

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 7, 1997

Ms. Roberta Cohen Eagle Cleaners 3520 West 18 Avenue Hialeah, Florida 33012

Facility No. 0250801 Re:

Dear Ms. Cohen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 18, 1997.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources 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"



Department of **Environmental Protection**

Landy

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

February 6, 1997

Mr. Ira Cohen Eagle Cleaners 3520 West 18th Street Hialeah, Florida 33012

Dear Mr. Cohen:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaners Notification Form.

We appreciate your submittal. However, the form you obtained, completed, and submitted to us is not the currently valid notification form. DEP Form No. 62-213.900(5), effective 6-25-96 is the valid Title V General Permit Notification Form.

For your convenience, I am enclosing a copy of the current valid notification form. Please complete this form and submit it to us. I am returning the notification form that you submitted to us since we cannot accept this copy.

We certainly appreciate your efforts to comply with the new requirements, and apologize for this inconvenience. If I can be of further assistance, place call me at 904/488-6140.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosures

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: X EAGLE			3/24/97
FACILITY LOCATION: γ 3520.	184 Ave.	#/25	
FACILITY LOCATION: 7 3520 HALLA	14 33012		
- Held Carl	, , , , , , , , , , , , , , , , , , , ,		
Annual Reporting Period:	7/14 1997 TO	3/2/	19 <u>97</u>
Based on each term or condition of the Title V gene	ral air permit, my facility has re	mained in compliance with DEP I	Rule
62-213.300, Florida Administrative Code (F.A.C.),		-	JNO
If NO, complete the following:			
#1. Term or condition of the general permit that ha	s not been in continuous compli	ance during the reporting period s	stated above
Total of Collection of the Bollotta portial date in		mico during die reperang period i	, and 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 ha	as not been in continuous compli	ance during the reporting periods	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, based of made in this notification are true, accurate and con upon rolling averages of purchase receipts, does not year for transfer or combination facilities.	mplete. Further, my annual cons	sumption of perchloroethylene so	lvent, based
RESPONSIBLE OFFICIAL:	SA X Tra	B CIRCLIAN	3/24/61
Name (Ple	ease Print)	OB STRELZ' LX Signature	Date
· ·			

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

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

#0250801

2-26-97 Spoke to Roberta Cohen, Ohe is responsible for all Operation of the Jaccety at all times.

P.13

7. fill in

P. 14

1 (c) should not be marked

3. Should be new Small area source

VECF I NED

BEST AVAILABLE COPY

& Mobile Sources Bureau of Air Monitoring

LEB 1 8 1831

Perchloroethylerie Bry Cleaning Facility Notification Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	5LP Ventures Inc
2.	
	Eagle Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address:
	City: 3520 W18 th Ave County: Huleah Zip Code: 33012
5.	Facility Identification Number (DEP Use):
	0250801
	D
	Responsible Official
6.	Name and Title of Responsible Official:
	Roberta Cohen Manager
	Responsible Official Mailing Address:
7.	·
	Organization/Firm: Street Address:
	City: County: Zip Code:
	County. Zip Couc.
8.	Responsible Official Telephone Number:
	Telephone: (305) 825-8079 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	·

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

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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				-		ř.			o navi.
(1) w/ ref. condenser		29/10/194	29 July 94	· ·			T	1	T
(2) w/ carbon adsorber		1 32311	2.3003.7						
(3) w/ no controls									
Washer Unit	7	1-42-34				A TORREST		'	
(4) w/ ref. condenser		1		<u> </u>		T		1	
(5) w/ carbon adsorber							-		
(6) w/ no controls									
Dryer Unit	1 1	g for ognisales.		'Y , i	in the state of the	The state of the state of	jy.	-	
(7) w/ ref. condenser		<u> </u>		Ī	I	·	_		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	777		·			i jan jaran ara			f (174) (m
(10) w/ ref. condenser		<u> </u>			T	T .		T	
(11) w/carbon adsorber						,			
(12) w/ no controls				<u> </u>		-			
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are ro	equired to be ity of perchloons ow many?	installed [perc)	purchased in	n the latest 12			[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour rge area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	·
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
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	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. Lette Cohen Date

