

# 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. Nevris Ricando Mr. Alex Dry Cleaners 9401 Southwest 56 Street Miami, Florida 33165

Re: Facility I.D. No. 0250771

Dear Mr. Ricando:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 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"

File

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ন্দ্ৰ Air Resource Management System - Facility 🔆 🔆				
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, AREA Office SEDA SE: DADE	County	MIAMI-DADE	AIRS	ID 0250771
Owner/Comp* CALVO AND TARAFA LLC			ACCIC DDV CLEANED	<u> </u>
		Site CL/	ASSIC DRY CLEANER	3
Directions				
Street 9401 SW 56TH ST	***************************************		法国专业	Validate Address
City* MIAMI		Zip 33165	6421	validate Addi ess
UTM Zone 17 East 565.45	North 2844.43 Latitud	g 25 42 58.694	14 Longitude	BO 20 51.2772
			The second second	
Status * A ACTIVE	Maj Group SIC	72 PERSONAL SE	RVICES	
> Reloc N → Sushtdwn Dt	Strt Di		Final Shtdwn Dt	i de
Gov Fac * 0 NOT OWNED OR OPERATED BY A	FEDERAL, STATE, OR LOCA	_ GOVE HAZ Waste	Generator ID FLD	980840086
AOR Reg * N V Ozone SIP Facility *		PCE Drycleaning Fa	<u> </u>	
Compliance Tracking			Current Pérmit	indicator ac 5
2	- James	ing also submisses		
Title V TITLE V non-HAP Clas	S MINUK	IAP Class MINOR	Japan	ilic Exempt 💮 👻
#.of Emis Units		Gon	erator Rating	MW
TOLLING OTHER	Carlot thinks	Jan Jan Gen	ierator Nating	A PINIVY
Comment   06/17/10-Renewal of PERC DC AGP R	egistration.			14
		al derivatives		
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Permittin	g Application - Permit De	tail and Log Permit 📆				∵ <u>∠</u> x
	AREA AIRS ID	0250771 STA	ARMS Facility  FUS A OFFICE SE	DA SE: DADE		
	SITE NAME CLASSIC	DRY CLEANERS		COUNTY MIAMI-D	ADE	
OWNE	RICOMPANY CALVO A	ND TARAFA LLC				
AIR Pe	rmit# 02507710	03 _ AG ] .	Project # 003	CRA R	eference #	
Permit	Office TAL (HEADQUAR	TERS)	Agen	cy Action Effective	· · · · · · · · · · · · · · · · · · ·	GC .
Project I	Name   CLASSIC DRY CL	EANERS	Desc Renewal of PERC DO	AGP Registration.		
Type/Su	b/Des AG /01	Title V General Permit			Logged 06/22/20	118
Rec	eived 06/17/2010	Issued 07/18/2010	Expires 07/18/2015	Application	Action RENEWAL	
	Fee . 0.00	Fee Recd	Dele	Ove	erride NONE	
Role	APPLICANT		=Related Party Begin 06/17/2010		End-	
Name	TARAFA, FRANK		Cor	npany CALVO AND I	ARAFA LLC	
Address	9401 SW 56 STREET					
City	MIAMI		- State FL	Zip 33165	Country U.S.A	
Phone	305-613-1934	F.ax=				
Process	OF BRYNES_M	Υ (1) <b>(3)</b> (1) (2)	Processors Active 06/22/2010	Inactive	Ev	ents

٠.

#### Dibble; Dickson

From:

March, Marta (DERM) [marchm@miamidade.gov]

Sent:

Tuesday, June 02, 2009 4:12 PM

To: Cc: Dibble, Dickson Gordon, Ray (DERM)

Subject:

Mr. Alex Dry Cleaners

Dick,

Please change facility status in ARMS to INACTIVE since this facility is now closed. Thank you.

ARMS # 0250771

Facility Name: MARYNIL INC – Mr. Alex Dry Cleaners Facility Address: 9401 SW 56 STREET, MIAMI - 33165

Marta March, Engineer I Air Facilities Section

Department of Environmental Resources Management (DERM)

Tel: (305) 372-6929 Fax: (305) 372-6954

www.miamidade.gov/DERM
"Delivering Excellence Every Day"

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records.

E-mail messages are covered under such laws and thus subject to disclosure.

Ce/17/10 - Entered

PERCHLOROETHYLENE DRY CLEANERS "IAH 1 1999 TITLE V GENERAL PERMIT & MODIFIC MODIFIC MODIFIC MODIFICE STINE S

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RECEIVED

**RE-INSPECTION** 

 $\Box$ 

Somiton
AIRS 10#: 0250771 DATE: 2/25/99 TIME IN: 2:10 pm TIME OUT: 2:50 pm
FACILITY NAME: Mr. Alex Dry Cleaners
FACILITY LOCATION: 9401 SW 5685
Miami, FL 33165
RESPONSIBLE OFFICIAL: Roman Ricardo PHONE: (305)595-1832
CONTACT NAME:PHONE:

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PA	RT	11.	CI.	ASS	TEL	~4'	TI	$\cap$	V
II	111	1111	N . E 4	M.T.T		. ^	4 11		7

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

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number

- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DXNA 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON MINA 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? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber A/MX ND YD 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) Жу □и 1. Equipped all machines with the appropriate vent controls? AY ON ONA 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 AND ND YX condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated **Ж**О́У □N 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? DY DN XVA 6. Conducted all temperature monitoring after an appropriate cooldown period and after M⊡ YFA verifying that the coolant had been completely charged?

