

Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

April 9, 1997

Mr. Michael Gagliano Director of Engineering Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Re: Facility No. 0250806

Dear Mr. Gagliano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 6, 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 MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

BEST AVAILABLE COPY Dry clean USA spoke with Michael Gagliano 3/26/1997 - open DECELLING AUG 2.0 1997 JUL 2 4 1997 Air Quality both alternage addition in vision Air Quality Management Division Faci Stre City OK, Changes have been made Faci SEP 2 5 1997 Org Bureau of Air Monitoring & Mobile Sources 33309 Resi Tele Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: County: City: 11. Facility Contact Telephone Number: Fax: (Telephone: ()

- 025 0000

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | <u> </u> |
|-----|---|
| l. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
| | Dryclean USA INC. |
| 2. | Site Name (For example, plant name or number): |
| | Doral Center # 11147 |
| 3. | Hazardous Waste Generator Identification Number: |
| | applied for: |
| 4. | Facility Location: |
| | Street Address: 9525 NW 41st Street City: Miami Zip Code: 33178 |
| _ | |
| 5. | Facility Identification Number (DEP Use): |
| | 0250806 |
| | Responsible Official |
| | |
| 6. | Name and Title of Responsible Official: |
| | Michael Gagliano, Director of Engineering |
| 7. | Responsible Official Mailing Address. |
| | Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd. Ste 140 |
| | City: Ft. Lauderdale County: Broward Zip Code: 33309 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (954)493-6700 Fax: (954)493-8444 |
| | 954-735-3385 954-735-9730 |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | SHARON POBRSCHKE - PLANT MANAGER |
| 10. | Facility Contact Address: 9525 N.W. 4187 ST |
| | Street Address: |
| | City: MAMI County: DADE Zip Code: 33178 |
| 11. | Facility Contact Telephone Number: |
| | Telephone: (305) 4H - 0006 Fax: () - |
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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.

| | | | | T | T | T= | | T | 1-2 | |
|--|--|---------------|--------------|------|----------------|-----------------|-------|--------------|--------------|--|
| | | Date | Date | 4 | Date | Date | | Date | Date | |
| | | Machine | Control | | Machine | Control | | Machine | Control | |
| Towns of Markins | ,,, | Initially | Device | 10 | 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 | | 5-14-97 | 5-14-97 | | | | | | [| |
| (2) w/ carbon adsorber | | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | | |
| Washer Unit | | | • | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | | |
| (6) w/ no controls | | | | | 1 | | | | | |
| Dryer Unit | | | l | | | • | | h | | |
| (7) w/ ref. condenser | | | | | 1 | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | | |
| (9) w/ no controls | <u> </u> | | | | | | | | - | |
| Reclaimer Unit | | | | | | · | | · | | |
| (10) w/ ref. condenser | | | | | ſ | | | <u> </u> | | |
| · (11) w/carbon adsorber | | | - | | | | | | | |
| (12) w/ no controls | | | | | | | | | | |
| (b) Control devices are(c) No control devices2.(a) What was the total of | are re | equired to be | installed [_ | | J | n the latest 12 | . mor | oths? | | |
| | gallo | | () 1 months | | | | | | | |
| (b) If less than 12 mont Check why it is less | than | 12 months:] | New owner: | [|] New store | : [X] Did | not k | eep records: | | |
| | | | | | • • . | | | | | |
| 3. What is the facility's sort (Indicate with an "X". | | | | | nitions found | d in section (3 | 6) of | Part II? | | |
| Existing small are | ea soi | urce [] | Ne | w sm | iall area sour | ce [] | l | | | |
| Existing large are | Existing large area source New large area source | | | | | | | | | |

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| What control technology is required on machines (Indicate with an "X".) | s 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 | |
| | |
| | |
| | - 1 Donat House - To form at a |
| | and Recordkeeping Information |
| | in accordance with the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | <u>(X</u>) |
| (b) Leak detection inspection and repair | LX |
| (c) Refrigerated condenser temperature monitoring | ΓX |
| (d) Carbon adsorber exhaust perc concentration mor | |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |
| | |

Surrender of Existing Air Permit(s)

| lease indicat | ate with an "X" the appropriate selection: | • |
|---|--|--|
| | I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifically | |
| لگ | No air permits currently exist for the operation of the this notification form. | facility indicated in |
| | Responsible Official Certifica | tion |
| this notific statement: maintain i comply wi | dersigned, am the responsible official, as defined in Part fication. I hereby certify, based on information and belients made in this notification are true, accurate and complete the air pollutant emissions units and air pollution contrust with all terms and conditions of this general permit as selected the information of the informat | of formed after reasonable inquiry, that the lete. Further, I agree to operate and ol equipment described above so as to forth in Part II of this notification form. |
| Signature | peier | 2-26-97 Date |
| S | ear besolle | 06-12-97 |
| PLANT X Z | HANAGER OUT | × 8~12~97 |

RECEIVED

DRYCLEAN-USA

DEC 1 4 2009

7771 W. OAKLAND PARK BLVD. • SUITE 201 • SÜNÄÏSE FLÖRÜDÄ 33351 TELEPHONE: (954) 747-7599 • FAX (954) 747-9878

December 5, 2000

Ms. Debbie Griner
Pollution Control Inspector II
Environmental Resources Management
Air Quality Management Division
33 SW 2nd Av., Suite 900
Miami, FL 33130

RECEIVED
DEC 13 2000

Air Quality Management Division

Re:

Annual Compliance Certification Forms

Dryclean USA of Florida, Inc.