PERCHLOROETHYLENE DRY CLEANERS

1. New facility notified DARM 30 days prior to startup



er 😼 eener maail. Bestellings (1988)		•	· · · · · · · · · · · · · · · · · ·	to with a flat of the	1
•· ·					P
PER	CHLOROETHYL			ERS 👳	
	TITLE V GEN COMPLIANCE INSP			rreau Ranu	DES CE
TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/E	DISCOVER學是	
•	RE-INSPECTION	' o		Sourc	
AIRS ID#: <u>075080</u>	DATE: 5/2/00	TIME I	N: 12:45pm	IME OUT: 🕺	70pm
FACILITY NAME:	agle Clea	pers	· · · · · · · · · · · · · · · · · · ·		
FACILITY LOCATION:	3520	<u>N/</u>	8 Ave		
_	Hialean	L, F	-C 330	514	
RESPONSIBLE OFFICIAL	: Jake Str	elzik	_ PHONE: <u>(3</u> 0	05)8 <i>25</i> -	8079
CONTACT NAME:			_ PHONE:	•	<u>.;</u>
PART I: NOTIFICATION					
(check appropriate box)					

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	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) 4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$)	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 (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y N Can not determine
If no, please check the appropriate classific	
facility qualified for a ger facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

Storing perchloroethylene in tightly sealed and impervious containers?

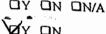
2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

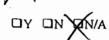
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

ΟY	Ωи	□N/A
0,,	-	_







PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

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 condenser upon opening the door?

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

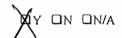
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?



C) 1 (C) 1/4









R	Has the responsible official of an existing large or new large area source also:			
₽.	tias the responsible official of an existing large of new large area source also:			
I.	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	Ωи	
12	Measured and recorded the washer exhaust temperature at the condenser	10.	•	· · ·
2.	inlet and outlet weekly?	ΩY	пΩ	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	ПИ\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?	·ΟΥ	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?	ΠY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON DN/A couplings, and valves DY DN DN/A DY DN DN/A Door gaskets and seating Stills DY DN DN/A DY DN DN/A Exhaust dampers Filter gaskets and seating Pumps DY DN DN/A Diverter valves DY DN DN/A Cartridge filter housings DY DN DN/A Solvent tanks and containers DY DN DN/A Water separators DY DN DN/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) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: $\square N$ a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis?

Inspector's Name (Please Print)

Inspector's Signature

d. Kept in a clean and secure area when not in use?

Date of Inspection

Approximate Date of Next Inspection

DY DN

UA DM

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Machine in operation during inspection - no odors defected.

Logs not available

Perc purchase receipts not available

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1245pm TIME OUT: 124	pm 10 px 18 10#: 7/0 pm 0050 801
TYPE OF FACILITY: HEYE Dry OF	Paner,
FACILITY NAME: Eacle Cleans	DATE: 5/2/00
FACILITY LOCATION: 3590 W 18	Ave
The Dood S	2014
Taka Chalail	1200 100000
RESPONSIBLE OFFICIAL: U.F.C. STYLIFT	PHONE NUMBER: (305)835-80 / 9
Based on the results of the compliance requirements evaluate	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ated during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Logs not available	Fax May record keeping
; :	within 30 days.
Perc receipts not available	Fax last 12 months of perc purchase receipts within 7 days
, , ,	purchase receipts within 7 days
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/0	
(Ap	proximate)
INSPECTION CONDUCTED BY: Jehova	- (priner
	ease Print)
INSPECTOR'S SIGNATURE:	<u>PHONE</u> NUMBER: <u>305)372-693</u> Ψ
Page	of Revised 10/96
// Page	i kevised 10/90

AIRS ID#: Revised 10/10/96
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY NAME: Eagles Cleaners FACILITY LOCATION: 3520 W 18 AVE Hialer 330/+
Annual Reporting Period: 5 1999 TO 5 79000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from Sequence: 5/99 to 5/2000 Action(s) taken to achieve compliance: Begin keeping oss Method used to demonstrate compliance: Fax May records within 30 days
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Perc receipts not available
Exact period of non-compliance: from 5/99 to 5/3000
Action(s) taken to achieve compliance: Keep receipts on SIte for a minimum of 5 yr
Method used to demonstrate compliance: Fax last 12 months of receipts within 7 day
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL Sun Alle House Print) Name (Please Print) Signature Date

