

#0250786

Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510 Department of Environmental Protecton 2600 Blair Stone Road Tallahassee, FL 32399-2400

RECEIVED

Bureau of Air Monitoring

Sources oring

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerety

Eddie J. Rodriguez Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County



DRY CLEANER AIR QUALITY GENERAL PERMIT \ ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clea	o USA	DATE: 3/26/97
FACILITY LOCATION: 3890	Bird Ka	
MAMI	33146	
	·	
Annual Reporting Period:	<i>14</i> 19 <u>96</u> то	3/26 1997
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.0	• • •	
If NO, complete the following:		
#1. Term or condition of the general permit tha	t has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to_	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that	nt has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities.	l complete. Further, my annual consump	tion of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Name	(Please Print)	Signature Spate
1	· · · · · · · · · · · · · · · · · · ·	4.3

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

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

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es)

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Dryclean USA				
2.	. Site Name (For example, plant name or number):				
	Bird Road *11101				
3.	Hazardous Waste Generator Identification Number:				
F	-LD 984201314-20105				
4.	Facility Location: Street Address: 3890 Bird Road				
	City: Coral Gables County: Dade Zip Code: 33146				
5.	Facility Identification Number (DEP Use):				
	0250786				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	Eddie Rodriguez, President				
7.	Responsible Official Mailing Address: Organization/Firm: Dry Clean USA				
	Street Address: 1875 W. Commercial Blvd., Suite 140				
	City: Ft. Lauderdale County: Broward Zip Code: 33309				
8.	Responsible Official Telephone Number: Telephone: (954) 493 - 6700 Fax: (954) 493 - 8444				
	rax. (454) 415 - 6114				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
	Sylvester Price, District Manager				
10.	Facility Contact Address: Dry clean USM				
	Street Address: 1875 W. Commercial Blvd., Suite 140				
	City: Ft. Lauderdale County: Broward Zip Code: 33309				
11.	Facility Contact Telephone Number:				
	Telephone: $(954)493 6700$ Fax: $(954)493 8444$				

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

 $e^{-\frac{1}{2}(1-\alpha)} = e^{\frac{1}{2}(1-\alpha)}$

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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	ŀ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	$\overline{}$						_		
(1) w/ ref. condenser	M	7-30-87		#2	9/5/93		W3	3/96	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•		-				
(4) w/ ref. condenser				1					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•			-	<u> </u>		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		<u>'</u>	•		•	•			'
(10) w/ ref. condenser									
(11) w/carbon adsorber		1							
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is les	are requant	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec rea so	et one classifi	cation only.)	ew sn	nitions found nall area sour rge area sour	rce [3) of]]	Part II?	
						-	-		

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

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of th	nis notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [X]	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units on-site m	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by numbers during which propane or fuel oil containing no mor	atural gas except for periods of natur	
All steam and hot water generating units exempt No such units on-site	<u> </u>	
	·	
Equipment Monitoring	and Recordkeeping Information	
Check all logs which are required to be kept on-site	in accordance with the requirements	of this general permit:
(a) Purchase receipts and solvent purchases	[X]	
(b) Leak detection inspection and repair	[X]	
(c) Refrigerated condenser temperature monitoring	(X)	
(d) Carbon adsorber exhaust perc concentration mor	itoring []	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
LX _1	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AP-00927 (DERM)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
(11/4/96