Miami-Dade County

Dear Ms. Griner:

We received your letter dated November 21, 2000 regarding Annual Compliance Certification forms today, December 5, 2000. This letter requests that we sign and return these forms to you within 15 days of receipt.

Please be advised that these forms were mailed to an incorrect address. Since July 2000, we have been at the address shown on this letterhead. In order to ensure that future correspondence reaches us in a timely manner, we request that your files be updated with our new address.

In addition, please accept this letter as our authorization to change the designated Responsible Official from Angelo Izquierdo to Eddie J. Rodriguez. I have signed and am enclosing the Annual Compliance Certification Forms. Please be assured that it is Dryclean USA's policy to keep our stores in compliance with the State of Florida in all matters. All minor non-compliance issues will be settled immediately.

Please feel free to contact my assistant Ruth Fultz at 954/747-7599 with any questions.

Sincerely.

Chief Operating Officer

/rf



MIAMI-DADE COUNTY, FLORIDA





ENVIRONMENTAL RESOURCES MANAGEMENT AIR QUALITY MANAGEMENT DIVISION 33 S.W. 2nd AVENUE SUITE 900

MIAMI, FLORIDA 33130-1540 TELEPHONE: (305) 372-6925 FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo
Dryclean USA
1875 West Commercial Blvd., Suite 140 - DLD ADDRESS
Fort Lauderdale, Florida 33309



Dear Mr. Izquierdo:

As the designated Responsible Official (R.O.), please complete and sign the enclosed Annual Compliance Certification forms and mail them to this office within fifteen (15) days of the receipt of this notice. Failure to submit said forms within the stipulated time frame may result in enforcement action. You may keep the pink copy for your records. A copy of the Inspection Summary Report was issued during the most recent facility inspection of these sites and a copy is also enclosed.

| Panjiji# | Compliance Status ex | Pernicus | Condince State |
|----------------------|--|------------------|---|
| 0250786 | Minor Non-Compliance. | 0250794 | Minor Non-Compliance. |
| 3890 Bird Rd. | Improper keeping of rolling log of perc purchases. | 1401 Sunset Dr. | Not properly draining cartridge filters for at least 24 hours & not conducting temp. monitoring after the cool-down period and after verifying the coolant has been completely recharged. |
| 0250787 | IN . | 0250795 | IN |
| 20355 Biscayne Blvd. | | 13025 SW 112 St. | |
| 0250788 | Minor Non-Compliance. | 0250796 | IN |
| 13886 SW 56 St. | Checking the wrong temp. gauge to record the outlet stream of refrigerated condenser | 18468 NW 67 Ave. | |
| 0250791 | IN | 0250805 | IN |
| 14097 SW 88 St | | 6685 NW 169 St. | |
| 0250792 | IN . | 0250806 | IN |
| 9069 SW 107 Ave. | | 9525 NW 41 St. | |
| 0250793 | IN | 0250807 | IN |
| 13725 SW 152 St. | | 1101 SW 22 St. | |

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | | VICUE (VICIO) | |
|--|---|---|----------------------------|----------------------|
| FACILITY NAME: | Dry Clean | ~ USA #72 | | TE: 2/23/00 |
| FACILITY LOCATION: | 9572 | NO 41 st. | DEC 1 3 2000 | |
| | Miami, | FL | Air Quality | |
| | | | Management Division | |
| Annual Reporting Period: | Feb | 19 <u>99</u> то | Feb | 79000 |
| Based on each term or condition of 62-213.300, Florida Administrative | • | • | | n DEP Rule |
| If NO, complete the following: | | | | |
| #1. Term or condition of the gene | eral permit that has not | been in continuous compli | ance during the reporting | period stated above: |
| Exact period of non-compliance: | from | | _ to | |
| Action(s) taken to achieve compli | ance: | | | |
| Method used to demonstrate comp | oliance: | | | |
| #2. Term or condition of the gene | eral permit that has not | been in continuous compli | ance during the reporting | period stated above: |
| Exact period of non-compliance: | from | to_ | | |
| Action(s) taken to achieve compli | ance: | | <u> </u> | |
| Method used to demonstrate comp | oliance: | | | |
| As the responsible official, I here made in this notification are true, upon rolling averages of purchase year for transfer or combination, RESPONSIBLE OFFICIAL | accurate and complete e receipts, does not exc | e. Further, my annual cons seed 2,100 gallons per year | sumption of perchloroethyl | ene 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.