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?	<i>7</i> 6 <sub>Y</sub>	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N MN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□N QN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ON MIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ON DON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ON DIVIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	γΩΥ	ON DENIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	DN XVIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Xay □N
2. Maintained rolling monthly total of perc consumption?	Xay □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N X 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?	OY ON MIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אמאָ <b>גע</b> אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N <b>X</b> (N/A
6. Maintained startup/shutdown/malfunction plan?	Xqy □N
7. Maintained deviation reports?	OY ON XN/A
Problem corrected?	OY ON XN/A
8. Maintained compliance plan, if applicable?	OY ON MIN/A

PA	ART VI: LEAK DETECTION AND	) REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XYY ON		
2.	Has the facility maintained a leak log	;?		XY ON		
3.	Does the responsible official check the	ne following areas for leak	cs?	,		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON KIN/A		
	Door gaskets and seating	XYY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	YY ON ON/A		
	Pumps	AND NO PA	Diverter valves	XY ON ON/A		
	Solvent tanks and containers	אותם אם צובל	Cartridge filter housings	AND NO AND		
	Water separators	AY ON ONA				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfac	es)	*		
	Physical detection (airflow felt	through gaskets)	ŧ	<b>*</b>		
	Odor (noticeable perc odor)			×		
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	4		
	Halogen leak detector					
	If using direct-reading inst	trumentation, is the equi	pment:	ØN/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accurac	cy by use of duplicate samp	ples (calorimetric only)?	מם עם		

Inspector's Signature

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

Machine: Multimatie FDEP calendar given to RO (1999)

## BEST AVAILABLE COPY

WSCECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 2=10 pm TIME OUT: 2:5	50pm AIRS 1011: 0250 771						
TYPE OF FACILITY: PERC DM CLO	wer						
FACILITY NAME: MY. Alex Dr	Cleaners - DATE: 2/25/99						
ACILITY LOCATION: 9401 8W 5	10 St						
Hlami, PL 33	165						
RESPONSIBLE OFFICIAL: Roman Rican	PHONE NUMBER: (305)595-1832						
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).						
Based on the results of the compliance requirements eva	luated during this inspection, the following compliance						
discrepancies were noted:							
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
	<u> </u>						
	·						
,							
•							
	·						
·							
OMMENTS: Equipment appear	to be in good working useteeping.						
te Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO						
ATE OF NEXT INSPECTION: 2/2000							
(Approximate)							
SPECTION CONDUCTED BY: SPORA Griner							
(Otense Print)							
SPECTOR'S SIGNATURE:	97 PHONE NUMBER: (305:)372-6925						
Page	cof Revised 10/96						

Revised 10/10/96

## Y.

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

ACILITY NAME: Mr. Alex Dry Cleaner DATE: 2/25	199
ACILITY LOCATION: 9407 8W 56 St.	
Miami, FL 33105	
nnual Reporting Period: 2 1998 TO 2 19	199
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ve:
xact period of non-compliance: fromtoto	
ction(s) taken to achieve compliance:	
fethod used to demonstrate compliance:	<del></del>
2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	)ve:
xact period of non-compliance: from	
ction(s) taken to achieve compliance:	<u>.</u>
fethod used to demonstrate compliance:	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the stateme hade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons pear for transfer or combination facilities.  ESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date	ed
Name (Flease Finit) Signature Date	

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

Revised 10/10/96 DRY CLEANER AIR QUALITY GENERAL PER ANNUAL COMPLIANCE CERTIFICATION FORM FACILITY NAME: Management Division FACILITY LOCATION: 33/65 Annual Reporting Period: 1 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.  $\square$ NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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: Neul's R

Exact period of non-compliance: from

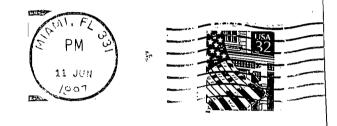
Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

\*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

Alex Dry clearers 9401 SW JBST MiAMI PC. 33165



DEPT OF ENVIRONMENTAL

RESOURCES MANASEMENT (DERM)