Date

Signature

, i

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /2,'()) TIME OUT: /	12:30 AIRS ID#: 0250790
TYPE OF FACILITY: DESC.	Day Clanica
FACILITY NAME: Disse Col	RANY 1151 DATE: 3 P1 67
FACILITY LOCATION: 3890/ 1	RIRD Rd
-Tallamp	33/44/11/20-
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 449 6293
Based on the results of the compliance requiremen compliance with DEP Rule 62-213.300, Florida Ad	ts evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	EM FOLLOW-UP ACTION REQUIRED
•	
COMMENTS: EQUIPMENT ; 10	ASCORDS ARE IN- COMPLIANCE
The Annual Compliance Certification form has been prope	erly certified and submitted to the inspector.
DATE OF NEXT INSPECTION:	
MALE	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print) 271 / C27
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 376927
	Page of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	COMPLIMICE IN	SPECITON C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL	W	COMPLAINT/DISCO	OVERY	
	RE-INSPECTION				
		,	· · · · · · · · · · · · · · · · · · ·		
AIRS 10#:0250786	DATE: 3/26/	<u>97</u> тіме і	n: <i>[l':0]</i> timi	E OUT/ <u>//</u>	30
FACILITY NAME:	DRyches.	N US	A # 1101	/	
FACILITY LOCATION:	3890 B	1RD	Rd		
	Vilami	1 3	3146		
·	80100111				
PART I: NOTIFICATION					
(check appropriate box)					l
1. Existing facility notified DA	.RM by 9/1/96				
2. New facility notified DARM	[30 days prior to startu	ир			
3. Facility failed to notify DAR	M to use general perm	nit			
PART II: CLASSIFICATION	N	·			
Facility indicated on notificat	ion form that it is:				
(check appropriate box)	•				
A.	·	•			
1. Existing small area sound to dry to dry only x 140 gal/y		2. New small			l
dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr		dry-to-dry only transfer only, x			
both types, x<140 gal/yr		both types, x<1	- •		
(constructed before 12/9/91)			or after 12/9/91)		
3. Existing large area sour	rce	4. New large	area source		
dry-to-dry only, 140 <x<2, 1<="" td=""><td></td><td></td><td>, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,>			, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,800< td=""><td></td><td></td><td>00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800<>			00 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 ga<br="">(constructed before 12/9/91)</x<1,800>	-		<x<1,800 gal="" yr<br="">a or after 12/9/91)</x<1,800>		
(OURSIDATION OUTOITO XIII X	,	(Wilsia uvica v.	of arci izizizi,		
This is a correct facility classif	fication	ETY DIN			
If no, please check the appropr	riate classification:				
facility qualif	fied for a general perm	nit as number	4 above		
☐ facility excee	ds 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 80/ gallons.					

Revised 10/28/96 April 47

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 NA
2. Examining the containers for leakage?	DY NO YA
3. Closing and securing machine doors except during loading/unloading?	AA ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	בארם אם: אנס
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	CY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	О∨ и ∨Д
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	CY ON

В.	Has the responsible official of an existing large or new large area source also:	
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
	Measured and recorded the washer exhaust temperature at the condenser nlet and outlet weekly?	OY ON NO
	Is the temperature differential equal to or greater than 20° F?	OY ON
2	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 EM/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
1	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,	,
ll .	or expansion; and downstream from no other inlet?	DY NO YO
II .	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONIA
6. 1	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DONA
· —		
	RT V: RECORDKEEPING REQUIREMENTS	
Ha	RT V: RECORDKEEPING REQUIREMENTS s the responsible official: eck appropriate boxes)	
Ha (ch	s the responsible official:	OY ON
Ha (ch	s the responsible official: eck appropriate boxes)	DY ON
Ha (ch	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased?	
Ha (ch 1.	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
Ha (ch 1.	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	dy □n
Ha: (che 1	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON WA
Ha: (che 1. 2. 3.	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON VA
Ha: (chi 1	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	DY ON NA
Ha: (che 1	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON VA
Ha: (che 1. 2. 3. 3. 5. 6.	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON VA
Ha: (ch. 1	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY ON WA
Ha: (chi 1. : 2. : 3. : 4. : 5. : 6. : 7. : 8.	s the responsible official: eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON VA OY ON VA OY ON VA OY ON VA OY ON VA

ИО УМ

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

2.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed se	surfaces)	œ/			
	Physical detection (airflow felt th	•	ø,			
	Odor (noticeable perc odor)				ď	
	Use of direct-reading instrumenta	ition (FII	/PID/cal	orimetric tubes)	a	
	If using direct-reading instrume	entation,	is the eq	uipment:		
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	OY C	ИС
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior	to and after each use		אכ
	c. Inspected for leaks ar	nd obviou	s signs of	wear on a weekly basis?	OY (ИС
	d. Kept in a clean and s	ecure are	a when n	ot in use?		אכ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						JN
3. Has the facility maintained a leak log?						אכ
4.	Does the responsible official check the	following	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	RX	□N	Muck cookers	ΩY	r N
	Door gaskets and seating	₫Y	ПN	Stills	Y	ΠN
	Filter gaskets and seating	ΦY	□N	Exhaust dampers	ΦX	ΠN
	Pumps	Ø Y	ПN	Diverter valves	Y	□N
	Solvent tanks and containers	ΔİY	ΠN	Cartridge filter housings	Y	□N
	Water separators	ďΥ	ПN		<u></u>	

