

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Jose A. Sanabria Colonial Cleaners, Inc. 9595 Southwest 160 Street Miami, Florida 33157

Re: Facility I.D. No. 0250760

Dear Mr. Sanabria:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

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Department of Environmental Protection

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

September 5, 2001

David B. Struhs Secretary

Mr. Jose A. Sanabria Colonial Cleaners 9595 Southwest 160 Street Miami, Florida 33157

Dear Mr. Sanabria:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on September 4.

In reviewing your submittal, it was noted that Colonial Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250760). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Ms. Mallika Muthiah, Dade County "More Protection, Less Process"

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:40 amTIME OUT: 12:25p	anAIRS ID#: <u>0250760</u>
TYPE OF FACILITY: Ory Cleaner	· ·
FACILITY NAME: Calonial Cleanus	Inc. DATE: 2.4.97
FACILITY LOCATION: 9595 SW 160St.	, Miani Il.
RESPONSIBLE OFFICIAL: Jose' A. Sanabeia,	AWALL PHONE NUMBER: 235-2592
	and during this improved as the Guillian in Second as the in-
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administr	rative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MOUSURING & RECORDING COND. TEMP.	Meed to measure e'record the tempera- ture of the outlet exhaust stream of a refrigerated condenses on a weekly pasis.
No Recordkeeping	of a refrigerated condenses on a weekly basis. All Repairs ; adjustments done as a result of leaks must be documented
No Recorderping	need to maintain a log for perc purchased on a monetaly basis.
No Lecord Keeping	Need to maintain a rucekly leak desection log.
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $2 \cdot 98$ (A	pproximate)
INSPECTION CONDUCTED BY: Rosana Rive	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372-6942
/ Page_/	of

#0250760

P.14 1.(c) Should not be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Colonial CLEANERS INC.
2. Site Name (For example, plant name or number):
(sama)
3. Hazardous Waste Generator Identification Number:
J. Hazardous Waste Generator Identification Number.
IN5-02712/MSP-00671-94
I W 5 - 02712 M 5 P - 0 0 671 - 9 4 4. Facility Location: Street Address: 9595 5.W. 160 5t. City: County: DADA Zip Code: 33157 5. Facility Identification Number (DEP, Use):
City: County: Zip Code:
MiAM JADA 33157
5. Pacility Identification Number (DEP Use):
0250760
。
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: CoLowial Cleares, Two. Street Address: 9595 S.W. 1600 St. City: Oma 8. Responsible Official Telephone Number:
7. Responsible Official Mailing Address:
Organization/Firm: COLONIAL CLEANERS, Inc.
Street Address: 9595 S.W. 160 St.
Dria DADE 33157
The state of the s
Telephone: (3057 235 - 2592 Fax: () -
<u> </u>
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
JOSE A. SANABRIA - PRES. 10. Facility Contact Address: COLONIAL CLEANERS ITC.
10. Facility Contact Address: COLONIAL CLEANERS Inc.
Street Address: 9595 5.W. 160 5t.
City: County: Zip Code:
MiAM DADE 33157
11. Facility Contact Telephone Number: Telephone: (200) - Fax: () -
Telephone: (305) 235 - 2592 Fax: () -
DECEIVED.

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SEP 6 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.

Type of Machine	1		Date		Date	Date		Date	Date
Type of Machina		Machine	Control		Machine	Control		Machine	Control
Type of Machina		Initially	Device		lnitially	Device	l	Initially	Device
	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		JAN. 90							
(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						1			
(8) w/ carbon adsorber					1				
(9) w/ no controls						,			
Reclaimer Unit	i	San Carlo Barr	T. 3. 1. 1.						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total [300 (b) If less than 12 mon Check why it is less 	quant quant gallc	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
						d in section (