| TITLE V AIR QUALITY INSPECTION SUM | |
|--|---|
| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY RE-INSPECTION |
| TIME IN: 12:00 pm TIME OUT: 12:25 TYPE OF FACILITY: Perc Dry Cleaner FACILITY NAME: Dry Clean USA FACILITY LOCATION: 9535 NW 41 St Mianui, FL 331 RESPONSIBLE OFFICIAL: Michael Gagliano Based on the results of the compliance requirements evalua | DATE: U 12 97 PHONE NUMBER: (154) 493-6700 ted during this inspection, the facility is found to be in |
| Compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM Temperature of refugerated Condenses exhaust measured and recorded at LODOF from 5114191 -> 6/12/97. | |
| | |
| | |
| COMMENTS: Facility maintained all 13 sing binder - Manager stated that | equired paperwork in an organize |

COMMENTS: Facility maintained all required paperwork in an organized 3 ring binder. Manager stated that She didn't realize that 60° F was in exceedance of the 45° F limit. The plant manager called the district supervisor in my presence and reported the problem. Plans were made to the unit to be checked out.

| The Annual Compliance Certification form has bee | n properly certified and submitted to the inspector. | YES | ио[💢 |
|--|--|-----|------------|
| DATE OF NEXT INCRECTION: | 10/98 | | / \ |

(Approximate)

INSPECTION CONDUCTED BY: Debbu Griner

(Please Print)

INSPECTOR'S SIGNATURE: 1 CONTO- (Time PHONE NUMBER: 372-6936)

Page / of /

Revised 10/96

P 343 639 816

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. .

| | No Insurance Coverage Do not use for Internation Sent to | nal Mail (See rever | rse) | | | |
|------------------|--|---------------------------------------|-----------|------|---|--|
| • • | Sharon Pocrsch Street & Number 9525 NW 41 | St Styllian | uUSA | | | |
| • • | Post Office, State, & ZIP Coo | 33178 | | | | |
| | Postage | \$ | | | - | |
| | Certified Fee | | | | • | |
| | Special Delivery Fee | | | | ` | |
| | Restricted Delivery Fee | | | | | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | · · · · · · · · · · · · · · · · · · · | . (| | | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | | | | | |
| 800 | TOTAL Postage & Fees | \$ | •] • • ; | | | |
| Form 3800 | Postmark or Date | cility: | | | | |

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| (L) | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|--|
| | Dryclean USA Site Name (For example, plant name or number): |
| 2. | Site Name (For example, plant name or number): |
| | Doral Center *11147 |
| 3. | Hazardous Waste Generator Identification Number: |
| | applied for: |
| 4. | Facility I heating |
| | Street Address: 9525 NW 41st Street City: Miami County: Dade Zip Code: 33178 |
| | |
| 5. | Facility Identification Number (DEP Use): |
| | 0250806 |
| | Responsible Official |
| | |
| 6. | Name and Title of Responsible Official: |
| | Michael Gagliano, Director of Engineering |
| 7. | Responsible Official Mailing Address: |
| | Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd. Ste 140 |
| | Ft. Lauderdale County: Broward Zip Code: 33309 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (954)493-600 Fax: (954)493-8444 |
| | 954-735-3385 954-735-9730 |
| | 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: County: Zip Code: |
| | Facility Control of the Control of t |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - |
| | |
| | |

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Bureau of Air Monitoring & Mobile Sources

#0250806

| | # 023 0000 |
|--------------|--|
| | Dry clean USA (N600 stores) |
| | spoke with Michael Gagliano- 3/26/1997-opens soon |
| P.13 | 1. add Inc. |
| P.14 P.15 | 1. complete both date columns 5.lf) required |
| | |
| | |
| | |
| | |
| | |
| | |

Facility Information

(i) 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 | | , | <u></u> | | | | | | |
| (1) w/ ref. condenser | | | | | | | | | |
| (2) w/ carbon adsorber | | | | | ; | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | • | | | | | | |
| (4) w/ ref. condenser | | | | · | | L., | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| · (11) w/carbon adsorber | | | | | | 1 | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less | are ro | equired to be ity of perchlo | installed [oroethylene (| perc) | _] purchased in | _ | | | r 1 |
| 3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are | urce Selec ea so | classification et one classifi urce [] | based on the cation only.) | e defi | | d in section (| 3) of | | |
| Existing large are | a 501 | urce [] | INC | *** 101 | 5c area sour | 174 | J | | |

