [0]12	00 TIME IN: 200pm TIME OUT: 235pm
FACILITY NAME: A-1 Cleaner	s + Laundry
FACILITY LOCATION: 75 NE	8 St
Homeste	ad, FL 33030
RESPONSIBLE OFFICIAL: LUKS (ast	enida PHONE: (325)247-2425
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	B 11,
(check appropriate box)	8.7
1. New facility notified DARM 30 days prior to sta	rtup Of Air
2. Facility failed to notify DARM to use general pe	rmit Sol
	nito
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	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 both types, x < 140 gal/yr	transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	-
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gallyr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(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	ation:
☐ facility qualified for a ge	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	archased within the preceding 12 months by this dry cleaning

2/6

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 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) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY 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 DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	. Has the responsible official of an existing large or new large area source also:	<u>-</u>		
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?	ΠY	ПN	□N/A
ŀ	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ИП	□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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПП	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Ma Ak
2. Maintained rolling monthly total of perc consumption?	<b>X</b> γ □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANA <b>X</b> NO YO
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 ANIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XNA
6. Maintained startup/shutdown/malfunction plan?	XY DV
7. Maintained deviation reports?	OY ON XIN/A
Problem corrected?	OY ON X
8. Maintained compliance plan, if applicable?	DY DN X

PA	ART VI: LEAK DETECTION AND I	REPAIRS	<del>}</del>			
1.	Does the responsible official conduct a	weekly (f	or small sources, b	i-weekly) leak detection a	nd rep	air
	inspection?				XY	ПΝ
2.	Has the facility maintained a leak log?				XY	ПΝ
3.	Does the responsible official check the	following	gareas for leaks?		`	**
	Hose connections, fittings, couplings, and valves	XY 🗆	IN □N/A	Muck cookers	ΟY	ON ANA
	Door gaskets and seating	X O	IN □N/A	Stills	XY	□N □N/A
	Filter gaskets and seating	XY D	IN □N/A	Exhaust dampers	ΠY	AND NO
	Pumps	X D	IN □N/A	Diverter valves	ΠY	AND NO
	Solvent tanks and containers	, YY 🗅	IN CIN/A	Cartridge filter housings	$\chi_{\Lambda}$	□N □N/A
	Water separators	<b>X</b> (Y 🗆	IN □N/A			
4.	Which method of detection is used by t	he respon	sible official?			
	Visual examination (condensed se	olvent on	exterior surfaces)		X	
	Physical detection (airflow felt th	rough gas	kets)		Ä	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrumenta	ition (FID.	/PID/calorimetric tt	ıbes)	_ 🗆	
	Halogen leak detector			,		
	If using direct-reading instr	umentatio	on, is the equipmer	nt:	M/V	A
	a. Capable of detecting	perc vapo	r concentrations in	a range of 0-500 ppm?	ΩY	□N.
	b. Calibrated against a s (PID/FID only)?	tandard ga	as prior to and after	each use	ΠY	□N
	c. Inspected for leaks an	nd obvious	signs of wear on a	weekly basis?	ΠY	□и
	d. Kept in a clean and se	ecure area	when not in use?		ΟY	□N
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	ΠY	□и

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Machine not in operation at time of inspection. Wastewater evaporation machine on site.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:00pm TIME OUT: 2	35 pm AIRS ID#: 0250 757
TYPE OF FACILITY: Perc 1)ng (1000	ev
FACILITY NAME: A. T. Cleaners +	Launary DATE: 6/12/00
FACILITY LOCATION: 75 NES S	<i>+</i>
Homestead,	FL 33030
RESPONSIBLE OFFICIAL: LUIS CASTERE	daPHONE NUMBER (305) 247-2435
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
·	
·	
COMMENTS:	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector.
DATE OF NEXT INSPECTION: (0/0)	
)//	(Approximate)
INSPECTION CONDUCTED BY:	Grine
	(Riease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372 - 109 34
	lageof Revised 10/96
	J INEVISED 10/90



# Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213,300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

