

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Carlos Cardenas Paris Dry Cleaners, Inc. 2922 Coral Way Miami, Florida 33145

Re: Facility No. 0250773

Dear Mr. Cardenas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 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, 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"

	#0250773
	Davis Day Massa
	Paris Dry Cleaners
- ih	
P: /3_	4. add Street address 6. add bitle-Owner-from #1.
	le add title-Owner-from #1.
1./	
P.14	3. Should be new small area
	\$60.1640
D.15	4. Should be new small area
	Source W/ refrig. con.
*1	5/f) required
	4. Should be new small area Source W/ refrig. con. 5.(f) required
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
2.	CARIOS CARDENAS PAR Site Name (For example, plant name or number):	IS DRY Cleaners INC						
l		ς ; Ν ς						
3.	PARIS DRY CLEANER Hazardous Waste Generator Identification Number:	-3 //- C						
		•						
	Parmet # 1 w 5 07 133-	96 DCSO 00						
(4)	Facility Location:							
	Street Address: City: County:	7in Code:						
	City: County: Man' DADE Facility Identification Number (DEP Use):	Zip Code: 3314 T						
5.	Facility Identification Number (DEP Use):	Control of the Control of the Additional State of the Control of t						
		0250943						
	Responsible	Official						
6	Name and Title of Responsible Official:							
	CARIOS CARDENAS							
7.	Responsible Official Mailing Address: 2922 (Organization/Firm: Street Address:							
		DADe Zip Code: 33145						
8.								
	Telephone: () -	Fax: (') -						
	Facility Contact (If different f	rom Responsible Official)						
9.	Name and Title of Facility Contact (For example, plan	t manager):						
10.). Facility Contact Address:							
		·						
	Street Address:	7in Code						
	City: County:	Zip Code:						
11.	. Facility Contact Telephone Number:							
	Telephone: () -	Fax: () -						

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Bureau of Air Monitoring & Mobile Sources

PARIS DRY CLEANERS, INC. 2922 Coral Way Miami, FL 33145

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 Initially	Date Control Device		Date Machine Initially	Date Control Device	l	Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	1 -	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	0	5-JUN	-94						
(1) w/ ref. condenser	v		T						
(2) w/ carbon adsorber						_			
(3) w/ no controls									
Washer Unit		•			•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			-	•					
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ по controls									
Reclaimer Unit			•	<u> </u>	*				<u></u>
(10) w/ ref. condenser			<u> </u>		T				
(11) w/carbon adsorber				_	1				
(12) w/ no controls						-			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are re quanti gallo	equired to be ity of perchlo ins ow many? [_	installed [perc)	_] purchased i				
Check why it is less (Indicate with an "X". Existing small ar	urce (Selec	classification t one classifi	based on the cation only.)	e defi		d in section (2		•	
Existing small ar Existing large are					rge area sour	•	,]		

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(Indicate with an "X".)	on machines pursuant to section (5) o	if Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condense	· [_]
New small area source Refrigerated condenser	 Li	·
New large area source Refrigerated condenser		
5. A facility which contains non-exem to Rule 62-213.300, F.A.C. Verify tha exemption criteria or that no such units All steam and hot water generating units	t all steam and hot water generating usersist on-site:	nits on-site meet the following
boiler HP or less), and (2) are fired ex- during which propane or fuel oil conta	clusively by natural gas except for per	riods of natural gas curtailment
All steam and hot water generating unit No such units on-site	ts exempt	
-		
Equipment	Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be	kept on-site in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purch	nases	igstyle igytyle igstyle igytyle
(b) Leak detection inspection and repair	r	
(c) Refrigerated condenser temperature	monitoring	<u>(*)</u>
(d) Carbon adsorber exhaust perc conc	entration monitoring	
(e) Instrument calibration		
Start-up, shutdown, malfunction pl	an	

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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)
ι <u>X</u> j	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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.
l will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	la Cadea 9-15-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

RE-INSPECTION

TIME IN: 2:20 TIME OUT: 2:50	AIRS ID#: 0250773					
TYPE OF FACILITY: PERC DRy CLEANICA						
FACILITY NAME: PARIS DRY (16	envicus. The DATES/14/97					
FACILITY LOCATION: 2922 CORALL WA	24					
MM1 33143	G 4/1/12012					
RESPONSIBLE OFFICIAL: 1/K/US (1/K) ENA)	PHONE NUMBER: 7490 3015					
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					
	/ /					
· · · · · · · · · · · · · · · · · · ·						
	۰					
						