| 4. What control technology is required (Indicate with an "X".) | aired on machines | pursuant to section (5) of l | Part II of this notification form? |
|--|----------------------|------------------------------|------------------------------------|
| Existing large area source Carbon adsorber | <u>e</u>] | Refrigerated condenser | , |
| New small area source Refrigerated condenser | | | |
| New large area source Refrigerated condenser | <u>Z</u> | | |
| | | | |
| | | | |
| 5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such | y that all steam and | d hot water generating unit | |
| All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c | ed exclusively by no | atural gas except for period | ds of natural gas curtailment |
| All steam and hot water generating No such units on-site | g units exempt | <u>₩</u> | |
| | | | |
| | | | |
| | | | |
| Equipm | ent Monitoring a | nd Recordkeeping Inform | nation |
| Check all logs which are required | to be kept on-site i | n accordance with the requ | irements of this general permit: |
| (a) Purchase receipts and solvent p | ourchases | | (X) |
| (b) Leak detection inspection and | repair | | LX |
| (c) Refrigerated condenser temperated | ature monitoring | | LX |
| (d) Carbon adsorber exhaust perc | concentration mon | itoring | |
| (e) Instrument calibration | | | |
| (f) Start-up, shutdown, malfunction | on plan | | |
| | | | |

Surrender of Existing Air Permit(s)

| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
|------------------------------------|---|
| Ľ | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notij statemen maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| | |
| I will pro | emptly notify the Department of any changes to the information contained in this notification. |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | 4 <u>G</u> | COMPLAINT/DISCO | OVERY | <u> </u> |
|--|---|----------------------------------|--|-----------------|-------------|
| AIRS ID#: D250806 IFACILITY NAME: Dry FACILITY LOCATION: 9 | Clean Us | A Inc. 41 St. | | E OUT: <u>\</u> | 2:25pm |
| PART I: NOTIFICATION | | | • | | |
| (check appropriate box) 1. Existing facility notified DAF 2. New facility notified DARM 3. Facility failed to notify DARM | 30 days prior to start | _ | | | □ ⊌ □ |
| PART II: CLASSIFICATION | [| | | | |
| Facility indicated on notification (check appropriate box) 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) | ce 🗆 | transfer only, both types, x< | y, x<140 gal/yr x<200 gal/yr | | , |
| 3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>×</td><td></td></x<2,> | 00 gal/yr gal/yr | transfer only, both types, 14 | area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,> | × | |
| This is a correct facility classifi | | NO PA | | | |
| | ied for a general perrals above limits and is | s not eligible fo | r a general permit | ns by this d | ry cleaning |

| FART III. GENERAL CONTROL REQUIREMENTS | |
|--|-------------------|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | |
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | OY ON VNA |
| 2. Examining the containers for leakage? | DY ON VNA |
| 3. Closing and securing machine doors except during loading/unloading? | ND Y |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | MY ON |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | DY DN WNA |
| | |
| 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? | DY ON |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | DAY DH |
| 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? | фу ои |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | DY WN |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | of 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? | DY ON |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON √N4 |
| | Is the temperature differential equal to or greater than 20° F? | □Y N□ Y NA |
| 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 V IN/A |
| | Is the perc concentration equal to or less than 100 ppm? | □Y □N √NA |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON √NA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON WAYA |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | DY DN DNA |
| _ | | |
| P. | ART V: RECORDKEEPING REQUIREMENTS | |
| | as the responsible official: heck appropriate boxes) | , |
| 1. | Maintained receipts for perc purchased? | фу ои |
| 2. | Maintained rolling monthly averages of perc consumption? | MO AM |
| 3. | Maintained leak detection inspection and repair reports for the following: | 1 |
| | a. documentation of leaks repaired w/in 24 hrs? or; | DY UN VA |
| | 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 ONVA |
| 4. | Maintained calibration data? (for direct reoding instruments only) | AWE NO YO |
| 5. | Maintained exhaust duct monitoring data on perc concentrations? | OY ONV MA |
| 6. | Maintained startup/shutdown/malfunction plan? | MY DN |
| 7 | Maintained deviation reports? | OY WN |
| | · | |
| | Problem corrected? | DY MY |
| 8 | Problem corrected? Maintained compliance plan, if applicable? | OY ON ON/A |
| 8 | | 1 |
| | | 1 |

| 2. Which method of detection is used by the responsible official? | | | | | |
|---|---|----------------------|---------------------------|----------|----------------|
| Visual examination (condensed sol | vent on | exterior surfaces) | | q(| Ì |
| Physical detection (airflow felt thro | ough gas | kets) | | 4 | ľ |
| Odor (noticeable perc odor) | | | | d | |
| Use of direct-reading instrumentat | ion (FID | /PID/calorimetric | tubes) | | |
| If using direct-reading instrumen | ntation, i | is the equipment: | | | |
| a. Capable of detecting p | erc vapoi | r concentrations in | a range of 0-500 ppm? | ΟY | ПИ |
| b. Calibrated against a st (PID/FID only)? | andard g | as prior to and afte | er each use | ΟY | □N |
| c. Inspected for leaks and | d obvious | signs of wear on a | a weekly basis? | ΠY | ΠN |
| d. Kept in a clean and se | cure area | when not in use? | | ПΥ | ПИ |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | ΠY | □и |
| 3. Has the facility maintained a leak log? | | | | | |
| 4. Does the responsible official check the f | 4. Does the responsible official check the following areas for leaks? | | | | |
| Hose connections, fittings, couplings, and valves | ₫¥ | ПИ | Muck cookers | ΟY | DN √γ Α |
| Door gaskets and seating | W Y | OИ | Stills | ďΥ | ПN |
| Filter gaskets and seating | A Y | ΩИ | Exhaust dampers | ØΥ | ОИ |
| Pumps | Y | ПП | Diverter valves | ØYY | ПU |
| Solvent tanks and containers | DY. | ОИ | Cartridge filter housings | Y | ПN |
| Water separators | ογ | ON | | | |