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

Perc Dry Cleaners Form - General Information

Fac	cility Name and Location
1.	the state of the s
	SLP Ventures, Cha
2.	Site Name (For example, store name or number):
	EAGLE CLEANERS Hazardou's Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	APPLIED FOR 1-29/97
4.	Facility Location:
	Street Address: 3520 W 18th AVE # 1803
	Facility Location: Street Address: 3520 W 18th AVE # 125 City: HIALEAH FL County: DADE Zip Code: 33012
	sponsible Official O2508 9 /
5.	Name and Title of Responsible Official:
6.	Responsible Official Mailing Address:
	Organization/Firm: 4125
	Organization/Firm: Street Address: 3520 W. 18th AUE #125 Circ. County: 2025
	Organization/Firm: Street Address: 3520 W. 18th AUE #125 City: HIALEAL FL County: DAD & Zip Code: 33012
7.	Responsible Official Telephone Number
7.	Responsible Official Telephone Number
7.	Responsible Official Telephone Number:
Fa	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official)
Fa	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () 14
Fa	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official)
Fa.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager):
Fa	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official)
Fa.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager):
Fa.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager): Facility Contact Address:
Fa: 6.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A Sility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager): Facility Contact Address: Street Address: City: County: Zip Code:
Fa: 6.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A Sility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager): Facility Contact Address: Street Address: City: County: Zip Code:
6.	Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: () W/A Sility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, store manager): Facility Contact Address: Street Address: City: County: Zip Code:

RECEIVED

FEB 4 1997

DEP Form No. 62-213.900(2)

Effective: 05-01-96

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Bureau of Air Monitoring & Mobile Sources

Perc Dry Cleaners Form - 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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased		ID	Purchased		ID	Purchased	
Example	#]	10/3/93	10/3/93	#2	E	12/16/93	#3	1/3/92	R
Dry-to-Dry Unit		<u> </u>		•		All Sales		: .	
(i) w/ ref. condenser	7	19/94	10/94			-			
(2) w/ carbon adsorber		-	7-7						
(3) w/ no controls									
Washer Unit					eren Terreside de	o a maia si n	·		
(4) w/ ref. condenser		4.1	/_						
(5) w/ carbon adsorber		10/	1						
(6) w/ no controls									
Dryer Unit					1.1.1.1.1	••			
(7) w/ ref. condenser		,	1.						
(8) w/ carbon adsorber		N	14						
(9) w/ no controls		7					1.1		
Reclaimer Unit				-					_
(10) w/ ref. condenser			10						
(11) w/carbon adsorber		70	14						
(12) w/ no controls									

2. (a) What was the total quantity of perchloroeth [] gallons	rylene (perc) purchased in the	latest 12 months?
(b) If less than 12 months, how many? [] Check why it is less than 12 months: New o	months wner: New store:	Did not keep records: [
3. What is the facility's source classification base		section (3) of Part II?
(Indicate with an "X". Select one classificatio	n only.)	
Existing small area source	New small area source	
Existing large area source []	New large area source	

DEP Form No. 62-213.900(2)

Effective: 05-01-96

4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	Part II?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
•	
	,
Equipment Monitoring and Recordkeeping I	nformation
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 05-01-96

Perc Dry Cleaners Form - Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Rule 62-210.200, 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 comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Total

DEP Form No. 62-213.900(2). Effective: 05-01-96

Perc Dry Cleaners Form - General Information

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SLP Ventures, Cha
2. Site Name (For example, store name or number):
EAGLE CLEANERS
3. Hazardous Waste Generator Identification Number:
APPLIED FOR 1-29/97
4. Facility Location: Street Address: 3520 W 18th AVE # 125 City: HIALEAH FL County: DADE Zip Code: 33012
City: HIALEAH FL County: DADE Zip Code: 330/2
Responsible Official
5. Name and Title of Responsible Official:
6. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2520 (4), 18th AUE # 125
Organization/Firm: Street Address: 3520 W. 18 th Aux #125 City: 1/101 - 1/1 C. County: DAD 5 Zip Code: 320/2
Organization/Firm: Street Address: 3520 W. 18th Aue #125 City: HIALEAL FL County: DAD & Zip Code: 33012
7. Responsible Official Telephone Number:
7. Responsible Official Telephone Number:
7. Responsible Official Telephone Number:
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 10 /A
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 M/A Facility Contact (If different from Responsible Official)
7. Responsible Official Telephone Number: Telephone: 305 834 - 8079 Fax: 6 1/4 Facility Contact (If different from Responsible Official) 8. Name and Title of Facility Contact (For example, store manager):
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 M/A Facility Contact (If different from Responsible Official)
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 1 10 /A Facility Contact (If different from Responsible Official) 8. Name and Title of Facility Contact (For example, store manager): 9. Facility Contact Address: Street Address:
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 1/4 Facility Contact (If different from Responsible Official) 8. Name and Title of Facility Contact (For example, store manager): 9. Facility Contact Address:
7. Responsible Official Telephone Number: Telephone: 305 824 - 8079 Fax: 6 1 10 /A Facility Contact (If different from Responsible Official) 8. Name and Title of Facility Contact (For example, store manager): 9. Facility Contact Address: Street Address:
7. Responsible Official Telephone Number: Telephone: 305 834 - 8079 Fax: 6 10 //A 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.