AIR QUALITY MANASEMENT DIVISION

AIR QUALITY MANASEMENT DIVISION

33 SW SECOND AVE- Suite 900

MIAMI, Florida 33130-1540

MIAMI, Florida 33130-1540

Attu Miss RiverA

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPL.	AINT/DISCOVERY . RE-INSPECTION .
TIME IN: 1:00 pm TIME OUT: 1:43 pm	AIRS ID#: 0250771
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Mr. alex Dry Cleaner	CDATE:
FACILITY NAME: Mr. alex Dry Cleaner FACILITY LOCATION: 9401 SW 510 St.	
Miami, FL.	
	PHONE NUMBER:
RESPONSIBLE OFFICIAL. THE THE PROPERTY OF THE	THORE NOWIBER.
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrativ	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
:	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2.98	oximate)
INSPECTION CONDUCTED BY: Rosana River	
	se Print)
INSPECTOR'S SIGNATURE: Sasana	PHONE NUMBER: 372-6942

Page\_\_\_of\_

Revised 10/96

## #0250771

1.(a) add date control device installed 1.(c) should not be marked

P.15 (f) Should be marked

#### Perchloroethylene Dry Cleaning Facility Notification

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

<ol> <li>Facility Owner/Company Name (Name of corporation, agency, or individual owner):         \[             NEURIS RICANDO             \]         Site Name (For example, plant name or number):             \[             MR FLEX DRY CLEARENS             \]         Hazardous Waste Generator Identification Number:</li> </ol>					
2. Site Name (For example, plant name or number):					
MR ALEX DRY CLEANERS					
3. Hazardous Waste Generator Identification Number:					
F60980840086					
4. Facility Location:					
Street Address: City: 9401 Sw 56 ST County: MI AMI FLA - Zip Code: 33165					
5. Facility Identification Number (DEP Use):					
0250111					
Responsible Official					
6. Name and Title of Responsible Official:					
NEURIS RICANDO					
7. Responsible Official Mailing Address:					
Organization/Firm: Street Address:  AME ARAUT					
Street Address: City:  Street Address: County:  Street Address: County: Co					
8. Responsible Official Telephone Number:					
Telephone: $(300) - 595/832$ Fax: ( ) -					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
NEURIN RICARDO					
10. Facility Contact Address:					
Street Address: 9401 Sw 56 57 MIAMI FLA 3316V City: Zip Code:					
11. Facility Contact Telephone Number:					

RECEIVED

SEP 17 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.

Тур	oe 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
Exa	ample	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry	-to-Dry Unit	1	o de la companya de l	* * *		<u> </u>	<u> </u>		1	
	(1) w/ ref. condenser	>	11-95			1			1	
	(2) w/ carbon adsorber		7 7 7 7		<u> </u>					
	(3) w/ no controls									
Wa	sher Unit	s			<u> </u>			<u> </u>		. :
	(4) w/ ref. condenser					<u> </u>	Ī			
	(5) w/ carbon adsorber									
	(6) w/ no controls							_		
Dry	er Unit		er gara			e Programa				
	(7) w/ ref. condenser					Ī				
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Rec	laimer Unit	sario ĝ	featile and a second	in August 1971						
	(10) w/ ref. condenser									
	(11) w/carbon adsorber				_					
	(12) w/ no controls									
(l	o) Control devices are	requ	ired, but not	yet installed	[	1				
2.(a	a) What was the total of [ // 0 - ] b) If less than 12 mont Check why it is less	quanti gallo hs, ho	ty of perchlons  ow many? [_	oroethylene (	perc)	purchased in				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

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

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
NEURIN RICANDO						
2. Site Name (For example, plant name or number):						
MR ALEX DRY CLEANERS						
3. Hazardous Waste Generator Identification Number:						
F60980840086						
4. Facility Location:						
Street Address: City: 9401 Sw 5657 County: MI AMI FLA - Zip Code: 33165						
5. Facility Identification Number (DEP Use):						
0250711						
Responsible Official						
6. Name and Title of Responsible Official:						
NEURIS RICANDO						
7. Responsible Official Mailing Address:						
Organization/Firm: Street Address:  AMF ARAJT						
Street Address: SAME ABAUT County: Zip Code:						
8. Responsible Official Telephone Number:						
Telephone: $(300) - 595/832$ Fax: ( )						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
NEURIN RICARDO						
10. Facility Contact Address:						
Street Address: 9401 Sw 56 57 MIAMI FLA 3316V City: County: Zip Code:						
11. Facility Contact Telephone Number:  Telephone: 905) 5951872  Fax: 905) 5951872.						

RECEIVED

SEP 17 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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	У.	11-95	11-95	Ν.Λ.					
(2) w/ carbon adsorber	λ.								
(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	11 m			٠.					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		-					1		
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are ro	equired to be ity of perchlons ons	installed [2	perc)	ロール・トー				
3. What is the facility's so (Indicate with an "X".						d: (	2) - C		

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 Pa	art II of this notification form?			
Existing large area source Carbon adsorber []	Refrigerated condenser	<u></u>			
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) 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 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					
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration mor	nitoring				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan		XIM.K.			