| Sharon Poerschke |
|---------------------------------|
| Name of Responsible Official |
| Debbie Griner |
| Inspector's Name (Please Print) |
| Deboratrie |
| Incrector's Signature |

Date of Inspection

10/98

Approximate Date of Next Inspection

upon review of temperature log for the refugerated condenser, I found 60°F recorded since the facility began operation the week of 5/14/97. Plant manager said she didn't realize that the temp. I limit was 45° F. She called to report problem and schedule Service in my presence.

The "Annual Compliance Certification Form" and mail it to our office.

Debbie Guni

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE | OF | INSPE | CTION: |
|------|----|-------|--------|

ANNUAL

COM

COMPLAINT/DISCOVERY

RE-INSPECTION

| AIRS ID#: 250806 DATE: 8 -21-9 | |
|---|---|
| | 18 TIME IN: 1205 TIME OUT: 1220 |
| FACILITY NAME: JRY CLEAN USA | P |
| facility location: <u>9525 NW 41</u> | 57 |
| miami, 3 | 3178 Py 55 M |
| RESPONSIBLE OFFICIAL: JODIE PERE | PHONE: 35 471 3006 |
| CONTACT NAME: NZENGA HYMAN | |
| | 3, 3% |
| PART 1: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to sta | artup . \Box |
| 2. Facility failed to notify DARM to use general pe | ermit O |
| 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) | 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91) |
| 3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr | 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 |



Revised 9/15/97



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

facility qualified for a general permit as number _____ above

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

If no, please check the appropriate classification:

facility was 350 gallons.

PART III: GENERAL CONTROL REQUIREMENTS 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 DN/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 DN/A beds according to the manufacturer's specifications? 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 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 menitoring 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? | MY ON |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | MY ON ON/A |
| | Is the temperature differential equal to or greater than 20° F? | OY ON ON/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? | DY ON WN/A |
| | Is the perc concentration equal to or less than 100 ppm? | OY ON ON/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? | OY ON ON/A |
| | | • |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | dy 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? | OYY ON | | | | |
| 2. Maintained rolling monthly total of perc consumption? | QA ON | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | , | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY DN BN/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 QNA | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN ØN/A | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ØY ON ON/A | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | MY ON | | | | |
| 7. Maintained deviation reports? | DY DN ØN/A | | | | |
| Problem corrected? | DY DN WN/A | | | | |
| 8. Maintained compliance plan, if applicable? | QY ON ON/A | | | | |

| PART V | PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|----------|--|----------------------------|-----------------------------|-------------------|--|--|
| 1. Does | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| inspe | ection? | | | MY ON | | |
| 2. Has t | the facility maintained a leak log? | | | Y ON | | |
| 3. Does | s the responsible official check the f | following areas for leaks? | ? | | | |
| | Hose connections, fittings, couplings, and valves | OY ON ON/A | Muck cookers | DY ON ON/A | | |
| | Door gaskets and seating | אואם אם צע | Stills | MY ON ON/A | | |
| | Filter gaskets and seating | AND NO AND | Exhaust dampers | DY ON ON/A | | |
| | Pumps | OY ON ON/A | Diverter valves | DY ON ON/A | | |
| | Solvent tanks and containers | GY ON ON/A | Cartridge filter housings | DY ON ONIA | | |
| | Water separators | DY ON ON/A | | | | |
| 4. Whi | ch method of detection is used by t | he responsible official? | | / | | |
| | Visual examination (condensed se | olvent on exterior surface | es) | ₽ | | |
| | | | | | | |
|] | à | | | | | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | |
| | Halogen leak detector | | | | | |
| | If using direct-reading instrumentation, is the equipment: | | | | | |
| | a. Capable of detecting | perc vapor concentration | ns in a range of 0-500 ppm? | OY ON | | |
| | b. Calibrated against a s (PID/FID only)? | standard gas prior to and | after each use | OY ON | | |
| | c. Inspected for leaks a | nd obvious signs of wear | on a weekly basis? | OY ON | | |
| | d. Kept in a clean and s | secure area when not in u | se? | NO YO | | |
| | e. Verified for accuracy | y by use of duplicate sam | ples (calorimetric only)? | OY ON | | |
| | | | | | | |
| | | | | • | | |
| | M. ENRIQUE FLORES | | 8-21-98 | 3 | | |
| | Inspector's Name (Please Pr | int) | Date of Inspection | | | |
| | Manique Florer | | 8/99 | | | |
| | Inspector's Signature | | Approximate Date o | f Next Inspection | | |

