

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 17, 1997

Mr. Teodosio R. Cepero Mr. Joseph Cleaners 6460 Southwest 40 Street Miami, Florida 33155

Re: Facility I.D. No. 0250772

Dear Mr. Cepero:

`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 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"

Air Quality

# OSEPh 3-299 RY CLEANING & SHIRT LAUNDRY W. 40th St. (Bird Rd.) Phone 666-5003 At Debbis Thinks

Defit af Enveromentee?

march 2de We had enstoled a new cero tech cleaning madine and remused the old only

Thack you for your attention

ER Cepere anner.









Reseaurces Management "Desm"

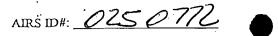
air Quality Management Dennisor

33 S.W. Second For a Venue

Suete 900

main' File 33130-15 90

"Let Us Do Your Dirty Work"





FACILITY NAME: X Paradu	e Cleanor	me o	BA MOST	E: Hosefel
FACILITY LOCATION: > 6460		(1)	i fla 3	3/1/
Annual Reporting Period:	9/17	19 <u></u> ТО	3/25	19 <u>97</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	tinuous compliance	during the reporting po	eriod stated above:
				<del></del>
Exact period of non-compliance: from		to_		<u> </u>
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	t that has not been in cor	ntinuous compliance	during the reporting p	eriod-stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				<del></del>
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consump	tion of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL: N. Taga	Nosio R Cek	nex Ben	Signature Ch	3-2 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 Cleaning Facility Notification

Facility	Name	and	Location

BUREAU OF

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
DBA COLOR CO
2. Site Name (For example, plant name or number):
S. — A A
Mn Joseph 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Genérator Identification Number:
"Parmet # IW5 02619-96 DCTO 01
Хети# I W 5 02619 - 96 ОСТО 01  4. Facility Location: 6460 S W 40 S † Street Address:
City: County: Zip Code: 33/11
THIS WE STRUC
0250472
Responsible Official
6. Name and Title of Responsible Official:
Ta' + Cal
7 Responsible Official Mailing Address: Paralles Colors 1924
Organization/Firm: Mr. Joso bh Cleane
Street Address: 6 y Co Sw 40 5+
Teodosio R Cehano OWNER  7. Responsible Official Mailing Address: Panadis a Claimers Organization/Firm: Mr Joseph Chonu Street Address: 6 4 60 8 w 40 5+ City: Mami Fla County: DADE Zip Code: 3311V
8. Responsible Official Telephone Number:
Telephone: ( ) - Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
teodosio R Cepare auner
10. Facility Contact Address: 6460 SW 40 ST
Street Address:
City: Mani Rla County: DADE Zip Code: 33/17
11. Facility Contact Telephone Number:
Telephone: (305) 666 5003 Fax: ( ) -
DECEIVED

SEP 17 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

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#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	l	12-NOV-93	#2	08-DEC-91	mstaned	#3	02-MAR-92	
Lixampie	., 1	05 001-75	12 1107 75	2	00-BBC-71		"5	02 MM >2	02-M/IIC )
Dry-to-Dry Unit	10	7-92-		. 1. 1. 1.					
(1) w/ ref. condenser	v	T	1	-				1	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1 .	+ 114	Titalia			to the second			
(4) w/ ref. condenser		1	1					1	
(5) w/ carbon adsorber									
. (6) w/ no controls									
Dryer Unit	. Opin	i rojska ir.	1. Sec. 1. G.			howan is			Tanda atal
(7) w/ ref. condenser			1		I				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		arang i dala				The state of the s	·		in de segle a
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total q  [	are re luanti gallo hs, he	equired to be ity of perchlons ons	installed [	perc)	purchased in				[]
3. What is the facility's son (Indicate with an "X". S					nitions found	d in section (	3) of	Part II?	

