

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Angel Fontan Le Grand Paris Cleaners 6705 Southwest 40th Street Miami, Florida 33155

Re: Facility I.D. No. 0250777

Dear Mr. Fontan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 24, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

# 0250777

5poke to Angel

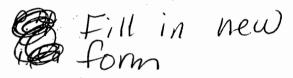
Spoke to Angel

Fontan, he believes

he purchased his

machine before Dec 8,

1991.



#### Part II. - General Information

Facility Name and Location	
1. Facility Owner or Operator (Name of corporation, agency, or individual owner):	
LE GRAND PARIS CLEANERS CORP.	
2. Facility Name (For example, store name or number):	
Le Grand Paris Cleaners	
3. Hazardous Waste Generator Identification Number:	
FLD CESOG	
4. Facility Location:	
Street Address: 6705 S.W. 40th Street City: County: Dado Zip Code	
City: Miami County: Dade Zip Code	<sup>21</sup> 33155
Responsible Official ALPS ID	0250447
5. Name and Title of Responsible Official:	
Mr. Angel Fontan, Owner	
6. Responsible Official Mailing Address:	
Organization/Firm: 6705 S.W. 40th Street	
Sirect Address. Miami, Fl	n Code:
City: County: Dade Zi	p Code: 33155
7. Responsible Official Telephone Number:	
Telephone: $\binom{305}{665-2431}$ Fax: ( )	
Facility Contact (If different from Responsible Official)	
8. Name and Title of Facility Contact (For example, store manager):	
9. Facility Contact Address:	
Street Address:	
City: County: Zip Code	):
10. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

RECEIVED

SEP 2 4 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-215.900(1) Effective: 05-01-95

RETURN ADDRESS completed on the reverse sid	SEN OI adolated to dol late during the property of the Return Receipt Requested on the article was delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
	AIRS ID#: 0250777 LE GRAND PARIS CLEANERS CORP ANGEL FONTANE 6705 SW 40TH STREET MIAMI FL 33155  5. Received By: (Print Name)	7. Date of Do	Type ed Certified Mail Insured ceipt for Merchandise COD elivery 7 2 2 3 3 4 5 5 6 5 6 6 7 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8
ls your	X PS Form 3811, December 1994		Domestic Return Receipt

P 265 302 452 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to AIRS ID#: 0250777 LE GRAND PARIS CLEANERS CORP ANGEL FONTANE 6705 SW 40TH STREET MIAM! FL 33155 CE101160 L68 Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

#### Part III. - Facility Information

1. 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	10/3/93	10/3/93	#2	Е	12/16/93	. #3	1/3/92	R
Dry-to-Dry Unit	5.41			*: //					
(1) w/ ref. condenser	1	E	R	1.					
(2) w/ carbon adsorber		.,							
(3) w/ no controls									
Washer Unit		A STATE OF THE STATE OF	Selver Specie 190	in the second second	-25 MARK	010	Sec. 30.62		12 h
(4) w/ ref. condenser									
(5) w/ carbon adsorber		·					<b></b>		
(6) w/ no controls		<u> </u>				·····			
Dryer Unit				1			ر تونید در در از	4.34.	
(7) w/ rcf. condenser	12.12.2344				Execute of observed. They be office or		, <u>, , , , , , , , , , , , , , , , , , </u>	and the second	
(8) w/ carbon adsorber			1		1		<del> </del>	<del></del>	
(9) w/ no controls		<del>                                     </del>	-			<del>                                     </del>		<u> </u>	
Reclaimer Unit	C-100	Me de la	A Same All Contracts						Secretary Sec.
(10) w/ ref. condenser	many se of the	The state of the s				The second second	311101855	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
(11) w/carbon adsorber			<del> </del>		<del> </del>	<del>                                     </del>		I	,
(12) w/ no controls				<del> </del>		<del>                                     </del>			
<ul><li>(b) If less than 12 mon Check why it is less</li><li>3. What is the facility's so (Indicate with an "X".</li></ul>	than I	2 months:	New own on based of	er: [ n the					<del></del>
Existing small ar Existing large ar					small are large area		[	_]	
4. What control technolog (Indicate with an "X".)	-	equired on	machines	pursu	ant to Rule	62-215.3	00(4)	, F.A.C.?	
Existing large area source  Carbon adsorber Refrigerated condenser									
New small area source Refrigerated condenser []									
New large area source Refrigerated condenser []									

DEP Form No. 62-215.900(1) Effective: 05-01-95

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-215.220(1), F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input, individually or collectively, equaling 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt  No such units on-site  [X]
Part IV Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with Chapter 62-215, F.A.C.:
(a) Purchase receipts and solvent purchases [X]
(b) Leak detection inspection and repair [X]
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up; shutdown, malfunction plan
(1) Similar applications of the control of the cont
Part V Responsible Official Certification
I, the undersigned, am the responsible official, as defined in Chapter 62-215, F.A.C., 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 in this notification
so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of
the State of Florida and rules of the Department of Environmental Protection and revisions thereof.
I will promptly notify the Department of any changes to the information contained in this notification.
(4) 10 / 10 / 96.
Signature Date

DEP Form No. 62-215.900(1) Effective: 05-01-95

#### INITIAL NOTIFICATION REPORT

1.	Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.
	Owner/operator Mr. Angel Fontan
	Company Name LE GRAND PARTS CLEANERS CORP
	Mailing Address 6705 S.W. 40th Street
	City Miami State Fl Zip 33155
	Plant Address (If Different Than Mailing Address)
	Street Address
	CityState
	Phone Number
2.	Check the box below if:
	your dry cleaner is a pick-up store.
th	your dry cleaning plant has only coin-operated dry cleaning machines hat are operated by the customers.
	If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.
3 .	Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:
	35gallons
	NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.
	Method of determining gallons (circle one):
	X actual estimated
4.	Next to each machine type listed below, write the number of machines of that type located at your plant:
	X Dry-to-Dry Transfer

#### **BEST AVAILABLE COPY**

5. Provide the following information for EACH MACHINE at your plant. If you have more than 4 machines at your plant, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	10/9/90			
Control Device (Use WORKSHEET on Pages 5 & 6 to Determine Required Control)	NO CONTROL REQUIRED			
Date Control Device was Installed or Is Planned to Be Installed				

- 6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:
  - Conduct a weekly leak detection and repair program to inspett all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NC CONTROL REQUIRED in the shaded box in Question 5.
  - Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts.
     Install the repair parts by 5 working days after they are received.
  - Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
  - Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
  - Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

- 7. The following records must be kept at your plant:
  - · A log of the results of the leak detection and repair program.
  - A log of the amount of perc purchased for the past 12 months, calculated each month.
  - The operation and maintenance manuals for all dry cleaning equipment at the plant.
- 8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report.
  - Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene, and
  - Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
  - Explanation of how the room enclosure exhausts into a carbon adsorber
- 9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Angel Fontan	Owener
Name	Title

- A Responsible Official can be:
- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government.
- A ranking military officer if the dry cleaning plant is located at a military base.