ADDITIONAL SITE INFORMATION:

- DRY CLEANERS POLLUTION PREVENTION BOOKLET GIVEN TO THE RESPONSIBLE OFFICIAL

<u> 1925 (N. 192</u>

- EXCELLENT RECORDKEEPING.

| MASTECTION SUM | MARY REPORT BEST AVAILABLE COPY |
|--|--|
| TYPE OF INSPECTION: ANNUAL OM | PLAINT/DISCOVERY RE-INSPECTION |
| TIME IN: 1205 TIME OUT: 1220 | AIRS ID#: 250806 |
| TYPE OF FACILITY: PERC BRY ("LEHNER | |
| FACILITY NAME: DAY ("LFIN USA | DATE: |
| ACILITY LOCATION: 9525 NW 41 ST. | |
| MIAMI, 33178 | 206 (121 880) |
| RESPONSIBLE OFFICIAL: JONE PEREZ | PHONE NUMBER: 305. 471 - 006 |
| Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra | |
| Based on the results of the compliance requirements evaluadiscrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
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| COMMENTS: EXPELLENT RICURDREEPING. SI | HOP IN GOOD HOUSEKEEPING DRIJEK. |
| EQUIPMENT IN GOOD WORKING | ORIVER |
| | · / · / / / / · |
| | · |
| The Annual Compliance Certification form has been properly certi | fied and submitted to the inspector. YES NO |
| PATE OF NEXT INSPECTION: | 199 |
| | pproximate) |
| | RIBUE FLURES |
| NSPECTOR'S SIGNATURE: MELLIQUE HUM) | PHONE NUMBER: 305-377-6925 |
| Page | of Revised |

AIRS 10#: 250806___

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: DRYCLEAN D | SA | DATE: 8-21-98 |
|---|--|---|
| FACILITY LOCATION: 9525 WW | 41 87. | |
| miaini, | | |
| | <u> </u> | / |
| Annual Reporting Period: | 8/97 | 8/98 |
| Based on each term or condition of the Title 52-213.300, Florida Administrative Code (F | | |
| If NO, complete the following: | | |
| 11. Term or condition of the general permit | that has not been in continuous compli | iance during the reporting period stated above: |
| | | |
| Exact period of non-compliance: from | | RECEIVED |
| Action(s) taken to achieve compliance: | | SEP 2 8 סיצו |
| Method used to demonstrate compliance: | | Bureau of Air Monitoring & Mobile Sources |
| #2. Term or condition of the general permi | t that has not been in continuous compl | iance during the reporting period-stated above: |
| Exact period of non-compliance: from | | to |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | | |
| · | | |
| made in this notification are true, accurate | e and complete. Further, my annual con s, does not exceed 2,100 gallons per yea | ed after reasonable inquiry, that the statements assumption of perchloroethylene solvent, based ar for dry to dry facilities or 1,800 gallons per |

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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | <u>Manageme</u> i | nt Division 🔍 | |
|---|-------------------------------|----------------------------------|--|-------------------------------------|
| FACILITY NAME: Dry Cle | an USA | _ | DATE | 6/12/97 |
| FACILITY LOCATION: 9525 | NW 41 St | | | |
| Miam | i,FL 33178 | | | |
| | | - | | |
| Annual Reporting Period: 519 | | 7 TO | 0/12 | 19 97 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. | | = | <u>-</u> | EP Rule NO |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit | that has not been in continue | ous compliance | during the reporting peri | od stated above: |
| Let. Condenses mean | nod + record | ed at l | DOF. | |
| Exact period of non-compliance: from | 5/19/97 | to_ | 06-12-94 | |
| Action(s) taken to achieve compliance: | ADJUST COOL DOWN | TOMP, I | 642°F | |
| Method used to demonstrate compliance: | | | | |
| #2. Term or condition of the general permit | that has not been in continue | | | |
| Exact period of non-compliance: from | | t R | ECEIVE | D |
| Action(s) taken to achieve compliance: | | | AUG 2 2 1997 | |
| Method used to demonstrate compliance: | | | Bureau of Air Monitor & Mobile Sources | ring |
| 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 9 | nnucl consumplies per vear for a | r reasonable inquiry, tha tion of perchloroethylene | it the statements 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. Debbie Griner

MIAMI, FLORIDA

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

33130-1540



MAINTENANCE WORK ORDER

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Doral Center DRYCLEAN USA #/1/47 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Sureau of Air Monitoring & Mobile Sources

FIG 8 1803

Do NOT Remove Labe

| | Do IVOI Remov | LAUCI | | <u> </u> |
|---|-------------------------------|--------------------|----------------------|----------------------|
| Annual Reporting Period: January 1, 199 | 7 | то | Decem | ber 31, 1997 |
| Based on each term or condition of the Title V (62-213.300, Florida Administrative Code (F.A. | | - | | DEP Rule |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit that | at has not been in continuous | compliance during | ng the reporting pe | eriod 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 | at has not been in continuous | compliance during | ng the reporting pe | riod 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 o notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dr | her, my annual consumption o | f perchloroethylen | e solvent, based upo | n purchase receipts, |
| | EL GAGLIANO (Please Print) | Signa | ature | 2/9/98 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Û

RECEIVED

TYPE OF INSPECTION:

ΛΝΝυλι.