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DEP Form No. 62-213.900(2) Effective: 05-01-96 Page 11 of 14

Bureau of Air Monitoring & Mobile Sources

Perc Dry Cleaners Form - 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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	- '	ID	Purchased		ID	Purchased	
									1-11-11-11-11
Example	#1	10/3/93	10/3/93	#2	E	12/16/93	#3	1/3/92	R
Dry-to-Dry Unit		, .	, ,						
(i) w/ rei. condenser	1	10/44	10/94		1			12.7	1
(2) w/ carbon adsorber		7 7	/						
(3) w/ no controls									
Vasher Unit				'- <u>-</u>					
(4) w/ ref. condenser		1 4	7		-	T			
(5) w/ carbon adsorber		JU /	1	-			_		<u> </u>
(6) w/ no controls									
Dryer Unit		·		· .					' ,
(7) w/ ref. condenser .		,	7.				_		
(8) w/ carbon adsorber		N	14					<u> </u>	
(9) w/ no controls		/			1				\vdash
Reclaimer Unit		1				1			
(10) w/ ref. condenser			11.	<u> </u>	1	1			
(11) w/carbon adsorber			1A	 	-			İ	-
(12) w/ no controls			1					 	
(12) 11 He control		1				1	<u> </u>		<u>'</u>
•									
•									
. (a) What was the total o			loroethyle	ne (p	erc) purcha	ased in the	lates	t 12 month	15?
[80]	gallo	ns							
(b) If less than 12 mon									
Check why it is less t	than l	2 months:	New own	er: [New !	store: [_] D	id not keep	records: [
3. What is the facility's so					definitions	found in	sectio	on (3) of Pa	ın 11?
(Indicate with an "X".	Selec	t one class	ification or	nly.)					
			/ .						

DEP Form No. 62-213.900(2)

Existing small area source

Existing large area source [

Effective: 05-01-96

New small area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II? (Indicate with an "X".)
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 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 of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping 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
(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

DEP Form No. 62-213.900(2) Effective: 05-01-96

BEST AVAILABLE COPY

Perc Dry Cleaners Form - Responsible Official Certification

I. the undersigned, am the responsible official, as defined in Rule 62-210.200, 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 comply with the terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Date

DEP Form No. (92-213,900(2))

Effective: 05-01-96



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	ccrie	NC.

ANNUAL

ď

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: <u>0250</u> 80/	JATE: <u>3/24/47</u>	TIME IN: /2/0	TIME OUT: <u> - 4-0</u>
FACILITY NAME:	sale Clar	WERS	
FACILITY LOCATION: _	3520 WZ	ST 18 AVE	# 125
	Husesh	1	

PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by 9/1/96	٥					
2. New facility notified DARM 30 days prior to startup						
3. Facility failed to notify DARM to use general permit						
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:						

PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box)	is:
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
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)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	OY WIN
	n: permit as number above nd is not eligible for a general permit
B. The total quantity of perchloroethylene (perchacility was gallons.	c) purchased within the preceding 12 months by this dry cleaning

Revised 10/28/96

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?	אט עם עם
2. Examining the containers for leakage?	DY ON NO
3. Closing and securing machine doors except during loading/unloading?	מבן עם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מם צפ
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON EDN/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 must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated 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?	DY 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?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ΦY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN NA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY 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?	СУ □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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	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?	OY ON ON/A
<u> </u>	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	/
Has the responsible official:	dy on
Has the responsible official: (check appropriate boxes)	GY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY 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:	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	
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
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 CON/A
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 CON/A OY ON N/4
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 CONA OY ON NA OY ON
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 CN/A OY ON N/4 OY ON
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? 8. Maintained compliance plan, if applicable?	OY ON OY ON CN/A OY ON N/4 OY ON OY ON N/A
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 OY ON CN/A OY ON N/4 OY ON OY ON N/A

2.	Which method of detection is used by the	he respons	sible officia	1?		·
	Visual examination (condensed so	02				
	Physical detection (airflow felt th	rough gas	kets)	•	Φ'.	
	Odor (noticeable perc odor)		Image: Control of the			
	Use of direct-reading instrumenta	tion (FID	/PID/calori	metric tubes)		•
	If using direct-reading instrume	entation,	is the equip	pment:		
	a. Capable of detecting	perc vapo	r concentra	tions in a range of 0-500 ppm?	OY O	N
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to	and after each use	OY O	N
	c. Inspected for leaks ar	d obvious	s signs of w	ear on a weekly basis?	OY O	N
	d. Kept in a clean and s	ecure area	when not	in use?	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						И
3. Has the facility maintained a leak log?					MY D	N
4.	Does the responsible official check the	following	areas for le	eaks?		
	Hose connections, fittings, couplings, and valves	DAY.	□и	Muck cookers	ΩΥ	N
	Door gaskets and seating	ďΥ	ΠN	Stills	DY	□и
	Filter gaskets and seating	□Y	ΠN	Exhaust dampers	DAX	ΠN
	Pumps	Δ γ Υ	□N	Diverter valves	ØY/	ΠN
	Solvent tanks and containers \square_{Y} \square_{N} Cartridge filter housings				ØΥ	□N
	Water separators		ПN			
_						