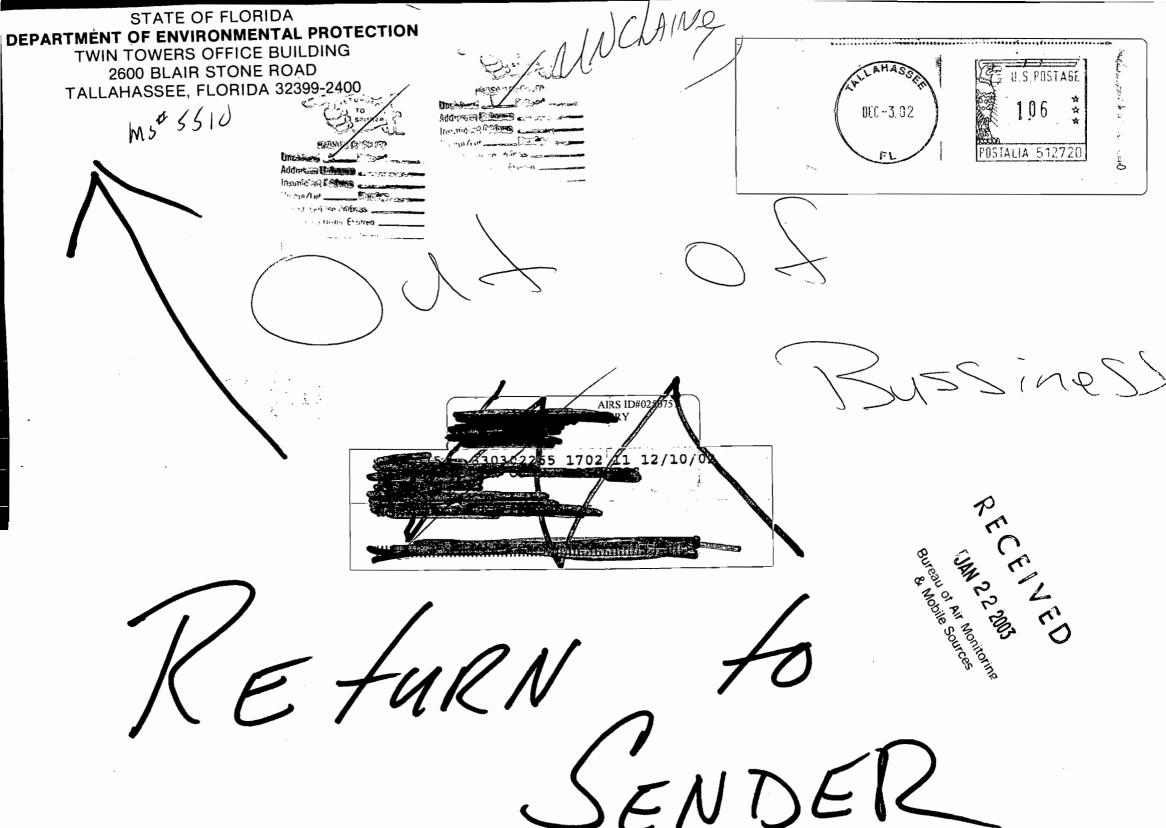
Do NOT Remove Label

AIRS ID#0250757 A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA 75 NE 8TH STREET HOMESTEAD FL

33030

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





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

300623

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

MECEIVED MAIL ROOM

# TOTAL AMOUNT DUE: \$50.00<sub>JAN 22 98</sub>

Do NOT Remove Label

AIRS ID#0250757

A-1 HOUR CLEANERS & LAUNDRY INC

LUIS CASTANEDA

75 NE 8TH STREET

HOMESTEAD FL 33030

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

<del>25</del>7959

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

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

RECEIVED MAIL ROOM

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 0250757

A-1 HOUR CLEANERS & LAUNDRY INC LUIS CASTANEDA 75 NE 8TH STREET

HOMESTEAD FL 33030

Org.: 37550101000 EO: B1

FOR GOVERNMENT USE ONLY

Fund: 20-2-035001

Оьј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353866

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 # 0250757

A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA 75 NE 8TH STREET HOMESTEAD FL 33030 Bureau DE CONLY
Org. 67280101000 EO: B1
Fundy 262-035601
Obj. 200273 199
Ces

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
ם	
53	OFFICIAL USE
<u>-</u>	Postage \$
370	Certified Fee
m	Return Receipt Fee (Endorsement Required)
0013	Restricted Delivery Fee (Endorsement Required)
	Total Pos AIRS ID#0250757
1670	Sent To A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA
ł	Street, Apt. 75 NE 8TH STREET
7000	HOMESTEAD FL City, State, 33030
<u></u>	PS Form 3800 may 2000 See Reverse for Instructions

SENDER: COI	NON 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> </ul>	Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?
1. Article Addressed to:  AIRS ID#0250757  A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA	If YES, enter delivery address below: 17 \(\text{No.}\) \(No
HOMES LAND FIL 32030 FW	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
7000/67000133/09232	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	~{ !* !! !!! !!!
PS Form 3811, July 1999 Domestic Ret	a la sera propia de la compania del compania del compania de la compania del la compania de  la compania d

United States Postal Service First-Class Mail Postage & Fees Paid USPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 hallandadidhalahalahallandadid



(cut here)