The Responsible Official <u>must</u> certify below that all of the information presented in this initial report is accurate and true.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature of Responsible Official)

20/96

### BEST AVAILABLE COPY

#### WORKSHEET

A.	To find out if control is required:
,	Check all boxes that apply:
,	I reported less than 140 gallons in Question 3 (page 1).
	I reported less than 200 gallons in Question 3 (page 1) AND reported only transfer machines in Question 4 (page 1).
	If you checked either box above and all your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.
	YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).
	If you did not check a box above, go to Part B below.
В.	Control is required. Fill out Part B for EACH MACHINE at your plant.
	Check the appropriate box:
	Machine was installed BEFORE 12/9/91.
	If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.
	Control must be installed by 9/22/96.
	Machine was installed ON OR AFTER 9/22/93.
	If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.
	Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES BE INSTALLED AFTER 9/22/93.
	Control must be installed when machine is installed.
	Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.
	If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATE CONDENSER in the shaded box below the machine on page 2.
	If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or card adsorber from 9/22/93 until 9/22/96. On or after 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon

	•
c.	To find out if additional control is required:
	Check all boxes that apply:
	reported 1,800 gallons or less in Question 3 (page 1).
	I reported 2,100 gallons or less in Question 3 (page 1) <u>AND</u> I reported only dry-to-dry machines in Question 4 (page 1).
	If you checked either box above, you can STOP HERE. No additional controls are required.
	YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 (page 2) and write in the dates the controls were or will be installed.
	If you did not check a box above, go to Part D below.
D.	If additional control is required, fill out Part D for EACH machine at your plant:
	Check a box below, if it applies:
	Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.
	If you checked this box, you are also required to install a supplemental carbon adsorber.
	Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.
	Machine is a transfer machine.
	If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.
	YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 and write in the dates all controls were or will be installed (page 2).
•	
-	

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: * Le_ &	Frand	Paris	<u>P</u> DA	TE: <u>v2/25/97</u>
FACILITY LOCATION: 1 6705	3 Bird	R.D. 2	nia my	4233155
				1
Annual Reporting Period: 9/2	· ·	_19 <u>96</u> то		25 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•	/	h DEP Rule □NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in c	ontinuous compliance	e during the reporting	period stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<del> </del>	<del></del>		
#2. Term or condition of the general permit	that has not been in o	continuous complianc	æ during the reporting	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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furthe	er, my annual consum	ption of perchloroethy	vlene solvent, based

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INFECTION SUMMARY REPORT

BEST AVAILABLE COPY

Revised 10/96

	IN ECTION SU	MMARY REPORT
TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 242	TIME OUT:	AIRS ID#:
TYPE OF FACILITY:	DIRE	2 250777
FACILITY NAME:	TORU . J.	DATE:
FACILITY LOCATION:	670	10 2/25/77
		72,32
RESPONSIBLE OFFICIAL:		PHONE NUMBER:
	12/1/2/2/2/	1100 65 6437
الكا	of the compliance requirements eval P Rule 62-213.300, Florida Adminis	uated during this inspection, the facility is found to be in trative Code (F.A.C.).
Based on the results discrepancies were n	-	uated during this inspection, the following compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•	
		_
	***************************************	
·.		
•		
	• •	
		,
	•	
		·
	,	
COMMENTS: Equip	MISNIT & RECER	-05 in Complance.
The Annual Compliance Cert	tification form has been properly ce	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECT	ПОN: 2 /9%	· :
INSPECTION CONDUCT	ED BY: VAIME ALA	Approximate)
INSPECTOR'S SIGNATU	RE: Cle /	(Please Print)PHONE NUMBER: 7/ ( 9 7 7

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPL	IANCE IN	SPECTI	ON C	HECKLIST		
TYPE OF INSPECTION: ANNU RE-INS	AL SPECTION	1 C	a 3	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>0250777</u> DATE:		) 4	0	ST	E OUT: É	3-10 -5
PART I: NOTIFICATION				<u> </u>		
(check appropriate box)					<del></del>	
1. Existing facility notified DARM by 9/1	/96					
2. New facility notified DARM 30 days p		าเก				ם
3. Facility failed to notify DARM to use g		_				
PART II: CLASSIFICATION						
Facility indicated on notification form t (check appropriate box)	nat it is:					l,
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		dry-to-dr transfer of both type	y only, only, x cs, x<1	area source , x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td></td><td>dry-to-di transfer both type</td><td>y only only, 2 es, 140</td><td>nrea source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>		dry-to-di transfer both type	y only only, 2 es, 140	nrea source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,>		
If no, please check the appropriate classic	fication:					
facility qualified for a g facility exceeds above li						
B. The total quantity of perchloroethylen facility was gallons.	ie (perc) pu	rchased v	vithin (	the preceding 12 month	s by this di	y cleaning

Revised 10/28/96

Kalulas

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 AFA					
2. Examining the containers for leakage?	DY DN NA					
3. Closing and securing machine doors except during loading/unloading?	MA DN					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MA DM					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V						
If classification 2 has been checked, the machine should be equipped with a 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 refr (complete A and B below).	igerated 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?	OY ON					
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 basis?	OY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אם אָם					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И					

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 maclunes on a weekly basis?	□У □И
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	אם אם
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
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?	AVAC NO YC
	· · · · · · · · · · · · · · · · · · ·
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	NO NO
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	ФУ ОИ
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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	OY ON NO
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?	OY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. 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?  4. Maintained calibration data? for direct reading instruments only)	OY ON NA OY ON OY ON OXNA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON NA OY ON DANA OY ON DANA OY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. 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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY ON NA OY ON ON/A OY ON WA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	OY ON NA OY ON ON/A OY ON WA OY ON WA OY ON WA OY ON WA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	OY ON NA OY ON ONIA OY ON ONIA OY ON NA OY ON NA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	OY ON NA OY ON ONIA OY ON ONIA OY ON NA OY ON NA

				<u> </u>					
2.	. Which method of detection is used by the responsible official?								
	Visual examination (condensed s	Q,							
	Physical detection (airflow felt th	<b>d</b> /							
	Odor (noticeable perc odor)	CZ/							
	Use of direct-reading instrumenta								
	If using direct-reading instrum	entation,	is the equ	ipment:					
	a. Capable of detecting	perc vapo	r concenti	rations in a range of 0-500 ppm?	OY O	И			
	b. Calibrated against a (PID/FID only)?		N						
	c. Inspected for leaks ar	OY ON							
	d. Kept in a clean and s	· · · · · · · · · · · · · · · · · · ·	OY ON						
		samples (calorimetric only)?	מט אם						
3	Has the facility maintained a leak log?	CY ON							
4. Does the responsible official check the following areas for leaks?									
••	• •								
	Hose connections, fittings, couplings, and valves	фy	□N .	Muck cookers	ΟY	ПN			
	Door gaskets and seating	дХ	ΩΝ	Stills	<b>₽</b> Y	ЙN			
Filter gaskets and seating		dy	ПИ	Exhaust dampers	ďY	□Ν			
	Pumps	ŒΥ	ПN	Diverter valves	CYY	Й			
	Solvent tanks and containers	DY	ΠN	Cartridge filter housings	ďΥ	□и			
	Water separators	ďY	ПΝ						

Name of Responsible Official

AME MAZACO

Inspector's Name (Please Print)

.