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 11 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
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:
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
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
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
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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON	
	leanus Inc.	<u>pm</u>
FACILITY LOCATION: 9595 Su		
PART I: NOTIFICATION	<u> </u>	
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96	@	
2. New facility notified DARM 30 days prior to st	tartup \square	
3. Facility failed to notify DARM to use general p	permit \square	
PART II: CLASSIFICATION		
(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)	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="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" th="" transfer="" types,="" yr=""><th>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,></th></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,>	
This is a correct facility classification	DÝ ON	
If no, please check the appropriate classification	:	
facility qualified for a general particle for a general particle facility exceeds above limits an	d is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc)	purchased within the preceding 12 months by this dry clear	aning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN BNA
2. Examining the containers for leakage?	DY DN BYNA
3. Closing and securing machine doors except during loading/unloading?	ON DIO
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON BYNA
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 must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrige (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?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	BY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	בא פאל
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

				_
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ĐΥ	on o	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ON :	ENA
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	
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?	ΟY	ΩΝ	©N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПИ	
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,	Dv		-/.
	or expansion; and downstream from no other inlet?	UY	NU	19 NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩИ	DN/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	DN/A
<u></u>				
P	ART V: RECORDKEEPING REQUIREMENTS			
	las the responsible official:			
11 (0	check appropriate boxes)			

PART V: RECORDICEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	.,
1. Maintained receipts for perc purchased?	מס צים
2. Maintained rolling monthly averages of perc consumption?	DY DY
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DW
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON DAVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DAY
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON BNA
Problem corrected?	DY ON
8. Maintained compliance plan, if applicable?	OY ON DYNA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OX BU

2.	Whic	h method of	detection is used by the	responsi	ble official?			
		Visual exam	ination (condensed solv	ent on e	xterior surfaces)		D	
		Physical dete	ection (airflow felt thro	ugh gask	ets)	•	Q'	
		Odor (notice	able perc odor)				C2	
		Use of direct	t-reading instrumentation	on (FID/I	PID/calorimetric t	ubes)		,
		If using dire	ect-reading instrumen	tation, is	the equipment:			
		a. (Capable of detecting pe	rc vapor	concentrations in	a range of 0-500 ppm?	DY D	N
			Calibrated against a sta (PID/FID only)?	nd <mark>ard</mark> ga	s prior to and afte	er each use		N
		c.]	Inspected for leaks and	obvious :	signs of wear on a	weekly basis?	OY O	И
		d.	Kept in a clean and sec	ure area	when not in use?			N
		e.	Verified for accuracy by	y use of d	luplicate samples	(calorimetric only)?	OY O	N
3.	Has t	the facility m	aintained a leak log?			•	OY B	M
4.	Does	the responsi	ble official check the fo	llowing	areas for leaks?			
			ctions, fittings, and valves	OY YE	ΩΝ	Muck cookers	DY	□и
	-	Door gasket	ts and seating	OY	ΩИ	Stills	ΔY	□и
		Filter gaske	ts and seating	QÝ	Ωи	Exhaust dampers	B Y	Πи
		Pumps!		ØÝ	ND	Diverter valves	σΥ	ПИ
		Solvent tank	ks and containers	OX.	ΠN	Cartridge filter housings	ΔY .	ПΝ
		Water separ	rators	DY	ΩN			
<u> </u>								

Tose A. Sana Bri A

Name of Responsible Official

Rosana Riverra

Inspector's Name (Please Print)