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

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

Please indicat	te with an "X" the appropriate selection:	,				
	I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifically					
No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certifica	ation				
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Parification. I hereby certify, based on information and belients made in this notification are true, accurate and compathe air pollutant emissions units and air pollution controlled with all terms and conditions of this general permit as se	ef formed after reasonable inquiry, that the lete. Further, I agree to operate and col equipment described above so as to t forth in Part II of this notification form.				
Signature	- Mie	9-12-9 L Date				
Ne	Signature Unis RicAndo PRINT	2.25.97				

Effective: 6-25-96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR 2 0 1997

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	Bureau of Air Monitoring & Mobile Sources
AIRS ID#: <u>0250 7 7/</u> FACILITY NAME: <u>Y/</u>				(E OUT: <u>/:\#3</u>
FACILITY LOCATION:	9401 SW 5	Le 54.		
	Miami, F	L. 33145		
PART I: NOTIFICATION			•	
(check appropriate box)	- · - · · · · · · · · · · · · · · · · ·			
Existing facility notified DA	RM by 9/1/96			
2. New facility notified DARM	•	tup		
3. Facility failed to notify DAF		•		٥
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (check appropriate box)	ion form that it is:			·
A.  1. Existing small area soudry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr	2. New small are dry-to-dry only, x transfer only, x > both types, x > 140 (constructed on o	<140 gal/yr 00 gal/yr gal/yr	
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91<="" before="" both="" graduous="" only,="" td="" transfer="" types,=""><td>100 gal/yr ) gal/yr al/yr</td><td>4. New large and dry-to-dry only, 1 transfer only, 200 both types, 140 (constructed on o</td><td>40<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr</x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr ) gal/yr al/yr	4. New large and dry-to-dry only, 1 transfer only, 200 both types, 140 (constructed on o	40 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr</x<1,800></x<2,>	
This is a correct facility classi	fication	DY BN		
If no, please check the approp	oriate classification:			
	ified for a general per eds above limits and i			
B. The total quantity of perch facility was 156 gallon		urchased within the	preceding 12 mont	hs by this dry cleaning

# 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?

#### 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)

l.	Equipped all machines with the appropriate vent controls?	DY DN
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANA NO PAO
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?	DY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אוש אם צם
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ON PO

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?	ON ON
<ol><li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?</li></ol>	OY ON TOPNA
Is the temperature differential equal to or greater than 20° F?	OY ON WA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON DANIA
Is the perc concentration equal to or less than 100 ppm?	DY DN BNA
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?	א אפס אם אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בארם מם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	<del></del>
1. Maintained receipts for perc purchased?	DY ON
Maintained receipts for perc purchased?     Maintained rolling monthly averages of perc consumption?	MO AM
2. Maintained rolling monthly averages of perc consumption?	
<ul><li>2. Maintained rolling monthly averages of perc consumption?</li><li>3. Maintained leak detection inspection and repair reports for the following:</li></ul>	oy on
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	DY ON D'NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>documentation of leaks repaired w/in 24 hrs? or;</li> <li>documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	DY ON D'NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> </ol>	DY ON D'NA OY ON D'NA OY ON D'NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	DY ON D'NA OY ON D'NA OY ON D'NA OY ON D'NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	DY ON D NA OY ON D NA OY ON D NA OY ON D NA OY ON D NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	DY ON D'NA OY ON
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	DY ON D NA OY ON D NA
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	DY ON D NA OY ON D NA

2. Wł	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 instrumer	ntation, i	s the equipment:			ı			
	a. Capable of detecting po	erc vapor	concentrations in	a range of 0-500 ppm?	DY D	N			
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>								
	c. Inspected for leaks and	lobvious	signs of wear on a	a weekly basis?	OY O	и			
	d. Kept in a clean and sec	cure area	when not in use?		OY O	и			
	(calorimetric only)?	OY O	N						
3. Ha	•	02/0	И						
4. Do	es the responsible official check the fe	ollowing	areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY,	ПΝ	Muck cookers	<b>L</b>	□и			
	Door gaskets and seating	CY	ПИ	Stills	QX	ΠN			
	Filter gaskets and seating	ďÝ	ПИ	Exhaust dampers	er	□N			
	Pumps	ďY	□и	Diverter valves	CY	ПN			
	Solvent tanks and containers	DEY	□и	Cartridge filter housings	CY	, DN			
	Water separators	ŒY.	□N						

Neuris Ricardo	
Name of Responsible Official	
Rosana Riveren Inspector's Name (Please Print)	2.25-97
Inspector's Name (Please Print)	Date of Inspection
Rosana Pi	2.98
Inspector's Signature	Approximate Date of Next Inspection

302122

RECEIVED MAIL ROOM

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250771

FEB -9 93

NEVRIS RICARDO NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165 RECEIVED

FEB 1 1 1998

Bureau of Air Monitoring

& Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	<u>47</u> 19	то 12-	<u> 1997</u> 19.		
•	-				
Based on each term or condition of the Title	V general air permit, my facili	ty has remained in complian	nce with DEP Rule		
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.					
If NO, complete the following:	If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuous	s compliance during the rep	orting period stated above:		
Front arrival of the company of the		4-			
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:					
			•		
#2. Term or condition of the general permit	that has not been in continuous	s compliance during the repo	orting period stated above:		
	<u> </u>				
Exact period of non-compliance: from		to			
Action(a) taken to achieve compliance					
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
·	•				