AME (A ZARÚ)
Inspector's Name (Please Print)

3/98 Approximate Date of Next Inspection

3 BEST	AVAILABLE COPY	#0250801	Bureau of Air Monl Sources & Mobile Sources
			FEB 1 8 1997
34	Pe	2-26-97 Spoke to Roberta She is responselie	, -
	1. Facility Owner/0	at all times	Leety
	2. Site Name (For	7. fill in	
	Eagle D. 3. Hazardous Wa	(c) should not be mar	
	4. Facility Local 3, Street Addre City: 35	Should be new sm	all 33012/
	5: Facility Ide	MECETY	EM 2801
	6. Name and	MAR 0 3 1997	
	Rober in	Management Divis	
	7. Responsible Official Organization/Firm: Street Address:		
	City:	County:	Zip Code:
	8. Responsible Official Telephone: (30)	Telephone Number: S 825 8079 Fax: () -
		Facility Contact (If different from Respons	ible Official)
	9. Name and Title of F	acility Contact (For example, plant manager):	
	10. Facility Contact Add	ress:	
	Street Address:	Country	Zin Code:
	City:	County:	Zip Code:

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

11. Facility Contact Telephone Number: Telephone: () -

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Fax: ()

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Bureau of Air Monitoring Surces

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Bureau of A. Moniteri Dry Cleaning Facility Notification Perchangethylener Dry Cleaning Facility Notification

SECEINED

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Eagle Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: City: 3520 W18 th Ave County: Huleah Zip Code: 33012
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use): OQ 5 080/
Margar Ri	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: Robert Cohen, Managen Street Address: 3520 WEST 18 AVE 4 125
7.	Responsible Official Mailing Address:
	Organization/Firm: Roberth Cohen, MANAGEN
	Street Address: 3520 enes/ 18 AVE # 123
	City: Halah County: DODE Zip Code: 33013
8.	Responsible Official Telephone Number:
	Telephone: (305) 825-8079 Fax: ()
L	,
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
	A definity Consuct A tudicos.
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
,	Telephone: () - Fax: () -

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.

ý –		Date	Date		Date	Date	Ι	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	αI	Purchased	Installed	ΙD	Purchased	Installed	ai	Purchased	Installed
Example	#]	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		200.0.00	291.0.94	-	1	1	1		
(2) w/ carbon adsorber		- July 74	2 July 1	-		-			
(3) w/ no controls			· •			-	ļ		
Washer Unit			1	L			l	1	<u>.</u>
(4) w/ ref. condenser			1	Γ -		T	_		T
(5) w/ carbon adsorber		-		_					
(6) w/ no controls				\vdash			_		
Dryer Unit			1			<u> </u>			<u> </u>
(7) w/ ref. condenser									T
(8) w/ carbon adsorber		<u> </u>			 				
(9) w/ no controls				-	 				
Reclaimer Unit				1				·	<u></u>
(10) w/ ref. condenser				1					
(11) w/carbon adsorber				T -	 		_		
(12) w/ no controls									1
(b) Control devices are (c) No control devices 2.(a) What was the total of	are re	equired to be	installed [,	1/2	purchased in	n the latest 12	? mor	nths?	
(b) If less than 12 mont	hs, he	ow many?[months	- 12		:: [] Did			
Check why it is less	tnan	12 months:	New owner:		_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce	Ne	w sn	nall area soui	rce 🔀]		
Existing large are	ea sou	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
•	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	لِبا
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain comply w	dersigned, 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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	herta Cohen . 2/14/97
x/ /)	1 0 P/1 × 21-11/2-

