



Department of Environmental Protection

RECEIVED

JAN 23 1997

Lawton Chiles
Governor

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

Air Quality B. Wetherell
Secretary
Management Division

January 16, 1997

Ms. Maria A. Matus
Angie's Quality Cleaner
1197 West 35th Street
Hialeah, Florida 33012

Re: Facility I.D. No. 0250764

Dear Ms. Matus:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1996.

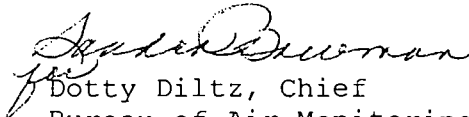
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

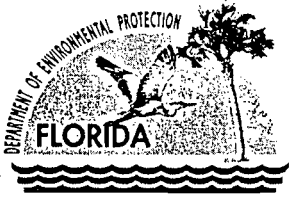
Sincerely,


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"



Department of Environmental Protection

Lawton Chiles
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2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
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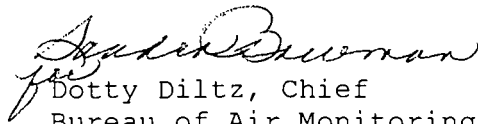
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Sincerely,


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and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

#0250764

P.14

1. (a) add date control device installed
1. (c) should not be marked
3. new small area source should be marked

P.15

4. new small n.c. should be marked

(c) or (d) should be marked

9-9-10-ack

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Angie's Quality Cleaner's Inc. -		
2. Site Name (For example, plant name or number):	Angie's Quality Cleaner's DBA Tony's Cleaners		
3. Hazardous Waste Generator Identification Number:	M.C.F. SYSTEMS Atlanta Inc. # GA D 981269095		
4. Facility Location:	1197 West 35th St		
Street Address:	Hialeah		
City:	County: Florida	Zip Code: 33012	
5. Facility Identification Number (DEP Use):	0250764		

Responsible Official

6. Name and Title of Responsible Official:	Maria A. Matas - President		
7. Responsible Official Mailing Address:	1197 West 35th St		
Organization/Firm:	Hialeah		
Street Address:	County: Florida	Zip Code: 33012	
City:			
8. Responsible Official Telephone Number:	(305) 826-3841 Fax: (NO)		
Telephone:			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone: () -	Fax: () -		

RECEIVED

SEP 9 1996

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
		✓ 21 - Jun - 93							
(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?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing large area source

New large area source

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

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) _____.

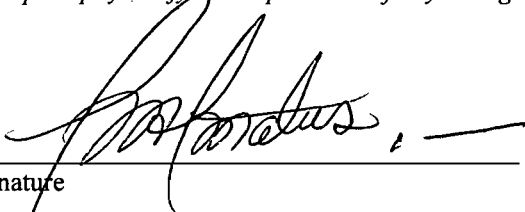
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

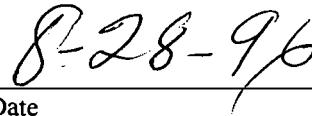
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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

Signature



Date



AIRS ID#:

0250764

all

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Angies Quality Cleaners DATE: 2/21/97
 FACILITY LOCATION: 1197 West 35 St
MIAMI FL.

Annual Reporting Period: 8-28-96 19 TO 2/21/97 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

NOT KEEPING PROPER RECORDS

Exact period of non-compliance: from 8-28-96 to 2-21-97

Action(s) taken to achieve compliance: will start keeping proper records & logs

Method used to demonstrate compliance: log books and stat sheets.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to RECEIVED

Action(s) taken to achieve compliance: _____ AUG 22 1997

Method used to demonstrate compliance: _____
Bureau of Air Monitoring & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: X Maria A. matus X M. A. matus X 8-13-97
Name (Please Print) Signature Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:15 TIME OUT: 3:00 AIRS ID#: 25 0764

TYPE OF FACILITY: PARC Dry Cleaner

FACILITY NAME: Lopez's Quality Cleaners DATE: 2/21/97

FACILITY LOCATION: 4177 WEST 35 ST
MILWAUKEE FL 33012

RESPONSIBLE OFFICIAL: MARIA LUTAS PHONE NUMBER: 826-3541

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
<u>1/2 gallon of mineral oil at parc.</u>	<u>1/2 gal mineral oil removed</u>
<u>1/2 gallon of mineral oil at parc.</u>	<u>1/2 gal mineral oil removed</u>
<u>1/2 gallon of mineral oil at parc.</u>	<u>1/2 gal mineral oil removed</u>
<u>1/2 gallon of mineral oil at parc.</u>	<u>1/2 gal mineral oil removed</u>

COMMENTS: Equipment was being repaired. Mark cards in lab.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 2/98

INSPECTION CONDUCTED BY: JANE NAZARIO (Approximate)

INSPECTOR'S SIGNATURE: [Signature] (Please Print) PHONE NUMBER: 3766922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250764 DATE: 2/21/97 TIME IN: 2:15 TIME OUT: 3:00
FACILITY NAME: ANGIE'S QUALITY CLEANERS
FACILITY LOCATION: 1197 WEST 35 ST
HOUSATON TX. 75042

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

1. Existing small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 00 gallons.

3/6/97
MPD
3/11/97

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N
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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? *(for direct reading instruments only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