Date of Inspection

Inspector's Signature

2/94 Approximate Date of Next Inspection

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#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. I completed form to the address listed in the instructions and keep a copy of the form for you

	Name and Location	
I. Fa	lity Owner/Company Name (Name of corporation, agency, or individual owner):	!
	GINA MANTECON	
Z. St	Name (For example, plant name or number);	M
	MIDDIGHT X-PRESS CLEANERS	Z ()
3. H	ardous Waste Generator Identification Number:	另一一
100	FL) CESOG	ECET ED
	lity Lovation:	3 23
	et Address: 6705 SW 40 St.	
Ci	: Miami County: Dade Zip Coder?	\$ 11260
37	To said the larger to the establish of the Dr. S Include the calls	and the first the second of
1		
		115077
	ible Official	<u>a</u> 0 0 / / /
	e and Title of Responsible Official:	
wale:	GINA MANTECON Title: OWNER	
	onsible Official Mailing Address:	
	mization/Finn: 6 705 300 40 54.	
Ci	r Admora.	33155
	think County: bade Zip Code:	22132
8. Re	onsible Official Telephone Number;	
Te	phone: (305)665-3431 Fax: ( ) -	
Facility	Contact (If different from Responsible Official)	•
9. Ne	e and Title of Facility Contact (For example, plant manager):	
	SAME	
(0 Na	ity Contact Address:	
Str	et Address:	
Cit	County: Zip Code:	
II. Pad	ity Contact Telephone Number:	
	shone: ( ) - Fax: ( ) -	
,	·	ı

DEP Form No. 62-213.900(2) Effective: 2/24/99

......

Facility Information			
I.(a) DRY-TO-DRY M	ACHINES ONI	Y	
How many dry-to-dry m	achines do you ha	ive on-site?	1
•	_	se provide the following inform	ation;
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required	
6/90	Existing	ew RC/CA/Mone required	Same
-	Existing/N	ew RC/CA/None required	
<u> </u>	Existing/N	ew RC/CA/None required	<del></del>
unit. If the transfer maching 1993, it is a NEW unit (r	HINES ONLY on have on-site? ners do you have as purchased from ine was purchased to units purchased	on-site? [] on the manufacturer prior to or of from the manufacturer between	A = carbon adsorber  on December 9, 1991, it is an EXISTIN on December 9, 1991 and September 22, allowed to operate under this general information:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
-, ·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
[Ø_] gallon	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	a = carbon adsorber  2 months?
(b) If less than 12 mor	ths, how many?	[ <u> </u>	

DEP Form No. 62-213.900(2) Elfective: 2/24/99

15

New store: [\_\_\_] New machine [\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening

Check why it is less than 12 months: New owner; [\_\_\_\_\_] Did not keep records: [\_\_\_\_\_]

DEP Form No. 62-213.900(2) Effective: 2/24/99

231 to

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this notification form; the permit number(s)  No DEP sir permits currently exist for the official.  Official Certification  dersigned, am the responsible official, as definitionally the content of the	recretion of the facility indicated in this notification recretion of the facility indicated in this notification and in Part II of this form, of the facility addressed in and belief formed after reasonable inquiry, that the mid complete. Further, I agree to operate and illon control equipment described above 50 as to mit as set forth in Part II of this notification form.
I hereby surrender all existing DEP air point this notification form; the permit number(s)  No DEP air permits currently exist for the ofform.  Official Certification  dersigned, am the responsible official, as definition. I hereby certify, based on information is made in this notification are true, accurate the air pollutant emissions units and air pallwith all terms and conditions of this general points all terms and conditions of this general points.	nemion of the facility indicated in this notification and in Part II of this form, of the facility addressed is and belief formed after reasonable inquiry, that the mid complete. Further, I agree to operate and the control equipment described above so as to mit as set forth in Part II of this notification form.
this notification form; the permit number(s)  No DEP sir permits currently exist for the official.  Cond.  Cond.  Cond.  Cond.  Certification  lersigned, am the responsible official, as definitionally the condition of the condition of this pollutant emissions units and air pollutant emissions units and air pollutant emissions of this general point all terms and conditions of this general points all terms and conditions of this general points.	mention of the facility indicated in this notification and in Part II of this form, of the facility addressed in and belief formed after reasonable inquiry, that the madeomplese. Further, I agree to operate and the control equipment described above so as to mit as set forth in Part II of this notification form.
form.  Official Certification  letsigned, am the responsible official, as definited to the least of information to the section of the procurate of the pollutant emissions units and air pollutant emissions units and air pollutant emissions of this general partitle all terms and conditions of this general partitle.	ed in Part II of this form, of the facility addressed is and belief formed after reasonable inquiry, that the mid complete. Further, I agree to operate and islon control equipment described above 50 as to mit as set forth in Part II of this notification form.
lersigned, am the responsible official, as defin leasion. I hereby certify, based on information is made in this notification are true, accurate the air pollutant emissions units and air pollu- tith all terms and conditions of this general pa	and belief formed after reasonable inquiry, that the mid complete. Further, I agree to operate and ilon control equipment described above so as to mit as set forth in Part II of this notification form.
loation. I hereby certify, based on information is mode in this notification are true, accurate the air pollutant emissions units and air pollutant emissions units and air pollutant emissions of this general parties all terms and conditions of this general parties.	and belief formed after reasonable inquiry, that the mid complete. Further, I agree to operate and ilon control equipment described above so as to mit as set forth in Part II of this notification form.
no Mentero	1-28-00 Date
ature	3/9/00 Date
	po of responsible official

PRINT TIME

# TITLE V AIR QUALITY GÉNERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 230 TIME OUT: 30	00 AIRS ID#: 6250777
TYPE OF FACILITY: DARK Driver	C16/11/128.
FACILITY NAME: 1 10 CAPAINTS	ANNO CHANNERS DATE: 2010-95
FACILITY LOCATION: 6765 San	40 57
RESPONSIBLE OFFICIAL: /////	PHONE NUMBER: 655 643/
Based on the results of the compliance requirements of compliance with DEP 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 of the compliance requirements of discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
·	
	Bure FT
	reau of Mod
	Se S
	1998 Monite
	3 0 1998 Air Monitoring
•	
	·
	•
COMMENTS: FACILITY IN COM	mullince.
The Annual Compliance Certification form has been properly	certified and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: 755	777
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Approximate)
INSPECTION CONDUCTED BY: 8 / 1919	(Please Print)
Menroronic crow many 10 in a	3/26922
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Pr	Pageof

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: LE GO	esno	PARIS	Mons	WERS	DATE: <u>2-/</u>	0-98
FACILITY LOCATION: 6705	5 SW	405				
MIAM	1	- · · · · · · · · · · · · · · · · · · ·				
Annual Reporting Period: 2-23	5	19_5	<b>3</b> 7 то _	2-20	<i>ن</i>	_19 <u></u> 98
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code	-	-	•	<u> </u>		
If NO, complete the following:						
#1. Term or condition of the general per	mit that has not	been in continuo	us complianc	e during the repo	orting period state	i above:
Exact period of non-compliance: from			to	)	Bureau & N	
Action(s) taken to achieve compliance:	· 				Mobile A	, w r
Method used to demonstrate compliance:					Sources	0 59
#2. Term or condition of the general per	mit that has not	been in continuo	us complianc	e during the repo	٠, ٣	
Exact period of non-compliance: from			to_			
Action(s) taken to achieve compliance:					<del> </del>	
Method used to demonstrate compliance:						
As the responsible official, I hereby certimade in this notification are true, accuration rolling averages of purchase receip year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	nte and complete ots, does not exc	e. Further, my ar	nual consum	ption of perchlor	roethylene solveni ities or 1,800 gall	, based