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part	II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [	.: 
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
. •		
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 on	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for periods o	f natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	and Recordkeeping Informati	
Check all logs which are required to be kept on-site	in accordance with the require	ments of this general permit:
(a) Purchase receipts and solvent purchases	[_	<u>X</u> 1
(b) Leak detection inspection and repair	L	<u>X</u> ]
(c) Refrigerated condenser temperature monitoring	L	<u></u>
(d) Carbon adsorber exhaust perc concentration mor	itoring [_	]
(e) Instrument calibration		]
(f) Start-up, shutdown, malfunction plan		]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicat	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)								
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.									
Godais ( Signature	Genl x 1996 Date								

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



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

#### THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

#### NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

#### CERTIFIED MAIL

In the matter of notification of use of General Permit by:

Paradise Cleaners, Inc. DBA Mr. Joseph 6460 Southwest 40 Street Miami, Florida 33155

This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for Mr. Joseph pursuant to your submittal received September 17, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:
X insufficient facility information
insufficient equipment information
insufficient equipment control information
ineligibility based upon emissions
inapplicable source category
incomplete/unsigned certification statement
X_ other (Responsible Official section not completed)
If you have any questions, please contact Claire Benz at 904/488-6140.

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department.

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

A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;
- (b) A statement of how and when each petitioner's received notice of the Department's action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action;
- (d) A statement of the material facts disputed by petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;
- (f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, F.A.C.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLI	CANT:	
FDEP	TRACKING	NO.:

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

for

Howard L. Rhodes

Director

Division of Air Resources
Management

#### CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on Ottobias 16, 1966 to the listed persons.

#### Clerk Stamp

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Martha Jane Wise

Date



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

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APPLICANT:	
FDEP TRACKING	NO.:

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Howard L

Director

Division of Air Resources Management

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Must ha Jane Wise 10/16/96
Clerk Date

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Pardire cleaner in DBA mr Joseph	
2.	Site Name (For example, plant name or number):	
	Mr Joseph	
3.	Hazardous Waste Generator Identification Number:	
×	Facility Location: 6460 SW 40 ST	
4.	Street Address:	
	City: County: Zip Code:  **Tracility Identification Number (DEP Use):  **Tracility Identification Number (DEP Use): **Tracility Identification Identificatio	33155
5.	Facility Identification Number (DEP Use):	
	0250772	
A BASSE		
	Responsible Official	-in sufficient
6.	Name and Title of Responsible Official:	- facility
		information
7.	Organization/Firm:	(*   <del>*</del>   *   *   *   *   *   *   *   *   *
	Street Address: City: County: Zip	Code:
	city.	Couc.
8.	Responsible Official Telephone Number:	1.1
	Telephone: ( ) - Fax: ( ) -	other,
	<del></del>	rosponsible
	Facility Contact (If different from Responsible Official)	other responsible Official
9.	Name and Title of Facility Contact (For example, plant manager):	section not
		completed.
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
1,1	Facility Contact Talashara Nambara	
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -	
	receptione. ( ) -	
		CELVED

RECEIVED

SEP 17 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date	
		Machine	Control		Machine	Control		Machine	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-92	
Dry-to-Dry Unit	10	)-9L-								
(1) w/ ref. condenser	v	<u> </u>								
(2) w/ carbon adsorber										
(3) w/ no controls										
Washer Unit							<u> </u>			
(4) w/ ref. condenser				Ι -			_			
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit					1			·		
(7) w/ ref. condenser		[	1							
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit		• • •	<u> </u>			<u> </u>		1	-	
(10) w/ ref. condenser			1					T		
(11) w/carbon adsorber										
(12) w/ no controls					_					
<ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?</li> </ul>										
[120-]			(	<b>,</b> ,						
(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 so (Indicate with an "X".					nitions found	d in section (I	3) of	Part II?		
Existing small are	Existing small area source [X] New small area source									
Existing large are	a sou	irce []	Ne	w lar	rge area sour	ce [	]			

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Effective: 6-25-96

(Indicate with an "X".)	mes pursuant to section (3) or	and if or this notification form:
Existing large area source Carbon adsorber	Refrigerated condenser	(卷)
New small area source Refrigerated condenser		•
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-All steam and hot water generating units on-site boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no interpretation.	n and hot water generating unisite:  (1) have a total heat input of by natural gas except for period	ts on-site meet the following  10 million BTU/hr or less (298 ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitori	ng and Recordkeeping Infor	mation
Check all logs which are required to be kept on-	site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		<u> </u>
(b) Leak detection inspection and repair		[_X_]
(c) Refrigerated condenser temperature monitori	ing	<u>[                                    </u>
(d) Carbon adsorber exhaust perc concentration	monitoring	
(e) Instrument calibration		<u></u> ,
(f) Start-up, shutdown, malfunction plan		