	/					
	·					
COMMENTS: EGUIPMENT 9, MUCRI	05 111 - Com MIINCE					
,						
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: 3/98	pproximate)					
- TAINZ 1	1/22/26W					
INSPECTION CONDUCTED BY: 199776 (PI	lease Print) 372 (C22					
INSPECTOR'S SIGNATURE:	PHONE NUMBER:					
4/11	1					
/ // Dage	Of Paying 10/06					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	COMPLIANCE IN	ASPECTION C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL	Ů.	COMPLAINT/DISCOV	ERY 🗅	
	RE-INSPECTION	1 🗅			
22. 212					
AIRS 1D#: 025 0773	DATE: 3/24/4	7 TIME	IN: 2:20 TIME	ουτ: <u>Ζ, 50</u>	
FACILITY NAME:	MARIS L	Ry C	EANERS		
FACILITY LOCATION:	2922 C	spol.	Why		
	MAMI	33145	/		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DA	ARM by 9/1/96				
2. New facility notified DARM	1 30 days prior to start	tup		۵	
3. Facility failed to notify DAI	RM to use general perr	mit			
PART II: CLASSIFICATIO	N				
Facility indicated on notificate (check appropriate box)	tion form that it is:				
	•				
A. 1. Existing small area sou	irce . W	2. New small	area source	נ	
dry-to-dry only, x<140 gal/			/, x<140 gal/yr		
transfer only, x<200 gal/yr both types, x<140 gal/yr		transfer only, both types, x<			
(constructed before 12/9/91)	• •	n or after 12/9/91)		
3. Existing large area sou	irce 🗆	4. New large	area source		
dry-to-dry only, 140 <x<2,< td=""><td></td><td></td><td>y, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,<>			y, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>		
transfer only, 200 <x<1,800< td=""><td></td><td>• •</td><td>200<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,800<>		• •	200 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>		
both types, 140 <x<1,800 ga<br="">(constructed before 12/9/91</x<1,800>	-) <x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800>		
This is a correct facility classi	fication	OY N			
If no, please check the appropriate classification:					
facility quali	fied for a general pern	nit as number	2 above		
1	eds above limits and is	_			
B. The total quantity of perch		rchased within	the preceding 12 months b	y this dry cleaning	
facility was 120 gallon	s.				

Revised 10/28/96) 127/47

TAKT M. GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN NA
2. Examining the containers for leakage?	DY DN NA
3. Closing and securing machine doors except during loading/unloading?	ON ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	CY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באותם 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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MD AN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY 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
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?	OY ON NA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MO NO

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	מם צם
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?	ОУ ОИ
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?	מ/אם אם צם
_		· · · · · · · · · · · · · · · · · · ·
P	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c	as the responsible official:	QA ON
H (c	as the responsible official: heck appropriate boxes)	מא טא אס
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DAY DIN
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	מצע אם אם
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מבע אם
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	DY ON ONIA
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON AND OY ON ON OY ON ON ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON NADON ON O
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY ON ATA OY ON ONIA OY ON AA OY ON AA OY ON AA
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON ATA OY ON ONVA OY ON AA OY ON AA OY ON AA

MY ON

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

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed s	Ø					
	Physical detection (airflow felt th	□ ′_					
	Odor (noticeable perc odor)	₽					
	Use of direct-reading instrument						
	If using direct-reading instrum	entation,	is the equ	ipment:			
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	OY I	□и	
	b. Calibrated against a	standard g	gas prior t	o and after each use			
	(PID/FID only)?					UN	
	c. Inspected for leaks a	nd obvious	s signs of	wear on a weekly basis?	□Y !	□N	
	d. Kept in a clean and s	secure area	a when no	ot in use?	□Y	ПN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПN	
3. Has the facility maintained a leak log?					□ Y	ПN	
4.	Does the responsible official check the	following	areas for	leaks?			
	Hose connections, fittings, couplings, and valves	Q Y	ΩΝ	Muck cookers	ΟY	M	
	Door gaskets and seating	₹ YY	ПN	Stills	ъ́Y	ΩΝ	
	Filter gaskets and seating	α¥	ΠN	Exhaust dampers	ДY	ПN	
	Pumps	EΥ	ΠN	Diverter valves	v Y	ΠN	
	Solvent tanks and containers	DZY	ПΝ	Cartridge filter housings	T Y	ПN	
	Water separators	σY	ΩΝ				

Name of Responsible Official

VALARIO
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
		·	
			l
·			
	•		
li de la companya de			•
	. ·		