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

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

# Bureau of Air Monitoring & Mobile Sources

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

AIRS ID#0250777
LE GRAND PARIS CLEANERS CORP ANGEL FONTANE 6705 SW 40TH STREET **MIAMI FL 33155** 

	Do <u>NOT</u> Rem	ove Label		
Annual Reporting Period:	199	<u>П</u> то _	Dec31	1997
Based on each term or condition of the To 62-213.300, Florida Administrative Code	tle V general air permit, my faci (F.A.C.), during the period cove	lity has rema	nined in compliance wit tatement. YES	h DEP Rule UNO
If NO, complete the following:				
#1. Term or condition of the general peri	nit that has not been in continuo	us compliand	ce during the reporting	period stated above:
Exact period of non-compliance: from		1	to	
Action(s) taken to achieve compliance:	· ·			
Method used to demonstrate compliance:		_		
#2. Term or condition of the general perm	nit that has not been in continuo	us complianc	ce during the reporting	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 notification are true, accurate and complete, does not exceed 2,100 gallons per year for dr	Further, my annual consumption	of perchloroe	ethylene solvent, based uj	oon purchase receipts,
RESPONSIBLE OFFICIAL:	nge Fonto	n Co	Man Forken Signature	_ <u>2/1/98</u> Date

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

	BEST AVAILABLE COPY	
	# 0250777 DE	
		BRETTA 12
	10-18-96	NOV 1 8 1996
	Spoke to Angel	
Facility Name and Lo	Funtan, he believes Mar	Air Quality
Facility Owner or  LE GRAND PAR	Fontur NE Science	Taguietif Diaisio
2. Facility Name (Fo	he purchased his	
Le Grand Par	machine before Dec 8,	
3. Hazardous Waste	(991	
FLD CESOG		
4. Facility Location	Fill in new form	
Street Address: City:	tom	
City.		55 
Responsible Officia		50447
5. Name and Title		
Mr. Angel	Hall	
6. Responsible Off Organization/Fi	CX (W	
Street Address:		·
City:		33155
<u>-</u>	Il Telephone Number:	
Telephone: (30	5) 665-2431 Fax: ( ) -	
Facility Contact (If dif	fcreat from Responsible Official)	
	Facility Contact (For example, store manager):	
· 		
9. Facility Contact Ad	dress:	
Street Address:		
City:	County: Zip Code:	
10. Facility Contact Telephone: (		·
Telephone: (	) - Fax: ( ) -	

# RECEIVED

SEP 2 4 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-215.900(1) Effective: 05-01-95

#### Part II. - General Information

Facility Name and Location
1. Facility Owner or Operator (Name of corporation, agency, or individual owner):
LE GRAND PARIS CLEANERS CORP.
2. Facility Name (For example, store name or number):
Le Grand Paris Cleaners
3. Hazardous Waste Generator Identification Number:
FLD CESOG
4. Facility Location:
Street Address: 6705 S.W. 40th Street City: Dade Zip Code: 33155
Miami Dade Zip Code: 33155
Responsible Official Airs ID - 0250777
5. Name and Title of Responsible Official:
Mr. Angel Fontan, Owner
6. Responsible Official Mailing Address:
Organization/Firm: 6705 S.W. 40th Street
Sirect Address: Miami, Fl
Dade Zip Code: 33155
7. Responsible Official Telephone Number:
Telephone: (305) 665-2431 Fax: ( )
Facility Contact (If different from Demonsible Official)
Facility Contact (If different from Responsible Official)  8. Name and Title of Facility Contact (For example, store manager):
o. Hairo and This of Facility Comment (1 of Champie, Store manager).
9. Facility Contact Address:
Street Address:
City: County: Zip Code:
10. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-215.900(1) Effective: 05-01-95

#### Part III. - Facility Information

1. 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	
	١,,	Initially	Device	١.,	Initially	Device	,,,	Initially	Device	
Type of Machine	ID	Purchased	installed	·ID	Purchased	Installed	ID	Purchased	installed	
Example	#1	10/3/93	10/3/93	#2	Ε	12/16/93	#3	1/3/92	R	
Dry-to-Dry Unit	. Lagra	- ili Linga (ci	<u>ئۆرىمەر ئ</u> ۆركىنىيە	4.7		i Tieton		No.		
(1) w/ ref. condenser	1	E 6/90	R6/90	1.	1					
(2) w/ carbon adsorber			7.5							
(3) w/ no controls										
Washer Unit	1.00	with the property of	केला द- <b>ध्या</b> कः १९८	Teorifer.		To deal of	3 h	وسرية لأرسلام أبراده	C 10 01 21	
(4) w/ ref. condenser										
(5) w/ carbon adsorber						· .				
(6) w/ no controls		·.								
Dryer Unit		ring Fa				sarity.	مانند او شد. ک		ediamin's	
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit		Ke. 2 - 1 - 1 - 1	A TOTAL		7.1.1		1		See War	
(10) w/ ref. condenser					<u> </u>					
(11) w/carbon adsorber										
(12) w/ no controls								,		
<ul> <li>2. (a) What was the total perchloroethylene (perc) purchased in the latest 12 months? [35] gallons</li> <li>(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: []</li> <li>3. What is the facility's source classification based on the definitions found in Rule 62-215.300, F.A.C.?         (Indicate with an "X". Select one classification only.)</li> </ul>									)11S	
Existing small area source [X]  Existing large area source [New larg										
4. What control technolog (Indicate with an "X".)		equired on	machines	pursu	ant to Rule	62-215.3	00(4)	), F.A.C.?		
Existing large area source  Carbon adsorber Refrigerated condenser										
New small area s Refrigerated con			]							
New large area source Refrigerated condenser []										

DEP Form No. 62-215.900(1)

Effective: 05-01-95

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5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-215.220(1), F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input, individually or collectively, equaling 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt  No such units on-site  [X]
Part IV Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with Chapter 62-215, F.A.C.:
(a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration  (f) Start-up, shutdown, malfunction plan
Part V Responsible Official Certification
I, the undersigned, am the responsible official, as defined in Chapter 62-215, F.A.C., 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 in this notification so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.  I will promptly notify the Department of any changes to the information contained in this notification.  Date

DEP Form No. 62-215.900(1) Effective: 05-01-95

## Department of Environmental Protection

#### DIVISION OF AIR RESOURCES MANAGEMENT

## PERCHLOROETHYLENE DRY CLEANER GENERAL PERMIT NOTIFICATION FORM

#### Part I. - Introduction

This form shall be completed and submitted to the Division of Air Resources Management by April 2, 1996, for facilities in operation as of that date, or otherwise at least 30 days prior to beginning operation. The type of dry cleaning facility eligible for use of this general permit is specified in Rule 62-215.300(1), F.A.C. Reasons for ineligibility to use this general permit are stated in Rule 62-215.220(1), F.A.C.

Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

<u>Please note:</u> The responsible official of the facility, as defined in Rule 62-215.200, F.A.C., is responsible for complying with all applicable provisions of Chapter 62-215, F.A.C. The provisions of Rule 62-215.230, F.A.C. apply to all general permits and are commonly referred to as the "general permit conditions." Rule 62-215.300, F.A.C., contains the conditions specific to dry cleaners using perchloroethylene. If any conditions of the rule are violated, the general permit can be revoked, and the responsible official may be subject to penalties under Rule 62-215.220, F.A.C., and Chapter 403.087 of the Florida Statutes.

#### Instructions For Completing This Form

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

- 1. Facility Owner or Operator Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Facility Name Enter the name of the facility; for example, the store name or number. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.

#### Responsible Official

- 5. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Chapter 62-215, F.A.C.
- 6. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 7. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Effective: 05-01-95

DEP Form No. 62-215.900(1)

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#### **Facility Contact**

- 8. Name and Title of Facility Contact Enter the name of the facility contact, if other than the responsible official. For example, a store manager could be designated as the facility contact for Department inspections.
- Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 10. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### **Facility Information**

- 1. For each machine located at the facility, select the appropriate machine type and subheading corresponding to the type of air pollution control device installed on the machine (e.g., dry-to-dry unit (1) w/ ref. condenser). Enter its identification (e.g., #1) in column 1. If the machine was initially purchased from the manufacturer prior to December 9, 1991, enter "E" in second column. If the machine was purchased from the manufacturer on or after December 9, 1991, provide the date of purchase in the same column. If the control equipment was installed prior to September 22, 1993, enter "R" in the third column. If the control equipment was installed on or after September 22, 1993, enter the date of installation in the same column. If no control equipment is required, enter "N/A". If control equipment is required but has not yet been installed, enter "\*". Up to three machines of each type and control configuration may be entered across this table. Complete the table for all machines located at the facility. If more than three machines are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
- Enter the total amount, in gallons, of perchloroethylene purchased during the preceding twelve months. If
  this amount represents a period of less than twelve months, indicate the actual time period used to
  determine solvent purchases and the reason for this discrepancy (e.g., new store). New owners should
  attempt to obtain solvent purchase records from the previous owner.

- 3. Using the amount entered in No. 2 above, enter the facility's classification (e.g., existing small area source). The classification is based on the definitions found in Rule 62-215.300, F.A.C..
- Indicate which control technology is required on machines pursuant to Rule 62-215.300(4), F.A.C., based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site.

#### **Equipment Monitoring and Recordkeeping Information**

Indicate all logs which are required to be kept on-site in accordance with the requirements of Chapter 62-215, F.A.C., with an "X".

DEP Form No. 62-215.900(1) Effective: 05-01-95



# Department of Environmental Protection

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

December 9, 1996



Air Quality

Management Division

Mr. Angel Fontan Le Grand Paris Cleaners 6705 Southwest 40th Street Miami, Florida 33155

Re: Facility I.D. No. 0250777

Dear Mr. Fontan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 24, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

	COMMENSATION	101 201	LON CA	iecidisi	300
TYPE OF INSPECTION:	ANNUAL			COMPLAINT/DISCOVE	RY G
	RE-INSPECTION	Λ <b>T</b>	_ 		- Solver
	RE-MOLECTION				Iregilon
AIRS 1D#: <u>0250777</u>	) NATE: 7-20	-97	TIME II	J. 9 310 TIME O	11T. 31)
1		_			01. <u>200</u>
FACILITY NAME: LE	,				
FACILITY LOCATION:	6705	5W	40	957	
	MIAMI				<u> </u>
RESPONSIBLE OFFICIAL	: Awge/ /	m	TAN	PHONE: <u>665</u> -	2431
CONTACT NAME:		•		PHONE:	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
The work of the state of the st					· ·
PART I: NOTIFICATION					
(check appropriate box)			•		
1. New facility notified DARN	1 30 days prior to start	tup			
2. Facility failed to notify DAI	RM to use general per	mit			. 0
PART II: CLASSIFICATIO	N				_
Facility indicated on notificate	tion form that it is:			☐ No notification form	_
(check appropriate box)	,			☐ Drop store/out of busing	ness/petroleum
A. 1. Existing small area sou	arce 🗹	2. New	small a	rea source	
dry-to-dry only, $x < 140$ gal			_	x < 140 gal/yr	
transfer only, x < 200 gal/y		transfer	only, x	< 200 gal/yr	
both types, x < 140 gal/yr				140 gal/yr	
(constructed before 12/9/91	)	(constri	icted on	or after 12/9/91)	
3. Existing large area sou	rce 🗆	4. New	large a	rea source	I
dry-to-dry only, $140 \le x \le 2$			_	$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.8$	300 gal/yr	transfer	only, 20	$00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$				$\leq$ x $\leq$ 1,800 gal/yr	
(constructed before 12/9/91	)	(constru	icted on	or after 12/9/91)	
5. This is a correct facility	classification	ŒΥ	ΠИ	□Can not determine	
If no, please check the	e appropriate classific	ation:			

facility qualified for a general permit as number

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

1 of 5

Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	A,			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DYNA			
2. Examining the containers for leakage?	אואש אם עם			
3. Closing and securing machine doors except during loading/unloading?	Mo Apo			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מאם אם צעם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON MIN/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 ref (complete A below).	rigerated condenser			
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?	ПА ПИ			
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?	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			

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?	ΩY	ĎЙ	`,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	□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	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□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?	ПY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A
=		<u> </u>		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ON
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 OM/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?	אוא אם עם עם
4. Maintained calibration data? (for applicable direct reading instruments)	אומש מם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם צם
6. Maintained startup/shutdown/malfunction plan?	MA ON
7. Maintained deviation reports?	OY ON ON NA
Problem corrected?	אואש מם צם
8. Maintained compliance plan, if applicable?	אואים אים אים

PA	PART VI: LEAK DETECTION AND REPAIRS					
1. 7	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
j	inspection?			NO N		
2. 3	Has the facility maintained a leak log?			DAY 4 DM		
3. 1	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	ON ONA	Muck cookers	ם באוש מם עם		
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ONA		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY ON ONA	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by t	he responsible official?		_		
	Visual examination (condensed s	olvent on exterior surface	es)	র্		
	Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)				<b>d</b>		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	ОУ ОИ		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	מם עם		
ļ	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?				OY ON		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