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 operation of the facility indicated in this notification form; specifically, permit number(s)
ιχ̈́	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Calmist	Copies O x
Signature	Date

### BEST AVAILABLE COPY

#### TIT

LE VAIR QUALITY GENERAL PERMIT	
INFECTION SUMMARY REPORT	

Type of inspection:	ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15	TIME OUT: /C	0.50 AIRS ID#: 0250772
TYPE OF FACILITY:	PERC. DRy	C/2 mien
FACILITY NAME:	Ma. Toseph	CLEANENS DATE: 3/25/97
FACILITY LOCATION:	10460 SW	4057
·	MIAM71.	33/55
RESPONSIBLE OFFICIAL:	<u>%</u>	PHONE NUMBER:
	of the compliance requirements P Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results discrepancies were n	- · · · · · · · · · · · · · · · · · · ·	evaluated during this inspection, the following compliance
COMPLIANCE RE	QUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
<del> </del>	<u> </u>	
	***	
••		
COMMENTS: FACT	1.79 à Recore	CIDS IN- COM J. CIANCE.
	- A	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECT	TION: 3/9	(Approximate)
INSPECTION CONDUCT	ED BY: TAME	(Please Print)
INSPECTOR'S SIGNATU	RE: //	PHONE NUMBER: 3726922

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	FI	COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	1 🗆			
AIRS 1D#: <u>0250772</u>	DATE: 3/25/9	7_ TIME	IN: 10,15 TIM	E OUT: <u>/</u>	0.'50
FACILITY NAME:	R. Joseph	Clar	WERS		
		1 40	65		
FACILITY LOCATION:	6760 00	J - 10	<u> </u>		
_	RUATU	3	3155		
PART I: NOTIFICATION					
(check appropriate box)			<del></del> -	<del></del>	
1. Existing facility notified Da	ADM by 9/1/96				
2. New facility notified DARM	-	h			
ĺ		_			_
3. Facility failed to notify DA	RM to use general peri	mit			
PART II: CLASSIFICATIO					
Facility indicated on notifica (check appropriate box)	tion form that it is:				
A.		•			
1. Existing small area sou		2. New small		<b>a</b>	
dry-to-dry only, x<140 gal/ transfer only, x<200 gal/yr		dry-to-dry only transfer only, >			
both types, x<140 gal/yr		both types, x<			
(constructed before 12/9/91	.)		or after 12/9/91)		
3. Existing large area sou	irce 🗆	4 New large	area source		
3. Existing large area soudry-to-dry only, 140 <x<2,< td=""><td></td><td>4. New large dry-to-dry only</td><td>area source v, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,<>		4. New large dry-to-dry only	area source v, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
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Revised 10/28/96

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON NA 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 DY DN DONA 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) MY UN 1. Equipped all machines with the appropriate vent controls? MY ON ON/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 Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON NA 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:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מם צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	1
1. Maintained receipts for perc purchased?	ON CIN
2. Maintained rolling monthly averages of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON NA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON NO
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON DONA
	·
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON

2.	Which method of detection is used by th	e respon	sible offici	al?		
	Visual examination (condensed so	œ́,				
	Physical detection (airflow felt thr	œ				
	Odor (noticeable perc odor)	$\square$				
	Use of direct-reading instrumentat	tion (FII	D/PID/calor	imetric tubes)		
	If using direct-reading instrume	ntation,	is the equi	pment:		
	a. Capable of detecting p	erc vapo	or concentra	ations in a range of 0-500 ppm?		ИС
	b. Calibrated against a st (PID/FID only)?	tandard (	gas prior to	and after each use		N
	c. Inspected for leaks and	d o <b>b</b> viou	s signs of v	vear on a weekly basis?		NC
	d. Kept in a clean and se	cure are	a when not	in use?	OY ON	
	e. Verified for accuracy	by use of	duplicate :	samples (calorimetric only)?	DY	אנ
3.	Has the facility maintained a leak log?				CYYC	NE
4.	Does the responsible official check the f	following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	<b>12</b> Y	□N	Muck cookers	ΩY	ЦИ
	Door gaskets and seating	ZY.	□и	Stills	<b>⊡</b> Ý	ΠN
	Filter gaskets and seating	Y	ПИ	Exhaust dampers	ďY	ПN
	Pumps	ΠY	□N	Diverter valves	<b>v</b> Y	ΠN
	Solvent tanks and containers	Ϋ́	ПN	Cartridge filter housings	ďY	ΠN
	Water separators	₫Y	ПИ		·	

Name of Responsible Official

MAZ DRIV

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

3/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		
·		
		,
· ·		
	•	
	•	

#### **Dry Cleaning Facility Notification**

RECEIVED

acility Name and Location

	NEGIII ATI
1. Facility Owner (Name (Name	ndividual owner):
Management Division  Zeo do Sco  2. Site Name (For example, plant name or n	OBA-
2 Six Name (For example plant name of	E Chegness-mr Josoph
2. Site Name (For example, plant name or n	·
Mr Joseph	
3. Hazardous Waste Generator Identification	
Х Рати # IW 5 02619-96 ОСТО С 4. Facility Location: 6 (60 СИ) НО ST	1 /
Street Address:	
City: County: DADE	Zip Code: 33/56
miami ( DADE /	
5. Facility Identification Number (DEP Use):	
	250H42
	X30,0 / / / 0

#### Responsible Official

6. Name and Title of Responsible Official:	
Teodoris R Cahero OWN.es  7. Responsible Official Mailing Address: Paradis a Claimers Organization/Firm: Mr Joseph Chance Street Address: 6 x Co Sw 40 5+ City: Mani Fla County: DADE	
7. Responsible Official Mailing Address: Paradis & Clariff	
Organization/Firm: Mr Toso bh Clare	
Street Address: 6 4 60 Sw 40 5+	I
City: Mari F. Sa County: DADE	Zip Code: ろうバイ
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( )	-

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  Teodosic R Cefouro aunt						
10. Facility Contact Address: 6460 SW 40 ST						
Street Address: City: Mani Ela County: DPDE	Zip Code: 33/17					
11. Facility Contact Telephone Number: Telephone: (305) 6665003 Fax: ( )	-					

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SEP 17 1996

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

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	מו	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	mstaned	#3	02-MAR-92	
Dry-to-Dry Unit	10	7-92-	10/92		11.				
(1) w/ ref. condenser	v		1 7 7 7 2	İ	1				
(2) w/ carbon adsorber									
(3) w/ no controls						-			
Washer Unit			ı					<b></b>	·
(4) w/ ref. condenser									
(5) w/ carbon adsorber				-					
(6) w/ no controls			1			<del> </del>			<u> </u>
Dryer Unit									<del></del>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									<del>                                     </del>
(9) w/ no controls					•				
Reclaimer Unit			<u> </u>	11.5	7.45			1 1 1 1	, ; .
(10) w/ ref. condenser			1	Γ		T		1	T .
(11) w/carbon adsorber			-						<del>                                     </del>
(12) w/ no controls						-			_
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>									
2.(a) What was the total of [ 1 20 - ]  (b) If less than 12 mont Check why it is less	gallo	ons ow many? [	] months						
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	ication only.) Ne	ew sn	nall area soui	rce [X		Part II?	
Existing large ar	ta SUL	1100	INE	w Ia	rge area sour	L	j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursuant to so (Indicate with an "X".)</li> </ol>	ection (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  Refrigerated	d condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water go exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total h boiler HP or less), and (2) are fired exclusively by natural gas exc during which propane or fuel oil containing no more than one per	cept for periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordk	eeping Information
Check all logs which are required to be kept on-site in accordance	e with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	Ľ
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	<u></u>
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
· · · · · · · · · · · · · · · · · · ·						
Ϋ́	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed					
tatemer naintair	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that t ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to					
tatemen aintain omply v	lication. I hereby certify, based on information and belief formed after reasonable inquiry, that t Its made in this notification are true, accurate and complete. Further, I agree to operate and					