Date of Inspection

2.98

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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The same of the sa		\mathcal{N}		
DRY	CLEANER AIR QUĂ	LITY GEN	ERAL PERMI	T
A	NNUAL COMPLIANCE	CERTIFICA	TION FORM	70
			Burg	m
		ATDS 1D #0050760	& N	FEB C
	COLONIAL CLEANERS INC	AIRS ID#0250760	를 다	3 3 4
	JOSE A SANABRIA 9595 SW 160TH STREET		A:	0
	MIAMI FL 33157		Sot	199 AFF
			Sources	
			Air Monitoring	
	Do <u>NOT</u> Re	emove Label	Ó	
		~	1k	8 00 G
Annual Reporting Period:	1 1997 19	$\frac{q7}{}$ TO $\frac{1}{2}$	Jac. 3	<u>ω 3 -19 4</u>
	1.	-	•;	
Based on each term or condition of the	Title V general oir normit my f	noility has remain	ned in complicates with	h DED Dula
			~	_
62-213.300, Florida Administrative Cod	le (F.A.C.), during the period co	overed by this sta	tement. YES	□NO
If NO complete the following:				
If NO, complete the following:				
#1. Term or condition of the general pe	ermit that has not been in contin	uous compliance	during the reporting p	period stated above:
<u> </u>			•	
Exact period of non-compliance: from		to		
exact period of non-compliance. Iron				
Action(s) taken to achieve compliance:			· · ·	. G
Method used to demonstrate compliance	ð:			
#2. Term or condition of the general pe	rmit that has not been in contin	uous compliance	during the reporting r	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
redon(s) anten to demove comprance.				·
Method used to demonstrate compliance	e: <u>·</u>			
	•			
				1
As the responsible official, I hereby certify	hased on information and helief	formed after reas	onable inquiry that the	statements made in th
notification are true, accurate and complete				
does not exceed 2,100 gallons per year for				
\wedge	/. // /:		1 (.	[]
RESPONSIBLE OFFICIAL:	his 10 bounding	1084 1	1. JANAMULA	01/30/98
REST ONSIBLE OFFICIAL:	Name (Please Print)	0000	Signature	Date
i	Transc (Tragge Tille)		D. Bridenio	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 Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Colonial CLEANERS INC.
2. Site Name (For example, plant name or number):
(sama)
3. Hazardous Waste Generator Identification Number:
IW5-02712 MSP-00671-94
4. Facility Location.
Street Address: 45 45 5.W. 100 2 City: County: Zip Code: 3315 7 5. Facility Identification Number (DEP Use):
5. Facility Identification Number (DEP Use):
0250760
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official: \[\int O S C \ A \ S A \ A B R A \ - \ Pres \] 7. Responsible Official Mailing Address: \[\text{Organization/Firm:} \ C \ \ \ L \ \ \ \ \ \ \ \ \ \ \ \ \ \
7. Responsible Official Mailing Address:
Street Address: Q C C C C C C C C C C C C C C C C C C
City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (305) 735 - 2592 Fax: () -
· ·
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Jose A: SANAGRIA - Pres.
10. Facility Contact Address: COLONIAL CLEANERS INC.
Street Address: 9595 5.W. 160 5t.
City: County: Zip Code: DADE 33157
11. Facility Contact Telephone Number:
Telephone: (305) 235 - 2592 Fax: () -
··/FD
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SEP. 6 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2		<u> </u>	#3	02-MAR-92	
Dry-to-Dry Unit	·		·.						*
(1) w/ ref. condenser	ī	JAN. 90	l						
(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		i si, t i.e.	Maria de la compansión de					1.1.	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small an Existing large are	Selec ea so	urce []	ication only.) ew sn	initions found nall area sour rge area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	ι <u>X</u> ı
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u> </u>	
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		(X)
(c) Refrigerated condenser temperature monitoring		X
(d) Carbon adsorber exhaust perc concentration mor	nitoring	
(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:						
ιXı	I hereby surrender all existing air permits facility indicated in this notification form AP-00918	authorizing operation of the ; specifically, permit number(s)					
	[] No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Offic	ial Certification					
this notific statements maintain t	cation. I hereby certify, based on informati s made in this notification are true, accurat the air pollutant emissions units and air po	Sined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and llution control equipment described above so as to permit as set forth in Part II of this notification form.					
I will pron	mptly notify the Department of any changes	to the information contained in this notification.					
Signature	O. Saushia	8 29 96 Date					
Jun Si	Q. Janabia	2 4 97 DATE					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST RECEIVED