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

427623 APR 82003

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 1D#0250757

A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA

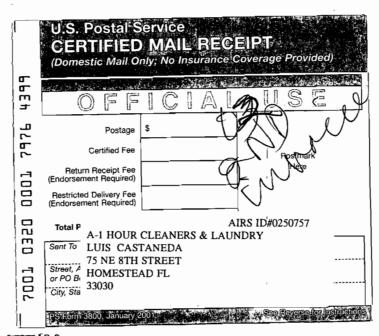
75 NE 8TH STREET HOMESTEAD FL

33030

FOR GOVERNMENT USE OF A1 Fund: 20-2-035001

883

Obj.: 002273



## Coopoogopappopp

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.  C. Signa  D. Is delivery is desired.  C. Signa	very address different from item 1?  Yes	
LUIS CASTANEDA	C. Signature Agent  D. Is delivery address different from item 1? Yes	
HOMESTEAD FL 33030  1 Re	e Type  tified Mail	

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

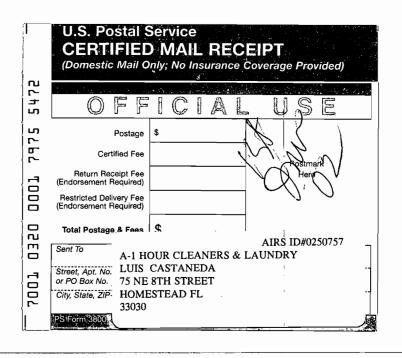
F17T. OF AIT MANITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2500 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 MAR 1 7 2003

MAR 1 7 2003

Bureau of Air Monitoring

Bureau of Air Monitoring

Bureau of Air Monitoring



SENDER: COMPLETE THIS SECTION	COMPLETE 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> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  Agent  Addressee
1. Article Addressed to:  AIRS ID#0250757  A-1 HOUR CLEANERS & LAUNDRY LŪIS CASTANEDA 75 NE 8TH STREET	D. Is delivery address different from item 1?
HOMESTEAD FL 33030	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	0320 0001 7975 5472
DS Form 3811 July 1000 Domestic Re	nturn Pagaint 100505 00 M 005d

UNITED STATES POSTAL SERVICE -

01



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROBRAMMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 SOURCES

The same of the sa	
THAN UFIFINGED	^
FOLD AT DOTTED LINE	OMPLETE THIS SECTION ON DELIVERY
PLACE STICKER AT TOP OF ENVELOPE TO THE RICHT OP-RETURN ADDRESS	Received by (Please Print Clearly) B. Date of Delivery
<ul> <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> </ul>	C. Signature Agent Addressee  D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0250757001 AC NOME LUIS CASTANEDA A-1 HOUR CLEANERS & LAUNDRY	
75 NE 8TH STREET HOMESTEAD FL 33030	Service Type  Certified Mail
(w)	Registered Receipt for Merchandise
8666	4. Restricted Delivery? (Extra Fee)
2. Article Number (Capy from service label) 3060	2
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

		Service D MAIL RECEIPT Inly; No Insurance Coverag	e Provided)
190			
ᇤ			8
믊	Postage	\$	
4	Certified Fee		Postmark 0
17.	Return Receipt Fee (Endorsement Required)		Here .
9200	Restricted Delivery Fee (Endorsement Required)		18
	Total Postage & Fees	\$	7
日日	Re 10	AIRS ID # 0250757001AG	
_	LUIS CASTAN		1-2
	A-1 HOUR CLI	EANERS & LAUNDRY	2)
7000	75 NE 8TH STI		7
	HOMESTEAD	LT 33030	for Instructions



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

411909 DEC19 2001

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 # 0250757
A-I HOUR CLEANERS & LAUNDRY
LUIS CASTANEDA
75 NE 8TH STREET
HOMESTEAD FL

33030

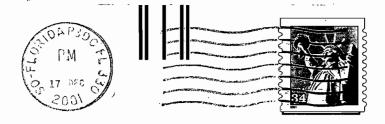
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273





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



(cut here)

400029

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 # 0250757

A-1 HOUR CLEANERS & LAUNDRY

LUIS CASTANEDA 75 NE 8TH STREET

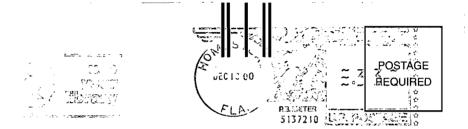
HOMESTEAD FL 33030

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Raul Pastran
Pastran Pa
333 NE 8th St
Homestead, FL 33030.



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

3231343070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389467

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**

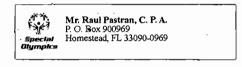
Do NOT Remove Label

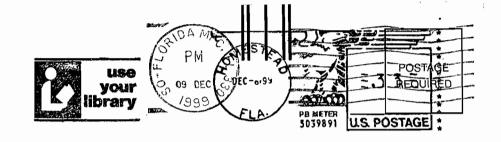
AIRS ID # 0250757

A-1 HOUR CLEANERS & LAUNDRY LUIS CASTANEDA 75 NE 8TH STREET HOMESTEAD FL 33030 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273





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