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES (Approximate)	TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY RE-INSPE	CTION
FACILITY NAME FACILITY LOCATION: RESPONSIBLE OFFICIAL Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372.6933	TIME IN:	TIME OUT:	AIRS ID#: DOT CO	
PHONE NUMBER: PHONE	TYPE OF FACILITY	ان ننڈیٹ 		
RESPONSIBLE OFFICIAL Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372 6933	FACILITY NAME:	ec Cay, a	DATE: 15	1 01
RESPONSIBLE OFFICIAL Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372 6933	FACILITY LOCATION:	The the contract	Carlotte Commence of the Comme	10 /-
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Jacob Philip Complex (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372 6921		1 miles all 1	10 1-02 128	
compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. JATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372 6723	RESPONSIBLE OFFICIAL!	Children Contract	PHONE NUMBER: 2/2 71	177
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 372 6722	compliance with DEP	Rule 62-213.300, Florida Administr	ative Code (F.A.C.).	
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOT PROPERTY OF THE PROPERTY			ited during this inspection, the following compliant	ce
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 372 6922	COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIF	ŒD
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INSPECTION CONDUCTED BY: (Approximate) (Please Print) PHONE NUMBER: 372 6922	The Annual Compliance Certifi	cation form has been properly certif	ied and submitted to the inspector.	NO [
INSPECTION CONDUCTED BY: (Approximate) (Please Print) PHONE NUMBER: 372 6922	DATE OF NEXT INSPECTION	ON: MARRIA 13	799 ·	
INSPECTOR'S SIGNATURE: PHONE NUMBER: 372 6922		(Ap	proximate)	
A BY GV	INSPECTION CONDUCTED	BY:	A 10 Toplace	·
A BY GV		PI	ease Print)	
AYGV	INSPECTOR'S SIGNATURE	: 73.	PHONE NUMBER: 572	6922
		MAGVI		•

ARTS 10#: 025 080/



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ENGLE	CLEANERS		Date: <u>\$ -</u> _	16-90
FACILITY LOCATION: 352	n 11/10 T 18	AVE #1.) 	
FACILITY LOCATION:	0 0005/ 10	2,000 . 7.	<u></u>	
	9 <i>7-1</i>			
Annual Reporting Period: S	24 199	Z то	3-16	19.98
Based on each term or condition of the Title	V general air permit, my faci	lity has remained in co	mpliance with DEP Rul	le
62-213.300, Florida Administrative Code (F	.A.C.), during the period cove	red by this statement.	OYES OI	4O
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuo	us compliance during t	the reporting period stat	ted above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		·, <u></u>		
#2. Term or condition of the general permit	t that has not been in continue	ous compliance during	the reporting period sta	ted above:
Exact period of non-compliance: from		to	RECEIV	/ E D
Action(s) taken to achieve compliance:	<u> </u>		MAY 1 9 19)98
Method used to demonstrate compliance:			Bureau of Air Mo & Mobile Sou	
. ,		<u>.</u>		
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. RESPONSIBLE OFFICIAL:	and complete. Further, my a	nnual consumption of ps per year for dry-to d	perchloroethylene solve ry facilities or 1,800 ga	ent, based
' - Na	me (Please Print)	// Signatu	ıre	Date

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	98 TIME IN: 200 TIME OUT: 230
FACILITY LOCATION: 3520	WEST 18 Ave
	# R&L&1K PHONE: 825-8079 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
 New facility notified DARM 30 days prior to standard Facility failed to notify DARM to use general personal 	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	ication: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) gallons.	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?	אואלם אם צם
2. Examining the containers for leakage?	DY DN EN/A
3. Closing and securing machine doors except during loading/unloading?	ON ΩN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באותם אם צם
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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refri (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?	RY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	AY ON ONIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	My ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenses on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И □И/А
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □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,	on,
or expansion; and downstream from no other inlet?	LI LIN LIN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	QX 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;	DY ON DAVA
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 ONIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN OM/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DONA
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ØΥ ПN inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN MN/A DY ON ONA Muck cookers couplings, and valves MY ON ON/A MY ON ON/A Stills Door gaskets and seating DY ON ON/A DY DN DN/A Filter gaskets and seating Exhaust dampers MY ON ON/A DY ON ONA Diverter valves **Pumps** MY ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers DAY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use UA UM (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis?

Inspector's Name (Please Print)

gnature

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

3-16 - 99 Date of Inspection

DY DN

DY DN

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
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RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

MAY 1 9 1999

COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

TYPE OF INSPECTION:

ANNUAL.