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

RESPONSIBLE OFFICIAL: /

Name (Please Print)

Signature

Date

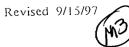
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	☑ COMPLAINT/DISCOVERY □ N □
AIRS IDH: 250771 DATE: 8.27-	<b>1</b> ▲
FACILITY LOCATION: 9401 SW 56 ST.  MIAMI, 3316	St. St. F.
RESPONSIBLE OFFICIAL: ROMAN RICAL	Mora 1990 O
CONTACT NAME:	PHONE: 1/ Vices Office
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
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)
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general 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)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)





NO YD	verifying that the coolant had been completely charged?
/	6. Conducted all temperature monitoring after an appropriate cooldown period and after
ANNW MID YOU	condenser exceeded 45° F?
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the
NED LIN	condenset on a weekly/bi-weekly basis?
NID AD	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated
	· · · · · · · · · · · · · · · · · · ·
AND NO YE	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
11/1/11	
AND NO YO	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
NO XE	1. Equipped all machines with the appropriate vent controls?
	(course annudo iddu us a us)
	A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)
•	A A source again maitsize has sources were the to toisilto aldianouses and self.
	(complete A and B below).
gerated condenser	It classification 4 has been checked, the machine should be equipped with a refrig
	prior to September 22, 1993
ון זיע אל ספלו ווו זימון פּקן און	condenser or a carbon adsorber (complete A and B below). Carbon adsorber muss
	If classification 3 has been checked, the machine should be equipped with either s
,	((,,,),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
: รือเมเอต condenser	If chassification 2 has been checked, the machine should be equipped with a refrigerencing $\Lambda$
	enden a datum kanasiman militi mata ani dasar ada kadisarta masid ani 1,6 mai va 27 mai ta 11
	If classification I has been checked, no controls are required. Proceed to Part V.
	:A-II traf al
	BVBLIA: BBOCE22 VENT CONTROLS
AND NO YO	beds according to the manufacturer's specifications?
	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber
עאס אס אס	least 24 hours prior to disposal?
	4. Draining cartridge filters in their housing or in sealed containers for at
ND YD	3. Closing and securing machine doors except during loading/unloading?

2. Examining the containers for leakage?

1s the responsible official of the dry cleaning facility:

(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

В.	Has the responsible official of an existing large or new large area source also:	<del></del>	<del></del>	
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	ปัN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	מים	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΘY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	EN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΟY	ПИ	EN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	©N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			QA DY	
2.	Has the facility maintained a leak log?			DY W	
3.	. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Punips	DY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	e responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)			Œ.	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading instru	imentation, is the equip	ment:	CAN/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
	b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?			OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
	d. Kept in a clean and so	ecure area when not in use	e?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
<u></u>					

M. ENRIQUE FLORES	8-27-98
Inspector's Name (Please Print)	Date of Inspection
Maurene floras	8/99
Inspector's Signature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

- \* STATE'S INSPECTION CALENDAR AND DERM'S POLLUTION CONTROL FOR DRY CLEANERS BOOKLET WERE GIVEN TO MR. RICARDO.
- INSTRUCTIONS ON HOW TO PROPERLY KEEP RECORDS OF LEAK INSPECTIONS AND HOW TO MAINTAIN A ROLLING LOG OF PERC PURCHASES WERE GIVEN IN SPANISH.
- BRY-TO-DRY MACHINE WAS IN GOOD WORKING ORDER.

#### BEST AVAILABLE COPY \* INSPECTION SUMMARY REPORT ANNUAL 7 COMPLAINT/DISCOVERY RE-INSPECTION 1430 250771 140D TIME IN: TIME OUT: AIRS ID#: TYPE OF FACILITY: \_\_\_\_ PERC DRY ELENNER IN. ALLK BLY PLEANERS FACILITY NAME: 7401 SU 56 ST. FACILITY LOCATION: MIAMI 33115 545-1854 305. ROMAN RIVERDO PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED INIL VILLIZE CALENDAL TO KEEP THILLDRE TO MAINTAIN A LULLING LOG OF PERC RULLING TOTAL PURCHASES FOR LAST 12 MONTHS. NO PROCESS KEEPING OF LEAK INSPECTIONS WILL RICORD LOAK INSPECTIONS IN STATES CALENDAR. START RECORDING TEMP. REDDING OF PAILURE TO MAINTAIN RETURNS OF TEMP. READINGS OF THE CONDENSER THE CON DENSER CAUILIMENT IN SATISFACTURY WORKING LADGE. COMMENTS: THUP IN (GENERAL) GOOD HOUSE KEEPING. INSTRUCTIONS ON HOLV TO KEEP ETCORDS/LOGS WERT GIVEN IN SUFNISH. The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) M-ENRIQUE FLORES INSPECTION CONDUCTED BY: (Please Print)

Page of

PHONE NUMBER:

INSPECTOR'S SIGNATURE:

Revised 10/96



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

FACILITY NAME: MR. ALEX DRY CLEANERS	DATE: 8-27-98
FACILITY-LOCATION: 9401 SW 56 ST.	
miami FL 33165	
Annual Reporting Period: $8/97$ 19	9 TOP/98
Based on each term or condition of the Title V general air permit, my following the period of the Code (F.A.C.), during the period of the peri	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in contin	nuous compliance during the reporting period stated above:
DID NOT MAINTAIN A ROLLING LOG OF PERC PURCHASES	FOR LAST 12 MONTHS.
Exact period of non-compliance: from $8/97$	to8/98
Action(s) taken to achieve compliance: WAL USE STATE'S 11	WOPECTION CAVENDAR TO KEEP ROLLING TOTAL
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in conti	inuous compliance during the reporting period-stated above:
NO LEAK INSPECTION REPORT LOG KEPT AND/OR I	CONDENSER'S TEMP. READINGS
Exact period of non-compliance: from	to_ RE/CEIVED
Action(s) taken to achieve compliance: WILL UST INSPECT	TON CAVENDAR SEP 28 1440
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, mupon rolling averages of purchase receipts, does not exceed 2,100 gayear for transfer or combination facilities.	ny annual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Date

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

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

## RECEIVED PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST MAR 1 3 2000

**ANNUAL** 

Bureau of Air Monitoring
COMPLAINT/DISCOVER Monitoring

**RE-INSPECTION** 

AIRS ID#:025077) DATE: 2/25/00 TIME IN: 1:25pm TIME OUT: 2:00pm			
FACILITY NAME: Mr. Alex Dry Cleaners			
EACH ITY LOCATION: 9401 SID 56 St			
Miami.	FACILITY LOCATION: 9401 SW 56 St Miami, FL 33165		
RESPONSIBLE OFFICIAL: Nevn's Ricardo PHONE: (305)595-1832			
CONTACT NAME:	PHONE:		
	<u> </u>		
PART I: NOTIFICATION			
(check appropriate box)	_		
1. New facility notified DARM 30 days prior to sta	rtup		
2. Facility failed to notify DARM to use general pe	rmit		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
A.  1. Existing small area source □	2. New small area source		
<ol> <li>Existing small area source ☐         dry-to-dry only, x &lt; 140 gal/yr</li> </ol>	dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr	both types, x < 140 gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification	□Y XN □Can not determine		
If no, please check the appropriate classification:			
facility qualified for a general permit as number above			
☐ facility exceeds above lin	nits 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 300 gallons.			
	ARMS		

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XIN/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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	□Y ×N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DANA
	Is the temperature differential equal to or greater than 20° F?	DY DN XN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON XN/A OY ON XN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN MN/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?	DY ON MIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OWA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DNA

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repair
inspection?			XY XX
2. Has the facility maintained a leak log?	•		DY XV
3. Does the responsible official check the	e following areas for leak	s?	/ `
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	OY ON MINA
Door gaskets and seating	AY ON ON/A	Stills	Y ON ON/A
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	XY ON ON/A
Pumps	AY ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	AY ON CINIA	Cartridge filter housings	Y ON ON/A
Water separators	YY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfac	es)	×
Physical detection (airflow felt the	nrough gaskets)		×
Odor (noticeable perc odor)			X
Use of direct-reading instrument	0		
Halogen leak detector			
If using direct-reading insti	N/A		
a. Capable of detecting	OY ON		
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
ć. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and s	ecure area when not in us	se?	אם "ץם
e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

2/25/00 Date of Inspection

2/01
Approximate Date of Next Inspection

Machine was not in operation at time of inspection.

Temp. gauge on front right panel of machine.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVER	RY RE-INSPEC	TION
TIME IN: 1:25 pm	TIME OUT: 2:1	Opm AIR	s ID#: 0250771	
TYPE OF FACILITY: Pe	erc Dry Cle	aner		
FACILITY NAME: Mr	· Alex Dry	Cleaners	DATE: 2/25	5/00
FACILITY LOCATION:  MIAMADER. 33145  RESPONSIBLE OFFICIAL:  New us ki card o PHONE NUMBER: (305) 595-1832  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213 300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS: Need to be more consistant with record-kelping.				
RESPONSIBLE OFFICIAL: Nevas Ki card o PHONE NUMBER: (305) 595-1832  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				
TYPE OF FACILITY: Perc. Dry Cleaner FACILITY NAME: Mr. Alex Dry Cleaner FACILITY NAME: Mr. Alex Dry Cleaner FACILITY LOCATION: The Sup 510 St. Miamy Fl. 33165 RESPONSIBLE OFFICIAL: Nev (15 Ki card o PHONE NUMBER: (305) 595-1832)  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS: Need to be more consistant with record-keeping.  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YESX NO DATE OF NEXT INSPECTION:  (Appressimate)				
M X J	•		tion, the facility is found to be	in
·	compliance requirements e	valuated during this inspec	tion, the following compliance	:
COMPLIANCE REQUIF	REMENT/PROBLEM	follow-	UP ACTION REQUIR	ED
			• •	
	<del>-</del> ,		•	
	: •			
		<u>.</u>	•••	•
COMMENTS: Need to	be more co	msistant	with record	) <u> </u>
Laghina		7.63131300	70. (VC 1 COOT)	
reeping.				
The Annual Compliance Certification	on form has been properly	certified and submitted to t	ne inspector. YES	
	210	1		Ų.
	71	(Approximate)		
INSPECTION CONDUCTED BY	Debora	. Griner	• 	
INSPECTOR'S SIGNATURE:	Nebord-	(Please Print)	NUMBER: (305)37	2-6934
	Pa	<del></del>	<u></u>	Revised 10/96
	/ /	∍- <u></u> '		