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

### TITLE V AIR QUALITY GENERAL PERMIT

**BEST AVAILABLE COPY** 

Revised 10/96

TYPE OF INSPECTION:	ANNUAL 🗍	COMPLAI	NT/DISCOVERY		RE-INSPECT	LION [
TIME IN:	~ TIME OUT:	5	. AIRS ID	#: 025	0772	
TYPE OF FACILITY:	<u> </u>	1.60				
FACILITY NAME:	Allow Colly	A. 16	Cresing	DA	TE:	5 90
FACILITY LOCATION:	0400 30	J 40	7/			
	11/1/11/11	·				
RESPONSIBLE OFFICIAL:	120000	الله الله	PHONE NU	MBER:	inde SC	<u>US</u>
LJ	the compliance requiremen Rule 62-213.300, Florida A		-	, the facility is	s found to be	in
Based on the results of discrepancies were not	the compliance requiremented:	nts evaluated du	iring this inspection	, the followin	g compliance	·
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP	ACTION	REQUIRE	ED
					•	
	<u>-</u>					
				<del></del>		
						<i>(</i>
				·- <del>-</del>	·	<u> </u>
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	<i></i>		<u></u>			
COMMENTS: (AC)	19 14 Con	r pCAAR	JC_E			
×						
The Annual Compliance Certification	ication form has been proper	fly certified an	d submitted to the i	nspector.	YES	NO
DATE OF NEXT INSPECTION	ON:					
INSPECTION CONDUCTED	DBY: MICE	Approxi	mate)			
		(Please I	Print)		7269	
INSPECTOR'S SIGNATURE	S:	<u> 1</u> ∀	PHONE NU	JMBER:	//	<u> </u>

Page\_\_\_of\_\_

TAIRS ID#: 025 0772

### Ado

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

FACILITY NAME: MR. TOSZPH	Clenners	DATE: 4	-18-98
FACILITY LOCATION: Co460 Sco	4027		
1118m1			
Annual Reporting Period: 3-25			
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), during		· ·	ile NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not	t been in continuous compliance du		ated above:
Exact period of non-compliance: from	to	·	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · ·		
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has no	t been in continuous compliance du	ring the reporting period st	ated above:
Exact period of non-compliance: from	to	RECEIVI	E D
Action(s) taken to achieve compliance:		MAY 1 9 1998	···
Method used to demonstrate compliance:		Bureau of Air Moni & Mobile Sourc	toring es
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.	te. Further, my annual consumption	n of perchloroethylene solv	ent, based
RESPONSIBLE OFFICIAL: /////Name (Please I	Print) 120008	gnature Special	# - 15 - 9 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

#### Ł KCHLOROETHYLENE DRY CŁANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	<b>TYPE</b>	OF	INSPECTION
--	-------------	----	------------

(check appropriate box)

**ANNUAL** 

A

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

FACILITY NAME: MR. DSSPh Cherniers
FACILITY LOCATION: 6460 SEN 4057 HIAMI
RESPONSIBLE OFFICIAL TEDDISCO CESPEROPHONE: 666-503
CONTACT NAME:PHONE:
PART I: NOTIFICATION

1. New facility notified DARM 30 days prior to star	tup 🗆
2. Facility failed to notify DARM to use general per	rmit $\square$
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
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source □
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	L. 54 50
5. This is a correct facility classification	✓Y □N □Can not determine
If no, please check the appropriate classific	ontion
facility qualified for a get	
	nits and is not eligible for a general permit
	and the tot originio for a followin bounds
B. The total quantity of perchloroethylene (perc) per facility was 2 gallons.	urchased within the preceding 12 months by this dry cleaning

Grand Charles

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON BIN/A			
2. Examining the containers for leakage?	DY DN DONA			
3. Closing and securing machine doors except during loading/unloading?	MY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מאם מם אם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	םע ם אואס אם אם			
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?	מס אם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	dy on on/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	My ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	YOY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON WNA			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON WIN/A			