COM	1PLIANCE INSPI	ECTION C	HECKLIST		- " A
	NUAL	Z	COMPLAINT/[DISCOVERY	OCT_2 8 1998
	-INSPECTION	, 		Bur	OCT 28 1998 Teau of Air Monito & Mobile Sources
AIRS ID#: 20060 DATE	: 9/21/28	TIME I	N: 12410		
FACILITY NAME:Coloni	ral Clear	ners 2	tre		
FACILITY LOCATION:	75 54	160	thost		
	om'	-			
RESPONSIBLE OFFICIAL: 5	De Sanabi	i	PHONE:	×7138	-2892
CONTACT NAME: Sh	ne As Ason	ve	PHONE:		· .
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 day	s prior to startup				
2. Facility failed to notify DARM to use general permit					
	-				
PART II: CLASSIFICATION					
Facility indicated on notification for	m that it is:		□ No notificati		
(check appropriate box) A.			☐ Drop store/o	ut of busines	s/petroleum
1. Existing small area source			irea source		
dry-to-dry only, x < 140 gal/yr			x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$			< 200 gal/yr 140 gal/yr		
(constructed before 12/9/91)			or after 12/9/91)		
3. Existing large area source	4.	New large	irea source		
dry-to-dry only, $140 \le x \le 2,100$ ga		_	$140 \le x \le 2,100$	gal/yr	
transfer only, $200 \le x \le 1,800$ gal/y			$00 \le x \le 1,800 \text{ ga}$	-	
both types, $140 \le x \le 1,800 \text{ gal/yr}$	$\leq x \leq 1,800 \text{ gal/y}$				
(constructed before 12/9/91)	(co	instructed or	or after 12/9/91)		
5. This is a correct facility classification	ation 🗹	אם ל	□Can not dete	rmine	
If no, please check the approp					
	lified for a general			above	ll l
☐ facility exce	eeds above limits a	inc is not eli	gible for a genera	i permit	
u					11

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 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 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)

- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

1. Equipped all machines with the appropriate vent controls?

- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 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?	DN DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DA ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DV ON ON/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?	DY DN DNA
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,	ar an gara
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY D'N DOVA.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DNIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	_
Maintained receipts for perc purchased?	AN ON
2. Maintained rolling monthly total of perc consumption?	(DY SA
3. Maintained leak detection inspection and repair reports for the following:	II Y IIN
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ANIA
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 MIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN SAVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYA
6. Maintained startup/shutdown/malfunction plan?	ADY ON /
7. Maintained deviation reports?	OY ON BANA
Problem corrected?	DY DN TSWAVA
8. Maintained compliance plan, if applicable?	ON 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						
	inspection?			DN NO			
2.	Has the facility maintained a leak log?	,		DA ON			
3.	Does the responsible official check the	e following areas for leaks?	•	,			
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	TON ONA			
	Door gaskets and seating	DY ON ON/A	Stills	Y ON ON/A			
	Filter gaskets and seating	DY ON ONIA	Exhaust dampers	AND NO ANIV			
	Pumps	AND NO YA	Diverter valves	DY ON ONIA			
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	AND ND YA			
	Water separators	DN DN/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading ins	trumentation, is the equip	oment:	ON/A			
	a. Capable of detectin	g perc vapor concentrations	s in a range of 0-500 ppm?	אם אם			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and	secure area when not in us	e?	DY ON			
	e. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	OY ON			

Mytchell FIShkIND	<u> 9/29/18</u>
Inspector's Name (Please Print)	Date of Inspection
mittle IMm	9/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFO	ORMATION:				
DEP Ca Econ d	Bookle lendan Matie	i.L			
				 ÷	

TYPE OF INSPECTION: ANNUAL COM	BEST-AVAILABLE COPY RE-INSPECTION
TIME IN: 12:10 TIME OUT: TYPE OF FACILITY: Dry to Dry	AIRS ID#: 0250760
FACILITY NAME: <u>COTOTIAL CLARAPES JA</u> FACILITY LOCATION: <u>9595 SW Ja</u>	DATE:
RESPONSIBLE OFFICIAL: JOE SUPUBLIA	PHONE NUMBER: (305) 235-2592
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	itive Code (F.A.C.).
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling los Con perc consumption	USE DEP Calendar.
	·
COMMENTS:	
he Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
NSPECTION CONDUCTED BY:	pproximate). FISH(IND) TeasoPrint)
NSPECTOR'S SIGNATURE: Mitall The	PHONE NUMBER:
Pagc_	of Revised 10/96