AIRS ID#: 0250 771

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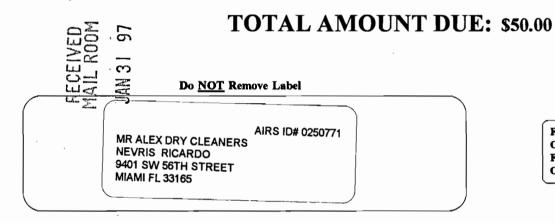
# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Alex Dry Cleaners DATE: 2/25/00
FACILITY LOCATION: 9401 SW 56 St
Miani, FL 33165
Annual Reporting Period:
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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 VENT'S Kicardo Librardo Signature Date

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

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



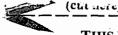
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0250771001AG</li> <li>NEVRIS RICARDO</li> <li>MR ALEX DRY CLEANERS</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
9401 SW 56TH STREET MIAMI FL 33165	3. Service Type Certified Mail
2 Article Number (Capy from service label), 12638	
. PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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000	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	#
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1	NEVRIS RICA MR ALEX DR	ARDO
7000	0.401 CW 56TU	STREET
12	MIAMI FL 331	165
	TPE.	for Instructions



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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 # 0250771

MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165 1-22-6

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FOR GOVERNMENT USE ONE Org.: 37550101000 EQ. A1 Fund: 20-2-035001

Obj.: 002273

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## This portion must be attached to remittance for proper handling 412430

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

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Do NOT Remove Label

AIRS ID # 0250771 MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

# TOTAL AMOUNT DUE: \$50.00 FLAIR ACC RENIEITEIN

AIRS ID# 250771 1st
MR ALEX DRY CLEANERS
9401 SW 56th Street
MIAMI, FL 33165

Printed on recycled paper.

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FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#0250771....2<sup>nd</sup> Cert 05 MR ALEX DRY CLEANERS 9401 SW 56th Street MIAMI, FL 33165

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FOR GOVERNMENT USE ONLY

ORG.: 37550101000 -EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

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000	. Certified Fee	
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7004		2507712 <sup>nd</sup> Cert 05 DRY CLEANERS
~	Street, Apt. No.; 9401 SW 56 or PO Box No. MIAMI, FL City, State, ZIP:	
	FS Form 8300.	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B./Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
AIRS ID#02507712 <sup>nd</sup> Cert 05 MR ALEX DRY CLEANERS 9401 SW 56th Street MIAMI, FL 33165	
	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	+ 2510 0002 3939 3196
PS Form 3811, February 2004 Domest	ic Return Receipt 102595-02-M-1540

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UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOUBCES
DEPT. OF ENVIRONMENTAL PROTECTIONS
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR (15 2005

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

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID# 250771 1stC MR ALEX DRY CLEANERS 9401 SW 56th Street MIAMI, FL 33165

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



435572 JAN22 2014

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

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250771 NEVRIS RICARDO MR ALEX DRY CLEANERS 9401 SW 56TH STREET 'MIAMI FL 33165

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

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

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AIRS ID#0250771

MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Postage \$  Certified Fee    Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Face    Sent To   MR ALEX DRY CLEANERS  Street, Apt. No., NEVRIS RICARDO or PO Box No. 9401 SW 56TH STREET  City State Field MIAMI FL	; <del></del> -	U.S. Postal S	Service	
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fane  WR ALEX DRY CLEANERS  Street, Apt. No., NEVRIS RICARDO or PO Box No. 9401 SW 56TH STREET  City State Field MIAMI FL		CERTIFIED	MAIL REC	
Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Face  WAIRS ID#0250771  Sent To  MR ALEX DRY CLEANERS  Street, Apt. No., NEVRIS RICARDO or PO Box No. 9401 SW 56TH STREET  City State Field MIAMI FL		OFF	ICIAL	JUSE
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Face  AIRS ID#0250771  Sent To MR ALEX DRY CLEANERS  Street, Apt. No., NEVRIS RICARDO or PO Box No. 9401 SW 56TH STREET  City State 7/9-4 MIAMI FL	97	Ĭ	\$	180
AIRS ID#0250771  Sent To MR ALEX DRY CLEANERS  Street, Apt. No., NEVRIS RICARDO or PO Box No. 9401 SW 56TH STREET  City State First MIAMI FL		(Endorsement Required) Restricted Delivery Fee		
	0, 032	Sent To MR A Street, Apt. No., or PO Box No. 9401 S	LEX DRY CLEANE US RICARDO SW 56TH STREET	