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?	ΟY	ПΠ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПП	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПЙ	□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	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	ПИ	□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?	<b>D</b> Y	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ЫN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	CY ON
2. Maintained rolling monthly averages of perc consumption?	MA ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	אואש אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	בעום אם עם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAVA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY DN DNIA
Problem corrected?	באועם אם אם
8. Maintained compliance plan, if applicable?	AINO NO YO

11	TART VI. DEAR DETECTION AND REFAILS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ďY	ПN		
2.	Has the facility maintained a leak log?			ŒΥ	ΠN		
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ΩY	ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	KY.	□N □N/A		
	Filter gaskets and seating	ey on on/a	Exhaust dampers	ďΥ	□N □N/A		
	Pumps	OY ON ON/A	Diverter valves	ĽΊΥ	ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	<b>Z</b> Y	ON ON/A		
	Water separators	DY ON ON/A					
4. Which method of detection is used by the responsible official?							
	Visual examination (condensed so	lvent on exterior surfaces)		ପ୍			
	Physical detection (airflow felt thr	ough gaskets)		\(\overline{\pi}\)			
	Odor (noticeable perc odor)	র্ত্র					
	Use of direct-reading instrumentat						
	Halogen leak detector						
	If using direct-reading instru	□N/	A				
	a. Capable of detecting p	$\Box$ Y	□N ·				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩN		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				ΠN		
	d. Kept in a clean and se	cure area when not in use	?	ΩY	□и		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	ΠY	ΠИ		

Inspector's Name (Please Print)

Inspector's Signature

U-18-95
Date of Inspection

Approximate Date of Next Inspection

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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	T١	/P	E	OF	INSP	EC.	rie	ON
--	----	----	---	----	------	-----	-----	----

ANNUAL

**RE-INSPECTION** 

a

Y CLEANERS

IIT

BUTTON OF AIR SOUTH OF THE 
AIRS ID#: 0250972 DATE: 2/25/99 TIME IN: 11:30am TIME OUT: 12:00pm FACILITY NAME: Mr. Joseph Cleaners
FACILITY LOCATION: UYUD SW YD St
MianijFL 33155
RESPONSIBLE OFFICIAL: TED d'SCO (LESPENO PHONE: (305) 666-5003
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box)

PART I: NOTIFICATION		
(check appropriate box)		
New facility notified DARM 30 days prior to startup	į	
2. Facility failed to notify DARM to use general permit		

PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form					
(check appropriate box)	☐ Drop store/out of business/petroleum					
A.	<b>\</b>					
1. Existing small area source	2. New small area source					
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr					
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr					
both types, $x < 140 \text{ gal/yr}$	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, $200 < x < 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ 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	YY DN DCan not determine					
If no, please check the appropriate classific						
facility qualified for a ger	· · · · · · · · · · · · · · · · · · ·					
☐ facility exceeds above lin	nits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was 1310-5gallons.	archased within the preceding 12 months by this dry cleaning					

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON MIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? אואם אם צבא 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	אם צם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	מם עם	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מם עם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AA ON
2. Maintained rolling monthly total of perc consumption?	XY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XINA
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)	אאָעָלט אם אַם
5. Maintained exhaust duct monitoring data on perc concentrations?	איא אל אם אם
6. Maintained startup/shutdown/malfunction plan?	XY DN '
7. Maintained deviation reports?	OY ON MINA
Problem corrected?	רוא אַל אם צם או
8. Maintained compliance plan, if applicable?	DY DN XXVA

PAR	TVI: LEAK DETECTION AND	REPAIRS				
1. Do	es the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair		
ins	spection?			XY ON		
2. Ha	s the facility maintained a leak log	?		X DN		
3. Do	es the responsible official check the	e following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	OY ON DANA		
ľ	Door gaskets and seating	AVA ON ON/A	Stills	AND NO ANA		
	Filter gaskets and seating	AN ON ONA	Exhaust dampers	AND NO Y		
	Pumps	איאם אם אאַ	Diverter valves	אואם אם צא		
	Solvent tanks and containers XY ON ON/A Cartridge filter housings					
	Water separators	XY ON ONA				
4. Wh						
	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					
·						
	XN/A					
	מם עם					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in use	e?	NO AD		
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	אם צם		

2/25/99 Date of Inspection

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Ro informed me that he will have a new Aerotech machine installed this weekend. I unstructed him to send a letter regarding this once installation was done.