Name of Responsible Official

TAME NAZALE

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

REST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 300 TIME OUT: 34	AIRS ID#: 0250786
TYPE OF FACILITY: PETILO DINES	160,059
FACILITY NAME: DRICKAN G	5A #11101 DATE: 2-15-95
FACILITY LOCATION:	
COLAL CIABLE	
	PHONE NUMBER: 954-493-6700
RESPONSIBLE OFFICIAL: NON SIVE	PHONE NUMBER: 134 415 6 FOC
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	72
	· Bur m
	MAR Bureau o & Mo
	0 1998 o 1998 e Sources
	C T
	ing D
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	· · · · · · · · · · · · · · · · · · ·
COMMENTS: FACILITY IN Complian	UCE.
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly cert	
DATE OF NEXT INSPECTION: 70-15	<u> </u>
	approximate)
INSPECTION CONDUCTED BY: AME WIN.	21-14-
	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 37L69LL
	1/26)
Page_	of

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u> </u>	
FACILITY NAME:	ey Clenn u	SA # 111 BIRD Rd	0/ DA	re: <u>Z-/8-98</u>
FACILITY LOCATION:	1 3890 1	SIRD Kd		
	ent Emble	<u>S</u>		
Annual Reporting Period:	3-26	1997 то	7-18	19 <u>98</u>
Based on each term or condition of 62-213.300, Florida Administrati	-	•	/	n DEP Rule
If NO, complete the following:				
#1. Term or condition of the gen	eral permit that has not been	in continuous compliance	e during the reporting p	period stated above:
Exact period of non-compliance:	from	ta)	
Action(s) taken to achieve compl	iance:	<u></u>		Burez
Method used to demonstrate com	pliance:	1		IAR 3 (Mobile
#2. Term or condition of the gen	eral permit that has not been	in continuous complian	e during the reporting	Air Manitoring period states ces
Exact period of non-compliance:	from	to		
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	pliance:	7/1/0		
As the responsible official, I here made in this notification are true upon rolling averages of purchasyear for transfer or combination RESPONSIBLE OFFICIAL:	, accurate and complete. Fi se receipts, does not exceed .	urther, my annual consum	ption of perchloroethy	lene solvent, 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

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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
Dryclean USA				
2. Site Name (For example, plant name or number):				
Bird Road *11101				
3. Hazardous Waste Generator Identification Number:				
FLD 981,031 065				
4. Facility Location: Street Address: 3890 Bird Road				
City: Zin Code:				
City: Coral Gaisles County: Dade Zip Code: 33146				
5. Facility Identification Number (DEP Use):				
0250786				
Responsible Official				

6.	Name and Title of Responsible Official:		
	Eddie Rodriguez	President	
7.	Responsible Official Mailing Address:		
	Organization/Firm: Dry Clean USA Street Address: 1875 W. Comm	-1 1 6 11 010	
	Street Address: 1875 W. Comm	ercial Blvd., Suite 140	
	City: Ft. Lauderdale	County: Broward Zip Code:	
	1-t. Lauderdaie	Bromard	33304
8.	Responsible Official Telephone Number: Telephone: (954) 493 -6700	10 - 6414	
	Telephone: (954) 493 -6700	Fax: (954) 493-8444	

Facility Contact (If different from Responsible Official)

ample, plant manager):
District Manager
J 3 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
mercial Blvd., Suite 140
County: Broward Zip Code: 333C9
Fax: (954) 493-8444

RECEIVED

NOV 8 1996

Facility Information

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

	1	Date	Date	l	Date	Date	1	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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	×	7-30-87		#2	9/5/93		<i>\$</i> 3	3/96	
(2) w/ carbon adsorber							<u> </u>		
(3) w/ no controls									
Washer Unit			•		•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber		1							
(6) w/ no controls									
Dryer Unit		•	•		•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1	 						•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are requanting	equired to be ity of perchlo ons ow many? [_	installed [x perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sm	nall area sour	ce []	Part II?	
Existing large are	a sou	ırce []	Ne	ew lar	ge area sour	ce X]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on (Indicate with an "X".)	machines pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser [X]	
	missions units shall not be eligible to use the general permit pursuan steam and hot water generating units on-site meet the following st on-site:
	n-site (1) have a total heat input of 10 million BTU/hr or less (298 ively by natural gas except for periods of natural gas curtailment g no more than one percent sulfur is fired.
All steam and hot water generating units ex No such units on-site	xempt X
Equipment Mon	nitoring and Recordkeeping Information
Check all logs which are required to be kep	ot on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	s [X]
(b) Leak detection inspection and repair	<u>[X]</u>
(c) Refrigerated condenser temperature mo	onitoring [X]
(d) Carbon adsorber exhaust perc concentra	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicate wit	th an "X" the appropriate selection:					
fac	ereby surrender all existing air permits authorizing operation of the cility indicated in this notification form; specifically, permit number(s)					
	o air permits currently exist for the operation of the facility indicated in is notification form.					
	Responsible Official Certification					
this notification statements maintain the d	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will promptly Signature	notify the Department of any changes to the information contained in this notification. 1 4 96 Date					
-×	Jec × 3/26/07					