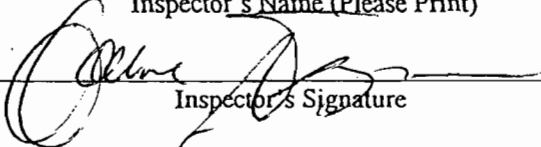
3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | | | |
|---|---------------------------------------|----------------------------|---------------------------|---------------------------------------|---------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Muck cookers | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | | | |

MARCIA MATUS
Name of Responsible Official

TAME NAZARIO
Inspector's Name (Please Print)


Inspector's Signature

2/21/97
Date of Inspection

2/28
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

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

all

AIRS ID#0250764
ANGIE'S QUALITY CLEANERS INC MARIA A MATUS 1197 W 35TH STREET HIALEAH FL 33012

Do **NOT** Remove Label

Annual Reporting Period: _____ 19____ TO _____ *Dec* _____ 19 *98*

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

*Im sanding
Copies all my
Receipts from
M.C.F. - clean
systems*

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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JAN 21 1998

Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: *MARIA A MATUS*

Name (Please Print)

M. A. Matus
Signature

1-13-98
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.

Bruce Offord

#0250764

P.14

RECEIVED

NOV 27 1996

DEPT OF ENV PROTECTION
WEST PALM BEACH

RECEIVED

DEC 05 1996

Air Quality
Management Division

S. Cloness

AD981269095

3012

4

SED

ident

Pe 1. (a) add date control device installed

1. (c) should not be marked

3. new small area source should be marked

P.15
4. new small n.c. should be marked

(c) or (d) should be marked

1. Facility Owner/Contact	Angie
2. Site Name (For Identification)	Angie
3. Hazardous Waste	M.
4. Facility Location Street Address City:	
5. Facility Identifier	

6. Name and Title

7. Responsible Official Mailing Address:
Organization/Firm: 1197 west 35th st
Street Address:
City: Hialeah County: Florida Zip Code: 33012

8. Responsible Official Telephone Number:
Telephone: (305) 826-3841 Fax: (N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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SEP 9 1996

Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Angie's Quality Cleaners Inc. -		
2. Site Name (For example, plant name or number):	Angie's Quality Cleaners DBA Tony's Cleaners		
3. Hazardous Waste Generator Identification Number:	M.C.F. SYSTEMS Atlanta Inc. GA D981269095		
4. Facility Location:	1197 West 35th St Street Address: Hialeah County: Florida Zip Code: 33012		
5. Facility Identification Number (DEP Use):	0250764		

Responsible Official

6. Name and Title of Responsible Official:	Maria A. Matas - President		
7. Responsible Official Mailing Address:	1197 West 35th St Organization/Firm: Hialeah County: Florida Zip Code: 33012		
8. Responsible Official Telephone Number:	Telephone: (305) 826-3841 Fax: (NO) -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

RECEIVED

SEP. 9 1996

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		✓ 6/85							
(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?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing large area source

New large area source

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

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) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

[Signature]
Signature

8-28-96
Date

X [Signature]

X 2-21-97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>250764</u>	DATE: <u>8-26-98</u>	TIME IN: <u>1030</u>	TIME OUT: <u>1100</u>
FACILITY NAME: <u>ANGIE'S QUALITY CLEANERS</u>			
FACILITY LOCATION: <u>1197 W. 35 ST.</u> <u>MIALEAH</u>			
RESPONSIBLE OFFICIAL: <u>MARIA A. MATUS</u>		PHONE: <u>305-826-8841</u>	
CONTACT NAME: <u>"</u>		PHONE: <u>"</u>	

RECEIVED
 SEP 28 1998
 Bureau of Air
 & Mobile Sources Monitoring

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 Drop store/out of business/petroleum

(check appropriate box)

A. 1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (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 classification:

facility qualified for a general permit as number _____ above

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

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

MB
 9/17/98
 ARMS

MB
 9/23/98

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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 instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

M. ENRIQUE FLORES
Inspector's Name (Please Print)

M. Enrique Flores
Inspector's Signature

8/26/98
Date of Inspection

N/A
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- * DERM'S POLLUTION CONTROL FOR DRY CLEANERS BOOKLET GIVEN TO MS. MATUS.
- * DRY TO DRY MACHINE REMOVED FROM SITE ON 8-8-98
- * DRY CLEANING DONE AT ANOTHER LOCATION.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258218 ✓

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# 0250764
ANGIE'S QUALITY CLEANER'S INC
MARIA A MATUS
1197 W 35TH STREET
HIALEAH FL 33012

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN 16 1997



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300119 ✓

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#0250764

ANGIE'S QUALITY CLEANERS INC
MARIA A MATUS
1197 W 35TH STREET
HIALEAH FL 33012

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item #1? Yes No
If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:
 10 AIRS ID # 0250764001AG
 MARIA A MATUS
 ANGIE'S QUALITY CLEANERS
 1197 W 35TH STREET
 HIALEAH FL 33012

2. Article Number (Copy from service label):
 7000 0600 0026 4130 2737

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4130 2737

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

10 AIRS ID # 0250764001AG
 MARIA A MATUS
 ANGIE'S QUALITY CLEANERS
 1197 W 35TH STREET
 HIALEAH FL 33012

[Signature]

See Instructions