S. Carlot

٠.	BEST AVAILABLE COPY #0250773 Paris Dry Cleaners	n OFC 26 1996 Nanao Air Que
2	P. 13 4 add street address 6 add title—Owner-from #1. P. 14 3, Should be new small area	Management Division
3.	Source Source 4 Should be new small area	3314
5.		-43 · · · · · · · · · · · · · · · · · · ·
7.		
8.		ode: 33/45
9.	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:	
	Street Address: City: County: Zip Code:	:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individu	al owner):
(CARlOS CARDENAS PARISDRY C/C	PANERSINC
2.	2. Site Name (For example, plant name or number):	•
	PARIS DRY CLEANERS INC 3. Hazardous Waste Generator Identification Number:	
3.		•
· X	* Permet # IW5 07 133-96 DC	50 00
4.	4. Facility Location: 2922 Coast Way Street Address: 4118m1	
	City: County: Man' Dr.DE 5. Facility Identification Number (DEP Use):	Zip Code: 3314 T
5.	5. Facility Identification Number (DEP Use):	
		0250443
	Responsible Official	
	()	-
6.		
	LARIOS CARDENAS IQUINER	
7.	7. Responsible Official Mailing Address: 2922 (USAL WAY	
	Street Address: City: 4 - 2 County: > 0 > 0	Zip Code: 33/45
	City: M,AMI County: DADE	33745
8.	8. Responsible Official Telephone Number:	
	Telephone: (305) 446 - 2013 Fax: (305)	44B-4477
	Facility Contact (If different from Responsible Of	ficial)
9.	9. Name and Title of Facility Contact (For example, plant manager):	
7.	7. Name and Title of Facility Contact (For example, plant manager).	
10.	10. Facility Contact Address:	
	Street Address:	
	City: County:	Zip Code:
11	11 Facility Contact Talanhara Number	
11.	11. Facility Contact Telephone Number: Telephone: () - Fax: ()	_
	relephone. ()	

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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	ΙD	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-
Dry-to-Dry Unit	0.	5-IUN	-94						
(1) w/ ref. condenser	V								
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									_
(11) w/carbon adsorber									<u> </u>
(12) w/ no controls								<u> </u>	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are re quanti gallo hs, he	equired to be ity of perchlo ins ow many? [_	installed [_ proethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	rce [X		Part II?	
Existing large are	a sou	irce []	Ne	ew la	rge area sour	ce []		

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

(Indicate with an "X".)	ired on machines	pursuant to section (o o Pai	n ii oi uiis	nottricatio	m torm?
Existing large area source Carbon adsorber	上太人	Refrigerated conde	nser			
New small area source Refrigerated condenser	цXJ					
New large area source Refrigerated condenser						
				. '		
5. A facility which centains non-e	vemnt emissions	units shall not be elia	rible to v	ice the gene	eral nermit	t mursuan
to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam an	d hot water generatin	ig units o	on-site mee	t the follo	wing
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for	periods	of natural		
All steam and hot water generating No such units on-site	units exempt			,		
Equipm	ent Monitoring a	and Recordkeeping	Informa	tion		
Check all logs which are required t	o be kept on-site	in accordance with th	ne requir	ements of	his genera	ıl permit:
(a) Purchase receipts and solvent p	urchases		[X_1		
(b) Leak detection inspection and r	epair		(X		
(c) Refrigerated condenser tempera	ture monitoring		[<u></u>		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	[
(e) Instrument calibration			[
(f) Start-up, shutdown, malfunction	n plan		[\times		

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indica	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
	A CONTRACTOR CONTRACTO
statemen maintain comply w	Station. 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. Somptly notify the Department of any changes to the information contained in this notification.
Signature	la Cade a 9-15-96
\sim	(1) (1) (1) X 3-24-57

303028

ANN	UAL COMPLIANCE CERTIFICATION	FORM & S
	CARLOS CARDENAS CARLOS CARDENAS 2922 CORAL WAY MIAMI FL 33145	FORM FEB 2 FEB 1949 REB 1949
	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	19 <u>98</u> то	19_99
62-213.300, Florida Administrative Code (F. If NO, complete the following:	e V general air permit, my facility has remained in conf. A.C.), during the period covered by this statement. That has not been in continuous compliance during	YES ONO
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 compliance during	the reporting period stated above:
Exact period of non-compliance: from _	to	
Action(s) taken to achieve compliance:		,
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
notification are true, accurate and complete. Fu	ed on information and belief formed after reasonable in further, my annual consumption of perchloroethylene so o dry facilities or 1,800 gallons per year for transfer or SRCALDENAS	olvent, based upon purchase receipts,