2-20-93
Date of Inspection

Peb 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		· .	· · · · · · · · · · · · · · · · · · ·	
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<b>5</b> .				
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# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	III DIMICE INGLE	action checkbis	
•	NNUAL	COMPLA	INT/DISCOVERY MAR 1 1 100
R	E-INSPECTION		& 10f a
AIRS ID#: 0250777 DATE	E: 2/25/90		
FACILITY NAME: <u>Le. Gra</u>	in Paris	Cleaners	
facility location: $67$	05 SW_	40 st.	· · · · · · · · · · · · · · · · · · ·
Mi	ani, FC	- 33155	
responsible official: $A_{L}$	igel Font	an_phone:	(305)605-2431
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 da	ys prior to startup		·
2. Facility failed to notify DARM to t	ise general permit		•
PART II: CLASSIFICATION			
Facility indicated on notification for	m that it is:	*	fication form
(check appropriate box)		☐ Drop st	ore/out of business/petroleum
Existing small area source	7 2 N	ew small area source	n .
dry-to-dry only, $x < 140 \text{ gal/yr}$		o-dry only, $x < 140 \text{ gal/}$	/vr
transfer only, x < 200 gal/yr	•	fer only, $x < 200 \text{ gal/yr}$	· .
both types, x < 140 gal/yr		types, x < 140 gal/yr	
(constructed before 12/9/91)	(cons	tructed on or after 12/9	/91)
3. Existing large area source	□ 4. No	ew large area source	α ·
dry-to-dry only, $140 \le x \le 2{,}100$ ga		o-dry only, $140 \le x \le 2$ ,	
transfer only, $200 \le x \le 1,800$ gal/y		fer only, $200 \le x \le 1.80$	
both types, $140 \le x \le 1,800$ gal/yr		types, $140 \le x \le 1,800$	
(constructed before 12/9/91)		tructed on or after 12/9	
5. This is a correct facility classific	ation <b>V</b> Y	□N □Can not	determine
If no, please check the approp	oriate classification:		
	lified for a general pe	ermit as number	above
		is not eligible for a ger	neral permit
B. The total quantity of perchloroethy facility was 20 gallons.	lene (perc) purchased	d within the preceding	2 months by this dry cleaning

ARMS 21999

Revised 9/15/97

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON MA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 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 MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN QN/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 area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY 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 □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:	<del></del>	,
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer maclines on a weekly basis?	N DY	
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?	NO YO	□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?	OY ON	□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?	NO YO	□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?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	X√YY □N	
2. Maintained rolling monthly total of perc consumption?	XY ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	оу ом Жи∧а	
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 XN/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XVIVA	
6. Maintained startup/shutdown/malfunction plan?	XIY □N	
7. Maintained deviation reports?	□ү □и Жи/а	
Problem corrected?	OY ON XVIVA	
8. Maintained compliance plan, if applicable?	DY DN ANA	

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?			<b>₩</b> Y	ΠN
2. Has	the facility maintained a leak log?			<b>™</b> Y	ΠN
3. Doe	s the responsible official check the	following areas for lea	iks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אם צם	I DNIA
	Door gaskets and seating	MY ON ON/A	Stills	MD AN	1 □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DAY ON	I □N/A
	Pumps	DY ON ON/A	Diverter valves	MY/ON	I □N/A
	Solvent tanks and containers	ANI NO YE	Cartridge filter housings	DAY ON	A/MD I
	Water separators	AND ND YA			
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)			M		
	Physical detection (airflow felt through gaskets)			<b>D</b>	
	Odor (noticeable perc odor)			<b>D</b>	
	Use of direct-reading instrumentat	ion (FID/PID/calorime	etric tubes)		
	Halogen leak detector			_/	
	If using direct-reading instru	mentation, is the equ	ipment:	M/A	
	a. Capable of detecting p	erc vapor concentratio	ons in a range of 0-500 ppm?	OY ON	ł
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and sec	cure area when not in t	ıse?	OY ON	
	e. Verified for accuracy b	y use of duplicate san	nples (calorimetric only)?	OY ON	

Inspector's Signature

2/25/99 Date of Inspection

Approximate Date of Next Inspection

Provided FDEP Calendar.

# BEST AVAILABLE COPY

MOTECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL D COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 195pm TIME OUT: 1:40 TYPE OF FACILITY: PEAC DM GEOME	PM AIRS IDH: 0250777
FACILITY NAME: LE Grand Paris FACILITY LOCATION: 10705 SW 40 S	St 33155
RESPONSIBLE OFFICIAL: Angel Fortan	PHONE NUMBER: (305) 665-2431
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaludiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
· · · · · · · · · · · · · · · · · · ·	
OMMENTS:	
	<del></del>
he Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
1)-1	Approximate)
SPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-UN
Page_	of

1. 1. 1. 2. 8

Revised 10/10/96

# Adv

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	nd Paris Cleanors	
FACILITY LOCATION: 6705	5w 40 St	
Miami	FL 33155	
Annual Reporting Period:	<u>2 19 9 8 :0</u>	2 19 99
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C	general air permit, my facility has remained in co C.), during the period covered by this statement.	\Z'
If NO, complete the following:		
#1. Term or condition of the general permit tha	t has not been in continuous compliance during t	the reporting 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 tha	t has not been in continuous compliance during t	the reporting period:stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
·		
year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:		erchloroethylene solvent, based cy facilities or 1,800 gallons per

\*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

# RECEIVED REBROS 2000

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	)N	G G	COMPLA	AINTÆÐÍS	SCOVEROSIL	Air Manitoring Sources
AIRS ID#: 03 50 7 7 7	DATE: 1/2.8/L	<u> </u>	IIME II	N: <u>/23</u>	<u>0</u> TI	ME OUT: _	1250
FACILITY NAME:							
FACILITY LOCATION:	6705		<u> </u>	40	st.		
	Miam		FL				
RESPONSIBLE OFFICIAL :							
CONTACT NAME:							
			· · · · · · · · · · · · · · · · · · ·				
PART I: NOTIFICATION	•	<del>.</del>		•			
(check appropriate box)	·		-	* .			
1. New facility notified DARM	30 days prior to star	tup					
2. Facility failed to notify DARI	M to use general per	mit					
		· ·	12.00	· · · · ·		<del>-</del>	
PART II: CLASSIFICATION	<del></del>						
Facility indicated on notification	on form that it is:			☐ No not	ification	form	
(check appropriate box)	: ·			☐ Drop s	tore/out o	f business/pe	troleum
A.		2 1					
1. Existing small area sourd dry-to-dry only, x < 140 gal/y				r <b>ea sourc</b> e x < 140 gal	her	u	
transfer only, $x < 200$ gal/yr	'1	-		< 200 gal/yı	-		
both types, x < 140 gal/yr			• .	40 gal/yr			
(constructed before 12/9/91)				or after 12/9	9/91)		
3. Existing large area source	e 🗆 🖸	4. New	large ar	rea source		<u> </u>	
dry-to-dry only, $140 \le x \le 2$ ,			_	$140 \le x \le 2$		yr	
transfer only, $200 \le x \le 1,800$		transfer (	only, 20	$0 \le x \le 1,80$	00 gal/yr	-	
both types, $140 \le x \le 1,800 \text{ g}$	al/yr	both type	es, 140 <u>s</u>	$\leq x \leq 1,800$	gal∉yr		
(constructed before 12/9/91)		(construc	cted on o	or after 12/9	9/91)		*
5. This is a correct facility cla	ssification	₫Y	ПΝ	□Can not	determin	e	
If no, please check the a	ppropriate classifica	ation:					
	y qualified for a gen		it as nur	nber	abov	/c	
	v evceeds above lim				naral nar	mit	

facility was \_\_\_\_\_\_ gallons.