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

__a&

RE-INSPECTION

	98 TIME IN: 300 TIME OUT: 340
FACILITY NAME: DRy CLEZ	IN USA #11101
FACILITY LOCATION: 3890	BIRD Rd.
Coen Gr	Ables
RESPONSIBLE OFFICIAL: NOAh	DI VGR PHONE: 954 493-6700
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup
2. Facility failed to notify DARM to use general pe	ermit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	□ No notification form□ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general section.	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) Y $\square N$ $\square Can$ not determine scation:

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ØN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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) MY DN 1. Equipped all machines with the appropriate vent controls? DY ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN WN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MC AG 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DK/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN PN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MYA 5. Maintained exhaust duct monitoring data on perc concentrations? MO AM 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? DY DN CM/A Problem corrected? 5. DY ON MN/A 8. Maintained compliance plan, if applicable?

PAR	T VI: LEAK DETECTION AND R	EPAIRS					
1. D	oes the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection an	d repair			
iı	nspection?			CYY ON			
2. H	as the facility maintained a leak log?			DAY ON			
3. D	oes the responsible official check the	following areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם עם			
	Door gaskets and seating	Y ON ONA	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ON □N/A			
	Pumps	CY ON ON/A	Diverter valves	DY DN DN/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	MY ON ON/A		,			
4. V	Which method of detection is used by the	he responsible official?		4			
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)			d			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equi	ipment:	□N/A			
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	d after each use	OY ON			
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and s	ecure area when not in	use?	OY ON			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN			

Inspector's Name (Please Print)

2-18-98
Date of Inspection

Personal Language Approximate Date of Next Inspection

ADDITIONAL SITE INF	ORMATION:			
4				
·				
	\$			
		• .		
,				

Perchloroethylene Dry Cleaning Facility Notification



Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	olis.
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Wanagement	uity Divisios
	Dryclean USA	OIVISION
2.	Site Name (For example, plant name or number):	
	Bird Road *11101	
3.	Hazardous Waste Generator Identification Number:	
	FLD 981 031 065	
4.	Facility Location: Street Address: 3890 Brd Rood	
	City: Cural Gables County: Dade Zip Code: 33146	
5.	Facility Identification Number (DEP Use): 11.00 Per 12.00 Per 12.0	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	Ocah Silver President	
7.		ı
	Organization/Firm: Dryclean USA Street Address: 1875 W. Cummercial Blva., St. 140	
	City: Ft. Lauderdale County: Broward Zip Code: 33309	
8.	Responsible Official Telephone Number:	
	Telephone: (954) 493-6700 Fax: (954) 493-8444	
	Facility Contact (If different from Responsible Official)	•
		_
1	Name and Title of Facility Contact (For example, plant manager):	,
	Sylvester Price, District Manager Facility Contact Address: Dryclean USA	<i>\$</i>
10.	Facility Contact Address: Dry Clean USA	
	Street Address: 1875 W. Commercial Blvd, St 140	
	City: Ft. Lauderdale County: Broward Zip Code: 33309	
11.	Facility Contact Telephone Number:	
	Telephone: (954)493 - 6700 Fax: (954)493 - 8444	
		4

RECEIVED

NOV 5, 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device ;		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	7-30-87		W2	9/5/93		13	3/96	
(2) w/ carbon adsorber		, <u>, , , , , , , , , , , , , , , , , , </u>			1,, - 1,,				
(3) w/ no controls									
Washer Unit					•	•			
(4) w/ ref. condenser									T
(5) w/ carbon adsorber							_		-
(6) w/ no controls									1
Dryer Unit			1			•		•	
(7) w/ ref. condenser									Τ
(8) w/ carbon adsorber									
(9) w/ no controls									1
Reclaimer Unit			•		•				
(10) w/ ref. condenser-	·								
(II) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
Check why it is less 3. What is the facility's so (Indicate with an "X".	s thar	12 months:	New owner:	e defi				eep records:	
Existing small a	ea so	ource []	N	ew sn	nall area sou	rce []	•	
Existing large area source [X] New large area source []									