## BEST AVAILABLE COPY

### MOCECTION SUMMARY REPORT

THE OF INSTRUCTION: MANONE W. COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 am TIME OUT: 12:00	Pm AIRS 1011: 0250772
TYPE OF FACILITY: <u>Perc Dry Cleaner</u>	
	ers DATE: 2/25/99
FACILITY LOCATION: U400 5W 40 St.	,
Many, FL 3315	
RESPONSIBLE OFFICIAL: Teodisco Cespero	PHONE NUMBER: (305) 666-5003
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	·
	·
!	
Aerotech any clean	ing machine installed ructed him to send a letter after me
e Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.
TE OF NEXT INSPECTION: 2/20	000
1)-1	oproximate)
SPECTION CONDUCTED BY: HOOVA	case Print)
SPECTOR'S SIGNATURE:	——————————————————————————————————————
Page	of Revised 10/96

AIRS 10#: 0250772

Page

Revised 10/10/96

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

Mr. Joseph Cleaners DATE: 2/25/99
0460 SW 40 ST
Miami, FL 33155
2 19 98 to 2 19 99
on of the Title V general air permit, my facility has remained in compliance with DEP Rule
rative Code (F.A.C.), during the period covered by this statement. YES NO
:
general permit that has not been in continuous compliance during the reporting period stated above:
ce: fromto
npliance:
ompliance:
general permit that has not been in continuous compliance during the reporting period stated above:
ce: fromto
mpliance:
compliance:
nereby certify, based on information and belief formed after reasonable inquiry, that the statements true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based thase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ion facilities.

\*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 PRESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VER TO DIE SOUTH		
AIRS ID#: 0250772 D	PATE: 1/28/0	D TIME I	N: //20 TIME	OUT:		
FACILITY NAME:	Mr Josep	oh Clea	iners			
FACILITY LOCATION:	6460	కట	40 14.			
		•				
RESPONSIBLE OFFICIAL :	Teodisco C	esp ero	PHONE:	166 - 500 3		
			•			
				J		
PART I: NOTIFICATION	<del></del>			·		
(check appropriate box)						
1. New facility notified DARM 3	0 days prior to startı	ıp				
2. Facility failed to notify DARM	to use general perm	iit				
PART II: CLASSIFICATION						
Facility indicated on notification	n form that it is:		□ No notification form	· 18		
(check appropriate box)  A.	*V.3		☐ Drop store/out of bu	siliess/petroleum		
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. Inew small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )	00 gal/yr gal/yr l/yr	cransfer only, 20 both types, 140 (constructed on	$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	_ 		
5. This is a correct facility clas	sification	⊒Y □N	□Can not determine			
☐ facility						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 118 gallons.						

Lof 5

Revised 9/15/97

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ØN/A 2. Examining the containers for leakage? MY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large assea sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? OY ON ON/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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

2 of 5

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

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

P	ART VI: LEAK DETECTION AND	REPAIRS		
Ι.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			ØY ON
2.	Has the facility maintained a leak log?			OY ØN
3.	Does the responsible official check the	following areas for leaks	?	•
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	ØY ON ONA	Exhaust dampers	MY ON ON/A
	Pumps	ɗY □N □N/A	Diverter valves	QA ON ON/Y
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	QY □N □N/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed se	olvent on exterior surfaces	3)	ec .
	Physical detection (airflow felt through gaskets)			<b>a</b>
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<b>a</b>
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	ment:	ØN/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם צם
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	fter each use	חט מט
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in use	?	מם עם
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON
				·

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Gerob Housaheeping

Not maintaining Temp. Log

and lack log.