B. The total quantity of perchloroethylene (perc) purchased 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 ON/A			
2. Examining the containers for leakage?	□Y □N □N/A			
3. Closing and securing machine doors except during loading/unloading?	□Y □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
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 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 refrigation (complete A and B below).	erated condenser			
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?	OY ON			
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?	□Y □N □N/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N			
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:		•	
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	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	ΩY	מם	_ □n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	□N/A
D	DT U. DECODDIZERDING DECLIDEMENTS			

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	□Y □N .					
2. Maintained rolling monthly total of perc consumption?	OY ON					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	מט עם					
7. Maintained deviation reports?	OY ON ON/A					
Problem corrected?	OY ON ON/A					
8. Maintained compliance plan, if applicable?	OY ON ON/A					

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?		•	DY DN		
2. Has the facility maintained a leak log?			□Y ·□N		
3. Does the responsible official check the	following areas for leaks?	?			
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A		
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A		
Water separators	OY 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)			· <b>D</b>		
Odor (noticeable perc odor)	•				
Use of direct-reading instruments	ation (FID/PID/calorimetri	c tubes)			
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			□N/A		
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם עם		
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	. אם צם		
,	nd obvious signs of wear o	n a weekly basis?	OY ON		
•	ecure area when not in use	-	אם עם		
•	by use of duplicate samp		מם עם		
,					
IVAN FANNIN Jarlow					
Inspector's Name (Please Print)  Date of Inspection					

Approximate Date of Next Inspection

Inspector's Signature

# ADDITIONAL SITE INFORMATION: Discovery Inspection Den Owner - explained condition requirements - provided FAEP Calendar SOCR will be obtained during follow up inspection

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON DE
	00 TIME IN: 1340 TIME OUT: 1/30
FACILITY NAME: MIDNIGHT	X - >RE-53
FACILITY LOCATION: 6705.	Sw 40 st.
Miami,	Fl
RESPONSIBLE OFFICIAL: GINA 1	MANTECON PHONE: 305-665-2431
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	31.0
1. New facility notified DARM 30 days prior to sta	rtup Call Commit
2. Facility failed to notify DARM to use general pe	ο <u>ξ</u> ξ. ρ
	90 MO
PART II: CLASSIFICATION	rcz it
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. ivew 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, $x < 140 \text{ gal/yr}$
(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, $140 \le x \le 2{,}100 \text{ gal/yr}$
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, $140 \le x \le 1,800$ gallyr (constructed on or after $12/9/91$ )
(0011311 10101 0010), 9 121, 91, 91,	(66.184.07.07.07.07.7)
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) purfacility was gallons.	rchased within the preceding 12 months by this dry cleaning

THE CONTROL OF THE PROPERTY OF		
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 of	ontainers?	A\K <b>⊠</b> N□
2. Examining the containers for leakage?		ON BANA
3. Closing and securing machine doors except during loading/u	inloading? <b>2</b> Y	ПN
4. Draining cartridge filters in their housing or in sealed contain least 24 hours prior to disposal?		□N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for beds according to the manufacturer's specifications?		ON (SPÁN/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 sho (complete A below).	uld be equipped with a refrigerated c	ondenser .
If classification 3 has been checked, the machine sho condenser or a carbon adsorber (complete A and B prior to September 22, 1993		
If classification 4 has been checked, the machine sho (complete A and B below).	uld be equipped with a refrigerated c	ondenser
A. Has the responsible official of all new sources and e (check appropriate boxes)	xisting large area sources:	
Equipped all machines with the appropriate vent controls?	ay c	אב
2. Equipped dry-to-dry machines with a closed-loop vapor vent	ing system?	A/אם אם
3. Equipped the condenser with a diverter valve so airflow will condenser upon opening the door?		□N □N/A
4. Measured and recorded the temperature of the outlet exhaust condenser on a weekly/bi-weekly basis?	stream of a refrigerated	אב
<ol> <li>Repaired or adjusted the equipment within 24 hours if the extended 45° F?</li> </ol>		אאם אב
6. Conducted all temperature monitoring after an appropriate co	ooldown period and after	אר

<u></u>				
₿.	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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПΝ	□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,	Ov	CD.	
	if machines are equipped with a carbon adsorber?	ЦΥ	ЦN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	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?	□Y	Пи	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	© Y □ N
2. Maintained rolling monthly total of perc consumption?	₽Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN <b>G</b> N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AIN SUN SUN
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN <b>B</b> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DEN/A
6. Maintained startup/shutdown/malfunction plan?	<b>⊕</b> Y □N
7. Maintained deviation reports?	OY ON PANA
Problem corrected?	□Y □N €N/A
8. Maintained compliance plan, if applicable?	A/Med NO AO

_	ART VI: LEAK DETECTION AND F			
ł.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	and repair
	inspection?			Dut ON
	Has the facility maintained a leak log?			DAYO DIN
3.	Does the responsible official check the	following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON DINA
	Door gaskets and seating	DYY ON ON/A	Stills	AND ND YA
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	TY ON ON/A
	Pumps	AA ON ONVA	Diverter valves	YY ON ON/A
	Solvent tanks and containers	MY ON TINIA	Cartridge filter housings	MY ON ON/A
	Water separators	AY ON ONA		
4.	Which method of detection is used by the	ne responsible official?	·	
	Visual examination (condensed so	lvent on exterior surface	es)	9
	Physical detection (airflow felt thr	ough gaskets)		'A
	Odor (noticeable perc odor)			<b>A</b>
	Use of direct-reading instrumentat	ion (FID/PID/calorimetr	ric tubes)	
	Halogen leak detector			
	If using direct-reading instru	mentation, is the equip	oment:	ØN/A
	a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	אם אם
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	after each use	OY ON
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and sec	cure area when not in us	e?	OY ON
	e. Verified for accuracy t	y use of duplicate samp	les (calorimetric only)?	OY ON
				· .

Inspector's Name (Please Print)

Date of Inspection

H/15/00

Date of Inspection

Approximate Date of Next Inspection

- Good Housekerping.

- Ø pere purchases since
purchaing business 6 mes. ago.

- Begin recordbagging

- explained to 2.0. a contact

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION Re-INSPECTION
TIME IN: 1340TIME OUT: 14	30 AIRS ID#: 0250777
TYPE OF FACILITY: Doce Dry Cle	gner
FACILITY NAME: MIDNIGHT X-	DRESS DATE: 4/13/00
FACILITY LOCATION: 6705 SW	40 st.
Miamy FL	
RESPONSIBLE OFFICIAL: GINA MANTELO	10 PHONE NUMBER: 305 - 665 - 2431
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	· ·
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maitining look log and	Begin record beeping
Not maithining last log and rolling by of pore purchases	
-	
·	
•	
COMMENTS:	
Good House	rasping
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 4/01	pproximate)
INSPECTION CONDUCTED BY: Tvan F	annin
INSPECTOR'S SIGNATURE: James	lease Print)

Page\_\_\_of\_\_

Revised 10/96

AIRS ID#: 0250777

Her W

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	MIDNIGHT X	(- PRESS	DATE	: 4/13/00
	6705 SW			
	Miami, F	•		<u> </u>
Annual Reporting Period:	April	19 <u>9</u> 9 to	APRIL	79_00
Based on each term or conditio	n of the Title V general air perr	nit, my facility has re	, mained in compliance with D	EP Rule
62-213.300, Florida Administr	ative Code (F.A.C.), during the	period covered by this	s statement.  YES	⊠NO ·
If NO, complete the following:				
#1. Term or condition of the g	eneral permit that has not been	in continuous complia	ance during the reporting peri	od stated above:
Not mantanine	rolling long of a	rece send as	es on look lo	9
(/ Exact period of non-complianc	e: from	v 99	to Spil der	<del>7</del> 0
Action(s) taken to achieve com			· • • • • • • • • • • • • • • • • • • •	
Method used to demonstrate co	mpliance:			
#2. Term or condition of the g	eneral permit that has not been	in continuous complia	ance during the reporting peri	od stated above:
Exact period of non-complianc	e: from	to		
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	mpliance:			
			•	•
			· · · · · · · · · · · · · · · · · · ·	
	ereby certify, based on informat we, accurate and complete. Fur			
	ase receipts, does not exceed 2,			
	Corse '110 Mm.	tone Ob.	man a What has	) 4-12-m
RESPONSIBLE OFFICIAL:	Name (Please Print)	necon XB	Signature Signature	Date Date