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

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		· ·
•		
5. A facility which contains non-exempt emissions	units shall not be eligible to	use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam ar exemption criteria or that no such units exist on-site	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no more	natural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	[X] []	
Equipment Monitoring	and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		LX1
(b) Leak detection inspection and repair		LX.
(c) Refrigerated condenser temperature monitoring		LX)
(d) Carbon adsorber exhaust perc concentration mo	nitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

	Please indicate with an "X" the appropriate selection:					
ĹΣ	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AP-OCAD (DERM)					
ĹĹ.	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
	the air pollutant emissions units and air pollution control equipment described above so as to					

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Т	YPE	OF	INSPECTION:
-		~ .	TI IOX DOLLOIT

ANNUAL



COMPLAINT/DO

RE-INSPECTION

AIRS ID#: 0250786 DATE: 5/20/99 TIME IN: 3:15 TIME OUT:

FACILITY LOCATION:

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr

(constructed before 12/9/91)

3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer 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)

5. This is a correct facility classification

2. New small area source

dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91)

4. New large area source

dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)

☐Can not determine

If no, please check the appropriate classification:

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

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

1 of 5

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 XOY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

condenser exceeded 45° F?

In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY ON XN/A

Ĭ,

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:		· · · ·	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПN	□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?	ЦY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	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?	ΠY	ПИ	□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	ΠИ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection	n and repair				
	inspection?	XY ON				
2.	. Has the facility maintained a leak log?	XY DN				
3.	. Does the responsible official check the following areas for leaks?	`				
	Hose connections, fittings, couplings, and valves Y UN UN/A Muck cookers	DY ON XNA				
	Door gaskets and seating Y N N/A Stills	YOY ON ON/A				
	Filter gaskets and seating Y IN IN/A Exhaust dampers	Y ON ON/A				
	Pumps Diverter valves	AVA ON ON/A				
	Solvent tanks and containers Y UN TIN/A Cartridge filter housing	gs DY ON ON/A				
	Water separators					
4.	. Which method of detection is used by the responsible official?	3 .				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	′ o				
	Halogen leak detector	ū				
	If using direct-reading instrumentation, is the equipment:	MN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	□Y □N				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON				
	d. Kept in a clean and secure area when not in use?	מם "צם				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□Y □N				

Inspector's Signature

5/2000 Date of Inspection

Approximate Date of Next Inspection

- * 2 machines Aerotech : 1993 Union : 1998
- Maeline # 1 (as reflected in application) is no longer on-site. It was replaced with the Union machine.
- * These changes must the facility to be reclassified as a "new small area source".
- * Union machine does not have a temp.

 Sensor on the outlet stream of

 vef. condenser. Directed to install

 one within 30 days. Temp. Gauge is
 located on front panel ("lold Air Temp.").

*

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: $53:15$ TIME OUT: $4:10$	AIRS ID	250,780
FACILITY LOCATION: COVAL GABLES, F	Dry Clean de la 33146 &	SATE: 5/20/99
RESPONSIBLE OFFICIAL: Woah Silver	PHONE NUMBER:	18954)493-8444
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	<u> </u>	ility is found to be in
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the foll	lowing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTI	-
Leak inspection logs indicate some M's which means there is a leak. Because of the Ms, documentation of	Keep abcumentation Date parts (if any received, +installed	n of leak repair.) are ordered, =
repair needs to be kept.		
· .		
· · · · · · · · · · · · · · · · · · ·		
COMMENTS: Equipment + Facili-	ty Satisfact	ory.
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: 5/2000	proximate)—	
INSPECTION CONDUCTED BY: 1 Chara	ease Print)	-
INSPECTOR'S SIGNATURE	PHONE NUMBER:	<u>(305)372-6934</u>
Page	_of	Revised 10/96

AIRS ID#: 0250786

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERALAPERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Division

FACILITY NAME: Dry Clean	USA	# 11101	1	DATE: <u>U/23/99</u>
FACILITY LOCATION:3890	Bird	Road		
Coral (-	iables	FL 3319	46	
	1	,		
Annual Reporting Period:	5	19 <u>78</u> TO		5 1999
Based on each term or condition of the Title V generated and the Title				vith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has	not been in co	ntinuous compliance d	uring the reporting	g period stated above:
Document leak rep	airs.			
Exact period of non-compliance: from		5/98 10	5 99	
Action(s) taken to achieve compliance:	n Keepir	19 repair 1	records	
Method used to demonstrate compliance: Envir	ronment	al Compli	ance B	ook
#2. Term or condition of the general permit that has	s not been in co	ntinuous compliance d	uring the reporting	ng period stated above:
Exact period of non-compliance: from	,	to	Mobile	
Action(s) taken to achieve compliance:			Sources	99
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based of made in this notification are true, accurate and com upon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Plea	plete. Further, t exceed 2,100 g	my annual consumption gallons per year for dr	on of perchloroet	hylene solvent, based
ANGELO	IZQUIE	KDO		

^{*}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.