Bureau of Air Monitoring

COMPLAINT/DISCOVER Mobile Sources

RE-INSPECTION

| AIRS ID#: 0250806 DATE: 5/28) | 99 TIME IN: 10 24 TIME OUT: 1030 |
|--|--|
| FACILITY NAME: Dry Clea | · II |
| FACILITY LOCATION: 9525 | NW 41 54. |
| RESPONSIBLE OFFICIAL: HODE: | Michael Bagliano (954) 493-6700 PHONE: (954) 493-6700 |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to star | tup 🗆 📋 |
| 2. Facility failed to notify DARM to use general per | nnit 🗅 📗 |
| | |
| 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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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 | N OCan not determine |
| facility exceeds above li | mits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) perchloroethylene (pe | Review |

BEST AVAILABLE COPY

| PART HE GENERAL CONTROL REQUIREMENTS | |
|---|------------|
| Is the responsible official of the dry cleaning facility: | |
| (check appropriate boxes) | |
| 1. Storing perchloroethylene in tightly scaled and impervious containers? | DY ON BNIA |
| 2. Examining the containers for leakage? | DY DN ONIA |
| 3. Closing and securing machine doors except during loading/unloading? | BY ON |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? | מאם אם פס |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | אואס אס אס |
| | |
| 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 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?

DY DN DYNA

| В. | Has the responsible official of an existing large or new large area source atso: | | | |
|----|---|-----|------|---------------|
| | 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? | WY. | אם | |
| | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | es | ON. | □N/∧ |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | Ωи | □N/A |
| | 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 | ПИ | Ø⁄N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ŪИ | \square N/V |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | | | |
| | or expansion; and downstream from no other inlet? | ΩY | ПИ | ØΝ/Λ |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | d | , ON | ONIA |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ′ □N | ØNIA |

| PART V: RECORDKEEPING REQUIREMENTS | |
|--|------------|
| Has the responsible official: | |
| (check appropriate boxes) 1. Maintained receipts for perc purchased? | (ON |
| 2. Maintained rolling monthly total of perc consumption? | OF ON |
| 3. Maintained leak detection inspection and repair reports for the following: | - n- |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY ON ONA |
| 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 BNIA |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY ON BNIA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | חאות אם צם |
| 6. Maintained startup/shutdown/malfunction plan? | DYON |
| 7. Maintained deviation reports? | DY DN DWAY |
| Problem corrected? | DY DN DNIA |
| 8. Maintained compliance plan, if applicable? | אואס אט אם |

BEST AVAILABLE COPY

| 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 foe? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating YONON/A Filter gaskets and seating YONON/A Filter gaskets and seating YONON/A Diverter valves YONON/A Water separators 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OYONON/A C. Inspected for leaks and obvious signs of wear on a weekly basis? OYONON/A C. Verified for accuracy by use of duplicate samples (calorimetric only)? OYONON/A C. Verified for accuracy by use of duplicate samples (calorimetric only)? | 1. Does the responsible of | TION AND REPAIRS | |
|--|-------------------------------|--|-------------------------|
| Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Water separators Water separators 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, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? e. Verified for accuracy by use of duplicate samples (calorimetric each use) Only ON/A Muck cookers Only ON/A Stills Only ON/A Exhaust dampers Only ON/A Cartridge filter housings Only ON/A Cartridge filter housings Only ON/A Cartridge filter housings Only ON/A No/A No/A Cartridge filter housings Only ON/A No/A Cartridge filter housings Only ON/A No/A No/A Cartridge filter housings Only ON/A No/A No/A No/A Cartridge filter housings Only ON/A No/A No/A No/A No/A Cartridge filter housings Only ON/A No/A | in tesponsible offic | tal conduct a | |
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| 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) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric each value) | talks and contain | ners Diverter valv | 10- |
| 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) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric cash be | Water separators | | N/A |
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| 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 c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric call be | Use of direct-reading | , | 0 |
| 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 c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric call be | Halosen lead . | mentation (FID/PID/col | |
| 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 c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric call be | Sen leak detector | Dicatorimetric tubes) | ý , |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only be | If using direct-reading | | 5-4-7 |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric cally to the content of the conten | a. Canalda | instrumentation, is the course | |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric call to | Supartie of detect | ling perc vapor con- | |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric cally to the control of the | b. Calibrated agains | t a standard | XINIX |
| d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric celt ve | (PID/FID only)? | gas prior to and after each | pm? OY ON |
| C. verified for accuracy by use of duplicate samples (calorimetric only a | c. Inspected for lead | cach use | |
| C. Verified for accuracy by use of duplicate samples (calorimetric calc.) | d. Ken : | s and obvious signs of wear - | DY Ox |
| C. Verified for accuracy by use of duplicate samples (calorimetric only a | Rept in a clean and | d secure area who | - , UN |
| □Y □N | e. Verified for accura- | Cy by | UY UN |
| (Calorimetric only)? | | cy by use of duplicate samples (2-1) | DY UN |
| | | (calorimetric only)? | Dv (2) |