DRY CLEANER AIR QUALITY GENERAL PERMIT

^{*}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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 100	TIME OUT: 150	AIRS ID#:	0150173
TYPE OF FACILITY:	PRICE DRO	CLEMNER.	
FACILITY NAME:	POILS DA	, CICANURS,	NOATE: 4-7-95
FACILITY LOCATION:	7922 CORA	(why	
24	11:111		,
RESPONSIBLE OFFICIAL: /	Cinylos CALVE	JAS PHONE NUMBE	R: 446-3013
	f the compliance requirements eval Rule 62-213.300, Florida Adminis	•	acility is found to be in
Based on the results or discrepancies were no	f the compliance requirements evalued:	uated during this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
	1:		
			•
	·		
COMMENTS:	7y 11 (Em) G	MACE:	
The Annual Compliance Certif	fication form has been properly cert	tified and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTI	ON: 17.///	Appróximate)	
INSPECTION CONDUCTE		Approximate)	,
INSPECTOR'S SIGNATUR		PHONE NUMBE	- マクノノ フフ [©]
•	Page	of/	Revised 10/96

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DRY CLEANER AIR QUALITY GENERAL PERMIT. ANNUAL COMPLIANCE CERTIFICATION FORM

0-1-5
CILITY NAME: FARES MEY CEMMENTS, JAC-DATE: 4-7-98
CILITY NAME: PARIS DRES CLEANERS, TWC_DATE: 4-7-98 CILITY LOCATION: 2922 CORS WAY
XIII II
nual Reporting Period: 3-24 1997 TO 4-7 1998
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. PYES
NO, complete the following:
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: from
tion(s) taken to achieve compliance:
ethod used to demonstrate compliance:
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: from to RECEIVED
tion(s) taken to achieve compliance:
ethod used to demonstrate compliance: Bureau of Air Monitoring & MAT 1 2 1/2 Bureau of Air Monitoring & Mobile Sources
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based on rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ar for transfer or combination facilities. ESPONSIBLE OFFICIALE A 2 OS ARDENAS Signature Name (Please Print) Signature Date

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

DEPT. OF ENVIRONMENTAL 24895
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTIO	N 🗀
	ny Clamons, Duc.
FACILITY LOCATION: 2922 (E	+ P- St W Seg
Mismi	//// 2012
RESPONSIBLE OFFICIAL: (14Rfo) C	PHONE: 446-3013
CONTACT NAME:	PHONE:
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) A.	☐ No notification form ☐ Drop store/out of business/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. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	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 $12/9/91$)
5. This is a correct facility classification	☑Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning

1/20/16

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN MIN/A				
2. Examining the containers for leakage?	OY ON DONA				
3. Closing and securing machine doors except during loading/unloading?	oofy □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY DN 1 //A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON W/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v.				
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser				
, a se	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 refu (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	אם צם				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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?	□Y (□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y 1	□N [†]	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y	□И	□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?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y	ΠN	□n/a
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?

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

2. Has the facility maintained a leak log?

Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN DXYA
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY □N □N/A
Pumps	CY ON DN/A	Diverter valves	OY ON ON/A
Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	Y ON ON/A
Water separators	Y ON ON/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)	ď
Odor (noticeable perc odor)	Ø
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	. 0

Halogen leak detector □

If using direct-reading instrumentation, is the equipment: □N/A

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?
 c. Inspected for leaks and obvious signs of wear on a weekly basis?
- 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?
 □Y □N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?

MME WAZARU

Taspector's Signature

Date of Inspection

Date of Inspection

Approximate Date of Next Inspection

ΩN

ΠN

ADDITIONAL SITE INF	ORMATION:				
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	÷.				
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION	DN D
FACILITY NAME: Paris Dry (FACILITY LOCATION: 2922 C	oral Way
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 .
<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$
(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, $140 \le x \le 2,100$ 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, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N Can not determine
If no, please check the appropriate classific	` \
	neral permit as number above
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was <u>UNK</u> gallons.	archased within the preceding 12 months by this dry cleaning

Review 5/24/99

TYPE OF INSPECTION:

ARMS 5/24/99

1 of 5

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS	_				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N □N/A				
2. Examining the containers for leakage?	□Y □N □N/A				
3. Closing and securing machine doors except during loading/unloading?	מם צם				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	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)					
Equipped all machines with the appropriate vent controls?	□Y □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	OY ON ON/A
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	di di di/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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. Maintained receipts for perc purchased? DY DN DY DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DN/A DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DN/A