AIRS 10#: 025 0760

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COLONIA	L Cleaner Inc.	DATE: 9/29/98
FACILITY LOCATION: 9595	L Cleaner Inc. - SW 160th St.	
Annual Reporting Period:	<u>9</u> 1997 to	9_1998
	general air permit, my facility has remained in C.), during the period covered by this stateme	
If NO, complete the following:		
	hat has not been in continuous compliance during Log (9/97 to USE DEP	
Method used to demonstrate compliance:	, , , , , , , , , , , , , , , , , , , ,	
#2. Term or condition of the general permit to Exact period of non-compliance: from	to	RECEIVED
Action(s) taken to achieve compliance:		ספעו ד כ OCT
Method used to demonstrate compliance:		Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	pased on information and belief formed after reund complete. Further, my annual consumption does not exceed 2,100 gallons per year for dry-	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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY	<u> </u>
RESPONSIBLE OFFICIAL :	onial Cle 95 SW ami, FL	160 33 oria	St St 157 PHONE: (305)		
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 c 2. Facility failed to notify DARM to				, t	
PART II: CLASSIFICATION					
Facility indicated on notification for (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)	☐ 2. N dry-t trans both	fer only, $x < t$	x < 140 gal/yr < 200 gal/yr		roleum
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 ga both types, 140 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classif 	gal/yr dry-til/yr trans r both (cons	fer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
If no, please check the appr facility qu facility ex B. The total quantity of perchloroeth	opriate classification: nalified for a general po ceeds above limits and	ermit as nur I is not elig	nber above ible for a general perm	it	leaning
☐ facility qu ☐ facility ex	nalified for a general po ceeds above limits and	l is not eligi	ble for a general perm	it	leaning



PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON XINA 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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN XNA 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	. Méasured 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?	XY	□N
2.	. Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	ΩY	AND NO
	. Is the temperature differential equal to or greater than 20° F?	ΩY	DN MN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly		
1	at the end of the final drying cycle while the machine is venting to the adsorber,		し
ļ	if machines are equipped with a carbon adsorber?	ΠY	ON MIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	אומל אם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		*
	or expansion; and downstream from no other inlet?	ΩY	AVA NO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. ロ Y	ON XIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N XN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	AA DN
2. Maintained rolling monthly total of perc consumption?	Y ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON DAN'Y
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 MN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	חאם אם אם אום
6. Maintained startup/shutdown/malfunction plan?	DA DN
7. Maintained deviation reports?	DY DN XN/A
Problem corrected?	DY DN XWA
8. Maintained compliance plan, if applicable?	DY DN XV/A

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
	inspection?			XĮY □N
2.	Has the facility maintained a leak log?	<i>?</i>		ДХ. ПИ
3.	Does the responsible official check the	e following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON DAVIA
	Door gaskets and seating	AND NO AND	Stills	XY ON ON/A
	Filter gaskets and seating	AND NO PA	Exhaust dampers	DAN ON ON/Y
	Pumps	DAY ON ON/A	Diverter valves	AND NO YA
٠.	Solvent tanks and containers	DAK ON ON/A	Cartridge filter housings	AY ON ON/A
	Water separators	XDY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	:s)	×
Physical detection (airflow felt through gaskets)			×	
Odor (noticeable perc odor)				
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	/ a .
	Halogen leak detector			×
	If using direct-reading instr	rumentation, is the equip	ment:	DN/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	ifter each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and s	secure area when not in use	e?	OY ON
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON

Inspector's Signature

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Zero-Waste Machine

Economatic Machine with temp. gauge on front panel.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:05pm	TIME OUT: 1:30	Pm _airsid#: 25	50760
TYPE OF FACILITY: Der		ner	·
FACILITY NAME:	395 SW 16	oost r	DATE: 3/31/99
FACILITY LOCATION:	liami, FL =	33157	
Co	plonial Clea	ners Inc.	
RESPONSIBLE OFFICIAL:	se Sanabr	PHONE NUMBER:	(305)235-259)
	compliance requirements evalua e 62-213.300, Florida Administra	ted during this inspection, the facilitive Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted:	compliance requirements evalua	ted during this inspection, the follo	wing compliance
COMPLIANCE REQUIF	REMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			-
÷			
-	-		
	· · · · · · · · · · · · · · · · · · ·		
			•
	·		
		•	
COMMENTS:			
The Annual Compliance Certification	on form has been properly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	3 2000	>	/ _ _
-	(Ap)	proximate)	·
INSPECTION CONDUCTED BY		- griver	
INSPECTODE SIGNATURE	Vin And	ease Print)	(205) 372-10925
INSPECTOR'S SIGNATURE:		PHONE NUMBER:(
	Page	of /	Revised 10/96

AIRS ID#: 250760

A

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Colonias FACILITY LOCATION: 9595 Miam	Cleaners	Inc.	DATE: 3/31/99
FACILITY LOCATION: 9595	SW 160	St.	
Micm	: FI 3315	5 .7	
	$\frac{1}{1}$	<u>, </u>	
Annual Reporting Period:	3 1998	то	3 1999
Based on each term or condition of the Title V at 62-213.300, Florida Administrative Code (F.A.		\- 	
If NO, complete the following:			
#1. Term or condition of the general permit that	at has not been in continuous	compliance during the repo	rting 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	at has not been in continuous	compliance during the repo	rting 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, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, does year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	complete. Further, my annu	al consumption of perchlor	oethylene 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.

Revised 10/10/96

AIRS ID#: 0250760 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	
FACILITY NAME: COLORIO CLEONERS	DATE: 20/12/17
FACILITY LOCATION: 9595 SW 1100 St	,
Mianui [] 23157	
- 1-11 (WAX) F1 33/3	
Annual Reporting Period:	6 3000
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 statemen	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting period stated above:
	· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	
Method-used to demonstrate compliance:	
rection used to demonstrate compliance.	
As the responsible official, I hereby certify, based on information and belief formed after reas made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to	f perchloroethylene solvent, based
year for transfer or combination facilities.	1. 1.
RESPONSIBLE OFFICIAL: 054 A. SAUABOUA W. Signa	Hunche (1702)

*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.

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	INSPECTION:
1116	Or.	MADERULIONS:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0250760 DATE: 10/12/	100 TIME IN: 3 80 MTIME OUT: 340 pm
FACILITY NAME: <u>Polonial</u>	Cleaners Inc.
FACILITY LOCATION: 9595	SW 140 St.
	FL 33157
RESPONSIBLE OFFICIAL DSC Jan	abria PHONE: (305)235-2592
CONTACT NAME:	PHONE:
	70
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup rmit
2. Facility failed to notify DARM to use general pe	rmit bile
	S _N C
PART II: CLASSIFICATION	urges C
	3
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	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
:	·
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal//r}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
(constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
(constructed before 12/3/3/1)	(constructed on or arter 12/3/31)
5. This is a correct facility classification	Y □N □Can not determine
If no, please check the appropriate classific	cation:
☐ facility qualified for a ge	
facility exceeds above lin	-
acinty exceeds above in	nits and is not eligible for a general permit
	nits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning

6/14/00 DG

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 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?

YY	ПN	□N/A □N/A
XY	ПΝ	□N/A
ÞΥ	ПN	
X	ПΝ	□N/A
_		M

DY DN XNA

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 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 verifying that the coolant had been completely charged?





- DY ON MINA
- XY ON
 - DY ON DIN/A



F						
B.	B. Has the responsible official of an existing large or new large area source also:					
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	DИ			
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПИ	□N/A		
	Is the temperature differential equal to or greater than 20° F?	ΠY	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,					
ľ	if machines are equipped with a carbon adsorber?	ΩY	ΠИ	□N/A		
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□и	□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	ПΝ	□N/A		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A		
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□N/A		