Machine opnating, no odor. New Machine.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: // ZOTIME OUT:	1140 AIRS ID#: 0250772
TYPE OF FACILITY: Perc Dry Clean	~ev
FACILITY NAME: Nr. Joseph Cleane	DATE: 1/25/00
	40 34.
TAGILITI EGGATION.	
RESPONSIBLE OFFICIAL: Teodisen Carpero	PHONE NUMBER: 305-666-9003
Table of the state	
land	luated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Adminis	
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
Not maintaining temperature lo	Ise of DEP calcular for
	wend kepping. Manitain top. log.
Not maintaining leak log.	Maintain leak by by using FDEP calender.
•	FDEP calender.
·	·
	<u> </u>
	• **
COMMENTS:	
6000 Housek.	ep, mg
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1/01
. (4	Approximate)
INSPECTION CONDUCTED BY:	Fanoun
\	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-373-6925
Page	of Revised 10/96
rage	ICVISCU 10/90

AIRS.ID#: 0250772

Ace

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

Annual Reporting Period:    San 1997 TO Jan	
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.   YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Doct manteuring temperature by on weekly best **  Exact period of non-compliance: from **  Action(s) taken to achieve compliance:  Method used to demonstrate compliance: FOEP Calender  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Mot mantauring leak log on weekly basis**  **Doctor:  **Description**  **Descripti	
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Doct manufacturing famporature by on weekly best **  Exact period of non-compliance: from **  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  **EFF Calender*  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Most manufacturing leak log on weekly basis.**  **Description**  **Leak log on weekly basis.**  **Description**  **Description**  **Leak log on weekly basis.**	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Doct mantening temporature by an weekly best in the continuous compliance:  Exact period of non-compliance: from   **San SS to   **San Zeece  Method used to demonstrate compliance:   **Method used to demonstrate compliance:   **Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method used to demonstrate during the reporting period state.  **Method u	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Dot nantaning temporature by an weekly best in the continuous compliance of the period state.  **Exact period of non-compliance: from San SS to San Zeece  **Action(s) taken to achieve compliance:  **Method used to demonstrate compliance: FOEP Calender  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.  **Mot neinharing leak log on weakly has if	A
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state  **North maintaining temperature by on weekly best    Exact period of non-compliance: from **San 99 to **San 2000  Action(s) taken to achieve compliance: **  Method used to demonstrate compliance: **FOEP Calender*  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state  **North maintaining leak by on weekly bases	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state  Not mantaning temporature by on weekly best    Exact period of non-compliance: from Jan 99 to Jan 2000  Action(s) taken to achieve compliance:  Method used to demonstrate compliance: FOEP Calender  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state  Not mantaning leak by an weekly bases	
Not mantaining temporature by an weekly best Exact period of non-compliance: from San 99 to Jan 2000  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 state.  **Not mantaining last log on weekly bases.	ed above:
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Exact period of non-compliance: from	
Date period of non-compilation. None	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance: FDEP Calender	

<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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## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

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

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



(cut here)

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

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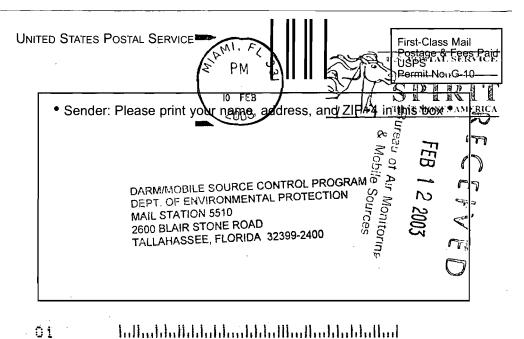
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7001	or PO Box No. 6460 SW 40 STREET
75	City, State, ZiP+4 MIAMI FL 33155
	TRS (F87m) 3800(F93m)

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Article Addressed to:	If YES, enter delivery address below:
AIRS ID#0250772 MR JOSEPH TEODOSIO R CEPERO 6460 SW 40 STREET	
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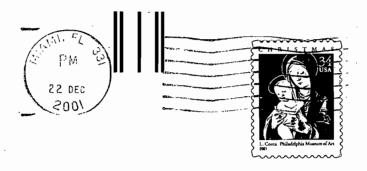
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