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

Inspector's Name (Please Print)

Inspector's Signature

5 0 99
Date of Inspection

Approximate Date of Next Inspection

Ro not on-site and logs and perc purchase receipts were not available.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:15 TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL:	Miami Fi 2922 Cora	anor airs ID#: O anor INC- 33145 Oway QS PHONE NUMBER:	250773 DATE: 5/20/99 (305)440-4477
		aluated during this inspection, the fac	ility is found to be in
compliance with DEP Based on the results of discrepancies were not	Rule 62-213.300, Florida Admin the compliance requirements eved:	istrative Code (F.A.C.). aluated during this inspection, the foll	lowing compliance
	UIREMENT/PROBLEM		
required 10	ripts or gs available	Have records for inspection	
U			
			
·	,		
			, <i>6</i>
COMMENTS:			
	·		
The Annual Compliance Certification	ication form has been properly ce	ertified and submitted to the inspector.	. YES NO
DATE OF NEXT INSPECTION			
INSPECTION CONDUCTED	BY!) P DOG	(Approximate) (Please Print)	
INSPECTOR'S SIGNATURE	:: 1 / 17/ (7/	PHONE NUMBER	(305)316-6931
	Page	$e \int of \int$.	Revised 10/96

AIRS ID#: 0250773

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL RERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Division Division

DIVISION	
FACILITY NAME: Paris Dry Cleaners, Inc. DATE: 5/20	199
FACILITY LOCATION: 2922 (Dral Way	
Miami, FL 33145	
Annual Reporting Period: 5 19 98 TO 5	
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER 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:
No records available	
Exact period of non-compliance: from 5/98 to 5/99	forspec
Action(s) taken to achieve compliance: ferc receipts + required logs to be available	i at
Method used to demonstrate compliance: Begin Have records Casily accessible to staff in al	Fine osenc
#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 state, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, but upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date of the state of	based
Name (Please Print) Signature / Dat	ie į

*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.

AKM 5/99

Page of ____.

Mail Back

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: Paris De. FACILITY LOCATION: 3922 Co Mian, RESPONSIBLE OFFICIAL: Carles C	FL & BUNGS PHONE: 38 2 44 FF
CONTACT NAME: I PART I: NOTIFICATION	PHONE:
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/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. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	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 $12/9/91$)
5. This is a correct facility classification	YY ON OCan not determine
11	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was SO gallons.	urchased within the preceding 12 months by this dry cleaning

3/28/00

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? o⊠Y □N 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? BY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) /XY UN 1. Equipped all machines with the appropriate vent controls? dery □n □n/a 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN ZN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ZY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □Y □N ÆN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	ΩY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПУ	ΠN	□N/A
	if machines are equipped with a carbon adsorber?	U Y		UIV/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
-				

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	ØY'□N				
2. Maintained rolling monthly total of perc consumption?	Ø1Y □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N (pH)/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N ØM/A				
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ØN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DYN/A				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	OY ON PIN/A				
Problem corrected?	DY DN DWA				
8. Maintained compliance plan, if applicable?	OY ON ØN/A				

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?						ПN	
2. Has	the facility maintained a leak log?			•	₽Y	ח□	
3. Does	s the responsible official check the f	following areas	s for leaks?				
	Hose connections, fittings, couplings, and valves	ם אם צוב	IN/A	Muck cookers		I ØN/A	
	Door gaskets and seating	QA ON O	ìn/A	Stills	DAY ON	□N/A	
	Filter gaskets and seating	ØY ON O	IN/A	Exhaust dampers	ØY ON	□N/A	
	Pumps	ם אם צק	IN/A	Diverter valves	ØY ON	□N/A	
	Solvent tanks and containers	ת אם צוק.	N/A	Cartridge filter housings	AA DM	□N/A	
	Water separators	MY ON O	IN/A				
4. Whi	ch method of detection is used by th	e responsible	official?				
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					. .		
	Halogen leak detector				-		
	If using direct-reading instru	mentation, is	the equipmen	nt:	□N/A		
	a. Capable of detecting p	erc vapor con	centrations in	a range of 0-500 ppm?	DY DN	1	
	b. Calibrated against a str (PID/FID only)?	andard gas pri	or to and after	each use	DY DN	1	
	c. Inspected for leaks and	d obvious sign	s of wear on a	weekly basis?	OY ON	ı	
d. Kept in a clean and secure area when not in use?				OYON	ı		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON	1		