Maria de la ferrada e caracteria, estida e placa

COMPLAINT/DISCOVER & Mobile Sources

RE-INSPECTION

AIRS ID#: 025080 DATE: 4/23	199 TIME IN: 208 TIME OUT: 235		
FACILITY NAME: Eagle (
FACILITY NAME:	- Ilanex 5		
facility location: 3520 U	Dest 18th Ave		
1di Aleah			
	0 1 1 875 8-78		
RESPONSIBLE OFFICIAL:	Strelck PHONE: 825-8079		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	rtup		
2. Facility failed to notify DARM to use general pe	rmit O		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	Drop store/out of business/petroleum		
۸.			
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	both types, $x < 140$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification	ØY □N □Can not determine		
If no, please check the appropriate classification:			
facility qualified for a general permit as number above			
1			
☐ facility exceeds above I	limits and is not eligible for a general permit		

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility:			
(check appropriate boxes)			
1. Storing warshloss whylers in tightly scaled and impossions containers?	DY ON ENIA		
1. Storing perchloroethylene in tightly scaled and impervious containers?			
2. Examining the containers for leakage?	DY DN ØN/A		
3. Closing and securing machine doors except during loading/unloading?	AY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	BY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A		
<u></u>			
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification I 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 source (check appropriate boxes)	s:		
1. Equipped all machines with the appropriate vent controls?	DA ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	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 ØN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN WIA		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON		

13.	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?	ΟΥ U	NC	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY (UN I	DN/A
	Is the temperature differential equal to or greater than 20° F?	OY (N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon edeath of	ΠV	ΩN	□n/a
	if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			
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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	DИ	□N/A

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

1'/	'ART VI: LEAK DETECTION AND REPAIRS				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ZY,	ΩN
2.	Has the facility maintained a leak log?			(ZY	ĎИ
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	ם עם	N DNIA
	Door gaskets and seating	DY ON ON/A	Stills	0	N DN/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	040	N/A
	Pumps	DY ON ON/A	Diverter valves	NY C	IN ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DA C	IN ON/A
	Water separators	DY ON ON/A			
4	. Which method of detection is used by t	he responsible official?			-
	Visual examination (condensed solvent on exterior surfaces)				_
	Physical detection (airflow felt through gaskets)			2	/
	Odor (noticeable perc odor)			10	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			ON/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY (NC
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ЭN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			ΟY	ÜN
	d. Kept in a clean and secure area when not in use?			OY	ΩN
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΟY	ON

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	V:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 205 PM TIME OUT: Z	35 Pm _AIRS ID#: 0250 801
TYPE OF FACILITY: Yerc Day	Cleane
FACILITY NAME: Cade and cles	DATE: 4/28/99
FACILITY LOCATION: 3576 we	at 18th lue Trialech
RESPONSIBLE OFFICIAL: 3 2 Cob SH	rele & PHONE NUMBER: 828-8079
Based on the results of the compliance requirements ex compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
R.O. Did not maintein	R.O. needs to
templop & Puc consu	po maintain temp log +
Avon los	Perc. Consumption Log
-	
<u>.</u>	
	
·	
COMMENTS:	
(10/1-	mpliant
The Annual Compliance Certification form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/ /200	
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: LEO SMAR	• • •
D M	(Please Print)
INSPECTOR'S SIGNATURE: \$\frac{1}{2}\to \Partial A	PHONE NUMBER: (305)372-690
Pag	cof Revised 10/96

AIRS ID#: 0250801

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Carle Dn Cleaner DATE: 4/28/99
FACILITY LOCATION: 3520 West 13th ave History
Annual Reporting Period: Apr: 1998 TO 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to April 1998 to April 1998
Action(s) taken to achieve compliance: Up date vecand
Method used to demonstrate compliance: FD EZ CAlenday
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Need to record temperature + recrepts of Perc pure
Exact period of non-compliance: from April 1998 to April 1999
Action(s) taken to achieve compliance: ugdate records
Method used to demonstrate compliance: FSEP (aledas
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Note that the statements and belief formed after reasonable inquiry, that the statements are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)

*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.

Page of

Fold at line over top of envelope to SENDER: I also wish to receive the Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this following services (for an extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address Artach this form to the front of the mailpiece, or on the back it space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered. 2. Restricted Delivery Return Receipt Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number 2 333 613 509 AIRS ID# 0250801 4b. Service Type EAGLE CLEANERS ROBERTA COHEN ☐ Registered ☑ Certified using 3520 W 18TH AVENUE ☐ Express Mail ☐ Insured HIALEAH FL 33012 ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print Name) 6. Signature (A) Domestic Return Receipt PS Form 3811, December 1994 102595-97-B-0179

Z 333 613,509

US Postal Service

Receipt for Certified Mail

AIRS ID# 0250801 EAGLE CLEANERS ROBERTA COHEN 3520 W 18TH AVENUE HIALEAH FL 33012

	Postage	\$
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	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered	
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800	TOTAL Postage & Fees	\$
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Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