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



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

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

Do NOT Remove Label

AIRS ID # 0250777

LE GRAND PARIS CLEANERS ANGEL FONTANE 6705 SW 40TH STREET **MIAMI FL 33155** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

ne telluin address	
SENDER: COMPLE of adolarua to dot is	N ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) 18. Date of Delivery  C. Signature
1. Article Addressed to:  AIRS ID # 0250777 ANGEL FONTANE	B. Is delivery address different from item 1? ☐ Yes     If YES, enter delivery address below: ☐ No
6705 SW 40TH STREET MIAMI FL 33155	3. Septice Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)  2. 210 66 2 257	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	. S 570 F			-
	US Postal Service Receipt for Cer	tified Mail	Oc	
	RAND PARIS CLEAN	NERS		
	EL FONTANE		<b>.</b>	•
	SW 40TH STREET			
MIAI	MI FL 33155			
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
Form <b>3800</b> ,		\$		
ଞ୍	Postmark or Date	•	1	

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rse side?	■ 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.	can return this	I also wish to receive the following services (for an extra fee):	ei.
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.		1. Addressee's Address	Servic
the	<ul> <li>Write Return Receipt Requested on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>			
on 1	delivered.		Consult postmaster for fee.	ceipt
RN ADDRESS completed	AIRS ID # 0250777 LE GRAND PARIS CLEANERS ANGEL FONTANE 6705 SW 40TH STREET MIAMI FL 33155	7. Date of De	Type ad Certified Mail Insured . ceipt for Merchandise COD Silvery	you for using Return Re
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	a's Address (Only if requested paid)	Thank
<u> </u>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

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Sı	pecial Delivery Fee	·
	estricted Delivery Fee	
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ot agolavna to got tale to blo T				
■ 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 card to you.	we can return this	I also wish to red following service extra fee):		ď
□ Print your name and address on the reverse of this form so that card to you.  ■ Attach this form to the front of the mailpiece, or on the back if sp permit.	ace does not	1.  Address	ee's Address	Zice
■Write *Return Receipt Requested* on the mailpiece below the an ■The Return Receipt will show to whom the article was delivered		2. 🗆 Restricte	ed Delivery	Se
delivered.	and the date	Consult postmas	ster for fee.	ceipt
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5. Received By: (Print Name)	8. Addressee and fee is	's Address (Only paid)	if requested	Thank
6. Signature: (Addressee or Agent)  X	· · ·			-
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# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302.796

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

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

Do NOT Remove Label

AIRS ID#0250777

LE GRAND PARIS CLEANERS CORP ANGEL FONTANE 6705 SW 40TH STREET MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

262281

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

MAR -3 97 TOTAL AMOUNT DUE: \$50.00

### Do NOT Remove Label

AIRS ID#: 0250777
LE GRAND PARIS CLEANERS CORP
ANGEL FONTANE
6705 SW 40TH STREET
MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  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	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Receipt Service.
AIRS ID 0250777  LE GRAND PARIS CLEANERS CORP  ANGEL FONTANE  6705 SW 40TH STREET  MIAMI FL 33155	4a. Article N 7 333 4b. Service Registere Express Return Rec 7. Date of De	Type Certified Mail Insured Ceipt for Merchandise COD	for using Return
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank you

## · Z 333 660 278

# US Postal Service Receipt for Certified Mail

AIRS ID 0250777

LE GRAND PARIS CLEANERS CORP

ANGEL FONTANE 6705 SW 40TH STREET MIAMI FL 33155

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	_
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
Ę	Postmark or Date	
S For		
2		

SENDER: COMPLET	COMPLEX A SECTION 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.  AIRS ID # 0250777  LE GRAND PARIS CLEANERS  ANGEL FONTANE	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:	
6705 SW 40TH STREET MIAMI FL 33155  Z 333667104	3. Service Type  A Certified Mail	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	

### Z 333 667 104

US Postal Service Receipt for Certified Mail

· AIRS ID # 0250777

LE GRAND PARIS CLEANERS
ANGEL FONTANE
6705 SW 40TH STREET
MIAMI FL 33155

	Postage	\$
Ī	Certified Fee	
İ	Special Delivery Fee	
	Restricted Delivery Fee	
200	Return Receipt Showing to Whom & Date Delivered	
Ē	Return Receipt Showing to Whom, Date, & Addressee's Address	
Š	TOTAL Postage & Fees	\$
PS rorm Sout, April 1993	Postmark or Date	

\(\sigma_{\infty}\)	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID # 0250777</li> <li>MIDNIGHT X-PRESS CLEANERS</li> <li>GINA MANTECON</li> <li>6705 SW 40TH STREET</li> </ul> </li> </ul>	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: No
MIAMI FL 4. 33155	3. Service Type    Certified Mail
2. 7001, 0320, 0001, 7976, 1527	**************************************
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

1527	U.S. Postal S CERTIFIED (Domestic Mail C	Service  D MAIL RECE Only; No Insurance Co	IPT verage Provided)
7976	Postage Certified Fee	\$	Said Made Check
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7001 0320	Sei MIDNIGHT X- Sin GINA MANTE or i 6705 SW 40TH Cit MIAMI FL 33155	AIRS ID # 025077 PRESS CLEANERS ECON	7 or Instructions ?

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PA TOP OF ENVELOPE	PLACE STICKER
<ul> <li>Complete items 1, 2, and 3. Also comple item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reve so that we can return the card to you.</li> <li>Attach this card to the back of the mailpi or on the front if space permits.</li> </ul>	rse Signature SIFF a
1. Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0250777001AG ANGEL FONTANE MIDNIGHT X-PRESS CLEANERS 6705 SW 40TH STREET MIAMI FL 33155	3. Service Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 000 4130	26/4
	omestic Return Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4 <u>1</u> 92		geren en e	J		
4130	Postage Certified Fee	\$	La Caracteria de la Car		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
2000 0002	ANGEL FONT.	PRESS CLEANERS STREET 55			

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ot adolavna to dot	To login at line over 100 perives.
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee
1. Article Addressed to:  AIRS ID # 0250777  MIDNIGHT X-PRESS CLEANERS  GINA MANTECON  6705 SW 40TH STREET	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
MIAMI FL 33155	3. Service Type  Certified Mail
Z 210 661 182	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	z 510 P	61	18.2		
N ()	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided AIRS ID # 0250777 MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155				
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
1995	Return Receipt Showing to Whom & Date Delivered		_		
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
PS Form <b>3800</b> , April 1995	Postmark or Date				

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0250776

KIM'S VALET CLEANERS KYONG SIN COE 5126 BISCAYNE BLVD MIAMI FL 33137

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

Obj.: 002273