Ivan Fannin	3/17/00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

Ľ	ADDITIONAL SITE INFORMATION:
	In complenie Machine not spending at time of ingrection
	į

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ANNUAL	- СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN:TIME OUT	т:	AIRS ID#:	0250773
TYPE OF FACILITY: Perc Dr	y Clean.	er	
	Cleaner		DATE: 3/17/00
FACILITY LOCATION: 2922	Coral o	Way	
		0	
RESPONSIBLE OFFICIAL: Carlos C.	<u>ordenas</u>	PHONE NUMBI	ER: 305 · 446 · 4477
Based on the results of the compliance requirements of the compliance requirements of the compliance requirements.			facility is found to be in
Based on the results of the compliance required discrepancies were noted:	irements evaluate	d during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PR	OBLEM	FOLLOW-UP AC	TION REQUIRED
, S.Y.	,		
COLUMNITO	-	· .	
COMMENTS:			.*
The Annual Compliance Certification form has been	properly certified	I and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	3/01		با با
The state of the s		oximate)	
INSPECTION CONDUCTED BY:		<u>ni</u> n	
	(Plea	se Print)	· ————————————————————————————————————
INSPECTOR'S SIGNATURE:	Jan	PHONE NUMBI	ER: 305 - 872-6922

Revised 10/96

Revised 10/10/96

AIRS ID#: 0250773

ROU

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pags	Dry Cla	2 ancy			DATE:3//	7/00
FACILITY NAME: Paris FACILITY LOCATION: 2922	Coral	Way			· .	•
Mian	A. FL			· · · · · · · · · · · · · · · · · · ·		
Annual Reporting Period:	arch	19 <u>9</u> 9	то	March	·	
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.)
If NO, complete the following:				·' ,		
#1. Term or condition of the general permit th	nat has not been i	n continuous c	compliance du	ring the reporting	ng period stated	above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
#2. Term or condition of the general permit th	nat has not been i	in continuous c	compliance du	ring the reporti	ng period stated	above:
Exact period of non-compliance: from			to			·
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:		*				
As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	d complete. Fur	ther, my annua	al consumption	of perchloroet	hylene solvent,	based
	(Please Print)		Sig	mature	D	ate

^{*}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.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 1 PAR 15	DRY C/EA	VERS IN	CDATE: 1/3-24-97
FACILITY LOCATION: 1 2922	COPAL	WAY	
MIAMI FIA	33145		
Annual Reporting Period: 9-15	19.90	, то 3-24	19 <u>5</u> 7
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.			
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous	compliance during the rep	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, and in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my ann does not exceed 2,100 gallons p OS CARDE NAS	ual consumption of perchlo	proethylene solvent, based
Nan	ne (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

^{*}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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PARISDRY CLEANERS CARLOS CARDENAS 2922 CORAL WAY MIAMI FL 33145 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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SENDER: COMPLETE THIS SECTION	LETE THOUSE HON ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 02507/3 PARIS DRY CLEANERS CARLOS CARDENAS 2922 CORAL WAY	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
MIAMI FL 33145 2333664103	3. Service Type Certified Mail
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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Restricted Delivery Fee	
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Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	\$
Postmark or Date	

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PARIS DRY CLEANERS CARLOS CARDENAS 2922 CORAL WAY **MIAMI FL 33145**

FOR GOVERNMENT USEON E Org.: 37550101000 EO: BT Fund: 20-2-035001

Obj.: 002273

on the reverse side?	SENDER: Of additional for doll 12/00 complete items 1 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.	wish to rec following services extra fee):	s (for an ee's Address	
RESS completed c	3. Article Addressed to: AIRS ID # 0250773 PARIS DRY CLEANERS CARLOS CARDENAS 2922 CORAL WAY MIAMI FL 33145	#b. Service Registere	052 700 Type ed	Certified Signal Control Contr
IS YOUR RETURN ADDI	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	7. Date of De	elivery 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Thank you for
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and fee is paid)

102595-97-B-0179

Domestic Return Receipt

your RETURN ADDRESS completed

6. Signature

PS Form 3811, December 1994

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on the reverse side?	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. 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.	e does not e number.	2. Restricted Delivery	eceipt Service.
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Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)		I nank)
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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to
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Return Receipt Showing to Whom, Date, & Addressee's Address
TOTAL Postage & Fees \$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date 2/1/9/9/1

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