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General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, FL 32399-2400



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Bureau of Air Monitoring & Mobile Sources

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PM PROBLEGE STOP PROB



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: \$75.00

Do NOT Remove Label

AIRS ID # 0250801 EAGLE CLEANERS ROBERTA COHEN 3520 W 18TH AVENUE #125 HIALEAH FL 33012 JJE 0 2 2002 lureau of Air Monitoring & Mobile Sources 41765ile Sources

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

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United States Postal Service



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

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

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

Party Mobile Source Control Program Dept. Of Environmental Protection Mail Station 5510

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United States Postal Service



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

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

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

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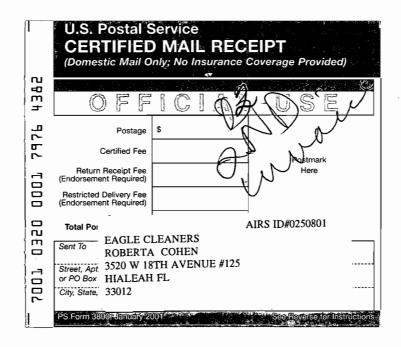
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UNITED STATES POSTAL SERVICE



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

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

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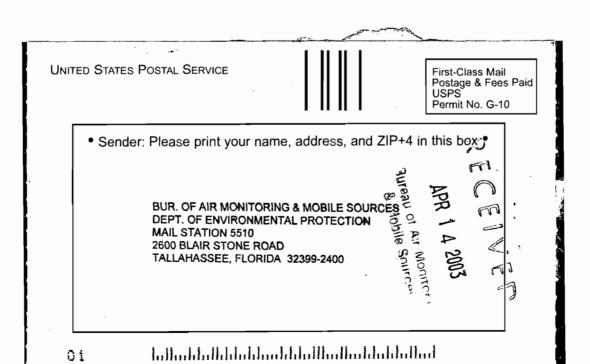
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UNITED STATES POSTAL SERVICE



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

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

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

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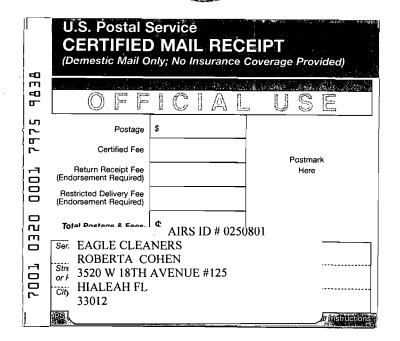
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250801 EAGLE CLEANERS ROBERTA COHEN 3520 W 18TH AVENUE #125 HIALEAH FL 33012	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different iforn item 1? If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and elivered.	e does not	I also wish to recifollowing service extra fee): 1. Address: 2. Restricte Consult postmas	s (for an	Return Receipt Service.
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s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressed or Address	8. Addressee and fee is	e's Address (<i>Önly</i> paid)	if requested	Thank
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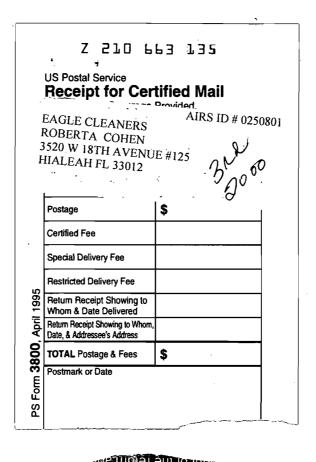
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3520 W 18TH AVENUE #125 HIALEAH FL 33012	3. Service Type Certified Mail
2210 663 135	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

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

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completed	3. Article Addressed to:	4a. Article N	1052017	_
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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. 	A. Beceived by (Please Print Clearly) B. Date of Delivery HRECZIK C. Signature Addressee D. Selvery address different from item 12 Pressee
Article Addressed to:	B: Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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70000600002641274492	4. Restricted Delivery? (Extra Fee) ☐ Yes
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Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Po Total Po AIRS ID # 0250801 Recipient EAGLE CLEANERS ROBERTA COHEN Street, Apr. 3520 W 18TH AVENUE #125	14492		MAIL REC	EIPT Coverage Provided)
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HIALEAH FL 33012	000	Recipient EAGLE CL ROBERTA Street, Apr. 3520 W 18' HIALEAH	LEANERS A COHEN TH AVENUE #125	RS ID # 0250801

on the reverse side?	Ot adolarue to dot taro autilite ploses. 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 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.
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Is your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811. December 1994	8. Addresses and fee is	e's Address (Only if requested

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	Certified Fee			
	Special Delivery Fee			
40	Restricted Delivery Fee			
1996	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
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