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

	BEIGG BEIDETTON MINE				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			χ _λ αν	
2.	Has the facility maintained a leak log?			DV DN	
3.	Does the responsible official check the	following areas for leaks?	•	16	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON DONA	
	Door gaskets and seating	אואם אם אלא	Stills	DY ON ONA	
	Filter gaskets and seating	איאם אם אא	Exhaust dampers	DY DN DENIA	
	Pumps	AND ND YA	Diverter valves	DY ON MINA	
	Solvent tanks and containers	ANIT NO YES	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A		, ,	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt th	rough gaskets)		义	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta	ation (FID/PID/calorimetric	tubes)	(a	
	Halogen leak detector		•	<u>_</u>	
	If using direct-reading instr	umentation, is the equipm	ient:	N/A	
	a. Capable of detecting	perc vapor concentrations.i	n a range of 0-500 ppm?	אם עם	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and aft	er each use	OY ON	
	c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and s	ecure area when not in use?	•	OY ON	
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	QY QN	

Inspector's Name (Please Print) Signature |

Approximate Date of Next Inspection

Machine not operating at time of inspectson. Directed Mr. Sanabna to keep lint in waste drums as it might contain residual perc.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPL	AINT/DISCOVERY	Y	RE-INSPECTION
TIME IN: 320 pm	TIME OUT:	340 pm	AIRS	ID#: 025	50760
TYPE OF FACILITY: Pe	rc Dry Cl	eare			. , ,
FACILITY NAME: COL	onial (1)	eaver	s Suc.	!	DATE: 4/12/60
FACILITY LOCATION: 9	7595 SW	140 5	<u>t</u>		
<u> </u>	jame IL	<u> 3315</u>	57		
RÈSPONSIBLE OFFICIAL:	Jose San	abn'c	PHONE N	NUMBER!	(05)235-2592
الكا	he compliance requireme ule 62-213.300, Florida		-	on, the facility	y is found to be in
Based on the results of t discrepancies were note	he compliance requireme d:	ents evaluated	during this inspection	on, the follow	ring compliance
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-U	JP ACTIO	N REQUIRED
	•				
			•		
5					
GOLULEWIZE X					
comments: Directed	Mr. Sanak	orial	to keep li	int in	waste drums.
The Annual Compliance Certific	ation form has been prop	erly certified	and submitted to the	e inspector.	YES NO
DATE OF NEXT INSPECTIO	N: 19 C				
	Nalson	(Appro	rximate)	_	
INSPECTION CONDUCTED	BY: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Plass	e Print)		
INSPECTOR'S SIGNATURE:	Delorge	'j' (i least	PHONE N	NUMBER:	305) 372-6936
		Page o	f .	•	Revised 10/96

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 # 0250760

COLONIAL CLEANERS INC JOSE A SANABRIA 9595 SW 160TH STREET **MIAMI FL 33157**

FOR GOVERNMENT USE ONLO Org.: 37550101000 EO: 195 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390753

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TOTAL AMOUNT DUE: \$50.00

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258390

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TOTAL AMOUNT DUE: \$50.00

JAH 17 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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COLONIAL CLEANERS INC JOSE A SANABRIA 9595 SW 160TH STREET

MIAMI-FL-33157

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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SSENGGY NENTLEW FOR THE SITE OF SENERGY NENTLEW FOR THE SENERGY NENTLEW FOR	Received by (Please Print Clearly) C. Signature X D. Is delivery address different from item 1? Yes ITYES, enter delivery address below:
COLONIAL CLEANERS INC 9595 SW 160TH STREET MIAMI FL 33157	3. Service Type Certified Mail
2. Article Number (Capy from service label) 02744	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
and the state of t	Statistics of Special Societies	B	
Postage Certified Fee	\$	Postmark - A	
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
JOSE A SANAE COLONIAL CL 9595 SW 160TF	BRIA EANERS INC I STREET		
	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) F 10 JOSE A SANAE S COLONIAL CL 9595 SW 160TH	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0250760001AG JOSE A SANABRIA	

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Obj.: 002273



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413624 JAN28 2002

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TOTAL AMOUNT DUE: \$50.00



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AIRS ID # 0250760
COLONIAL CLEANERS INC
JOSE A SANABRIA
-9595 SW 160TH STREET
MIAMI FL
33157

FOR GOVERNMENT USE ONLY

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

Obj.: 002273