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0250786

DRYCLEAN USA ANGELO IZQUIERDO #7210

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

AIRS ID#: 0250786

RSOR

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM
ANTOAL COM LIANCE CERTIFICATION
FACILITY NAME: JM (lean USA # 72 10) DATE: 3/7/00
FACILITY DECATION WISTON 90 Bird Rd. DEC 13 2000
Air Quality
JAN 0 3 2001 Management Division
JAN U 3 ZIIII
Annual Reporting Per Quality 19 TO
Management Division
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
in No, windlete the following.
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
déficiencies in vollino log.
Exact period of non-compliance: from UNKNOWN to 3 3000
Action(s) taken to achieve compliance: LOS brought up-to-date
Method used to demonstrate compliance: Kelling log up-to date continually
3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
wa. Your or condition of the general permit that her occur in conditions compilation during the reporting period stated above.
Exact period of non-compliance: from
Action(e) taken to achieve compliance:
Action(s) taken to active compitance.
Method used to demonstrate compliance:
year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: AVALO FAVIEVAC 12500
Name (Please Print) Signature Date
WOIE 2- MINKIGUUZ
Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for first transfer or combination facilities.

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

DRY CLEANER AIR QUALITY GENERAL PERMIT By ANNUAL COMPLIANCE CERTIFICATION FORM AIRS 1D#0250786 BIRD ROAD #11101 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

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	Do <u>NOT</u>	Remove Label		
Annual Reporting Period: January	1, 1997	то	Decem	ber 31, 1997
Based on each term or condition of the 62-213.300, Florida Administrative C	•			DEP Rule
If NO, complete the following:				
#1. Term or condition of the general p	permit that has not been in cont	tinuous compliance du	ring the reporting p	eriod stated above:
Exact period of non-compliance: from	·	to		
Action(s) taken to achieve compliance				
Method used to demonstrate complian	ce:			
#2. Term or condition of the general p	permit that has not been in cont	inuous compliance du	ring the reporting p	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance	:	•		
Method used to demonstrate complian	ce:			
As the responsible official, I hereby certinotification are true, accurate and composites not exceed 2,100 gallons per year fo	ete. Further, my annual consum	ption of perchloroethyle	ne solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:	MICHAEL GAGLIANO	7020	60	2/9/98
	Name (Please Print)	Sig	nature	Date

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

BEST AVAILABLE COPY

on the reverse side?	Ot adolarue to dot tare 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 article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
N ADDRESS completed	AIRS ID#: 0250786 BIRD ROAD #11101 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article Ni 4b. Service 7 Registere Express I Return Rec 7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	you for using Return Re
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your RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. AIRS ID 0250786 BIRD ROAD #11101 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 5. Received By: (Print Name)	4a. Article N 4b. Service Registere Express I Return Rec	Type ad Certified Mail Insured Cept for Merchandise COD Collivery Cos Address (Only if requested Name of Control of Contr
S	PS Form 3811, December 1994	<u> </u>	Domestic Return Receipt

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 0250786

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Fund: 20-2-035001 Оы.: 002273

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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7771 W. OAKLAND PARK BLVD

SUITE 201

SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY

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Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

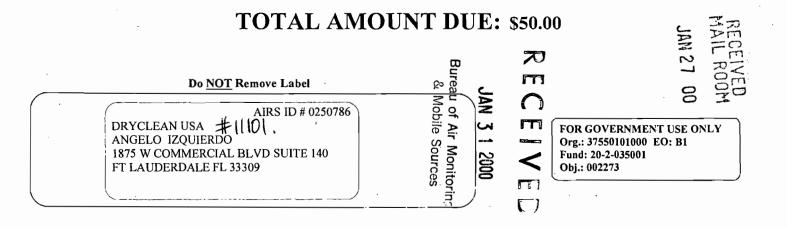


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DRYCLEAN USA # 1110 | MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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VENDOR:	006705			DRYCLEAN - USA		CHECK NO. 15013935	
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