	·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID#0250771</li> </ul> </li> <li>MR ALEX DRY CLEANERS         <ul> <li>NEVRIS RICARDO</li> <li>9401 SW 56TH STREET</li> </ul> </li> </ul>	A. Received by (Please Print Clearly), is. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:
MIAMI FL	3. Service Type
33165	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	0320 0001 7975 5458
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952

United States Postal Service



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitorin
& Mabile Sources

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#### **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY A.\Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Date of Deliver Attach this card to the back of the mailpiece, 715 or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: --If YES, enter delivery address below: AIRS ID# 250771 1stC MR ALEX DRY CLEANERS 9401 SW 56th Street MIAMI, FL 33165 3. Service Type Certified Mail ■ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 70031050010004110244167821() (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

\*\* Mobile Sources

2005

JN MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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ease 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 # 0250771

MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET **MIAMI FL 33165** 

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

Obj.: 002273

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

**NEVRIS RICARDO NEVRIS RICARDO** 9401 SW 56TH STREET **MIAMI FL 33165** 

AIRS ID#0250771

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оыј.: 002273

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.		I also wish to rec following service extra fee):	s (for an
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## Z 333 660 276 US Postal Service Receipt for Certified Mail AIRS ID 0250771 NEVRIS RICARDO NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date



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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**

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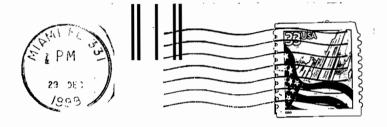
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MR ALEX DRY CLEANERS

NEVRIS RICARDO

9401 SW 56TH STREET

MIAMI FL 33 165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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Signature: (Addressee or Agent)  Y  PS Form 3811, December 1994  P 174 05  US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sent to  MR ALEX DRY CLEAN NEVRIS RICARDO 9401 SW 56TH STREET MIAMI FL 33165  Special Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  Return Receipt Showing to Whom, Date, & Addressee's Address	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write **Return Receipt Requested** on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID #.0810176  AI CLEANERS AND LAUNDRY DOROTHY MCCLELLAN 3813 MANATEE AVE W BRADENTON FL 34205  5. Received By: (Print Name)  6. Signature: (Addressee or Agent) ■ P 174 □ 52 1 7 8  US Postal Service ■ Receipt for Certified Mail ■ No Insurance Coverage Provided. ■ Do not use for International Mail (See revent Sent to)  AIRS ID #  MR ALEX DRY CLEANERS NEVRIS RICARDO 9401 SW 56TH STREET ■ MIAMI FL 33165  Special Delivery Fee ■ Restricted Delivery Fee ■ Return Receipt Showing to Whom & Date Delivered ■ Return Receipt Showing to Whom & Date, & Addressee's Address ■ Return Receipt Showing to Whom & Date, & Addressee's Address ■ Return Receipt Showing to Whom, Date, & Addressee's Address ■ Return Receipt Showing to Whom, Date, & Addressee's Address	■ Complete items 1 and/or 2 for additional services.  ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can retucard to you. ■ Attach this form to the front of the mailpiece, or on the back if space does no permit. ■ The Return Receipt Requested* on the mailpiece below the article number entitle. ■ The Return Receipt Will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  AIRS ID # .0810176	■ Complete items 1 and/or 2 for additional services.  ■ Complete items 3, 4a, and 4b.  ■ Print your name and address on the reverse of this form so that we can return this card to you.  ■ Print your name and address on the reverse of this form so that we can return this card to you.  ■ The Return Receipt Requested* on the mailpiece, or on the back if space does not permit.  ■ Write **Faturn Receipt Requested** on the mailpiece below the article number.  ■ The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  AIRS ID #. 9810176  AI CLEANERS AND LAUNDRY  DOROTHY MCCLELLAN  3818 MANATEE AVE W  BRADENTON FL 34205  5. Received By: (Print Name)  8. Addressee and fee is  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  P 174 □ 52 ₺ 7 8  US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to  AIRS ID # 0250771  MR ALEX DRY CLEANERS  NEVRIS RICARDO  9401 SW 56TH STREET  MIAMI FL 33165  Special Delivery Fee  Return Receipt Showing to Whom, Date, & Addressee's Addresse's Address	a Complete items 1 and/or 2 for additional services.  a Complete items 3, 4a, and 4b.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to you.  a Print your name and address on the reverse of this form so that we can return this card to your name and address of the following services and the date of the print your name and address and the date of the print your name and the date of the print your name and the date of the print your name and address and the date of the print your name and your name and your n

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Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form <b>3811</b> , December 1994	8. Addressed and fee is	e's Address (Only if requeste paid)  Domestic Return Rece	Thar