Inspector's Name (Please Print

Inspector's Signature

Date of Inspection

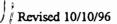
Approximate Date of Next Incomme

ISSued FDEP Colember Not that it was needed.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL | COMPLAINT/DISCOVERY RE-IN | SPECTION |
|---|--|---------------|
| TIME IN: 1000AM TIME OUT: | AIRS ID#: 0750 | 806 |
| TYPE OF FACILITY: | Dry Cleaner | |
| FACILITY NAME: Dog Co | DATE: | 5/28/99 |
| FACILITY LOCATION: 9525 | NW 41 8t. | · · · · . |
| RESPONSIBLE OFFICIAL: MICHOEL GO | PHONE NUMBER: (954) | 193-10700 |
| Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flori | ments evaluated during this inspection, the facility is found da Administrative Code (F.A.C.). | to be in |
| Based on the results of the compliance require discrepancies were noted: | ments evaluated during this inspection, the following comp | liance |
| COMPLIANCE REQUIREMENT/PRO | BLEM FOLLOW-UP ACTION REQ | J IRED |
| | | |
| | | |
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| | | |
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| | | |
| • | | |
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| | | |
| <u> </u> | | |
| | | • |
| COMMENTS: Exceller | Stactory trecord Magging | |
| The Annual Compliance Certification form has been p | operly certified and submitted to the inspector. YES | NO |
| DATE OF NEXT INSPECTION: 5/5 | 2000 | |
| 1 | (Approximate) | |
| INSPECTION CONDUCTED BY: | (Please Print) | |
| INSPECTOR'S SIGNATURE: | | D 372-692 |
| | Paus / of / | Pavisad 10/06 |





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM DE COMPLIANCE CERTIFICATION FORMER MARGEMENT

| | | | <u>ivial lagelli</u> | ieur Divisiou | |
|---|---|--|----------------------|--|-------------------|
| FACILITY NAME: | Dry Cle | an USA | # 11147 | DATE | : 6/23/99 |
| FACILITY LOCATION: | 9525 | NW 41: | St. | | |
| | Miami | , FL 33 | 178 | | |
| | rijurice |) - 33 | 7.0 | | |
| Annual Reporting Period: | | 5 198 | ў то | | 5 1999 |
| Based on each term or condition 62-213.300, Florida Administrat | | | | · 🛶 | EP Rule |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the ger | _ | as not been in continuou | - | the reporting peri | od stated above: |
| Exact period of non-compliance: | from | | to | | |
| Action(s) taken to achieve compl | liance: | | | | |
| Method used to demonstrate com | npliance: | | | | |
| #2. Term or condition of the ger | _ | as not been in continuou | | the reporting per | iod stated above: |
| Exact period of non-compliance: | from | | to | Mobile | E m |
| Action(s) taken to achieve compl | | | • | | A |
| Method used to demonstrate com | | | | Monito Spurces | 999 |
| ividuod used to demonstrate con | трпансе. | - | | es coring | O |
| As the responsible official, I here made in this notification are true upon rolling averages of purchasyear for transfer or combination RESPONSIBLE OFFICIAL: | e, accurate and con use receipts, does no of facilities. Name (Ple | nplete. Further, my ani ot exceed 2,100 gallons | nual consumption of | perchloroethylene dry facilities or 1,6 | 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.

Page _____ of _____.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | | 1005 | 1 W 15 11 1 | |
|--|---|---|-------------------|---|------------------|
| FACILITY NAME: | Dry Clea | ~ USA # | 72114 | | : 2/23/00 |
| FACILITY LOCATION: | 9525 | NO 41 3 | f. DEC 1 | 3 2000 | • |
| | Miani, | FL | Air Q | | |
| | | | wanageme | nt Division | |
| Annual Reporting Period: | Feb | 1999 | го | Feb | 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. | | | | | |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the gener | ral permit that has no | t been in continuous co | mpliance during t | the reporting peri | od stated above: |
| Exact period of non-compliance: f | rom | | to | | |
| Action(s) taken to achieve complia | nce: | | | | |
| Method used to demonstrate compl | liance: | | | | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: | | | | | |
| Exact period of non-compliance: f | rom | | to | | |
| Action(s) taken to achieve complia | ince: | | | | |
| Method used to demonstrate compl | liance: | · | | | |
| , proto- | | | | | |
| As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL | accurate and complete receipts, does not ex | te. Further, my annual ceed 2,100 gallons per | consumption of p | perchloroethylene by facilities or 1,8 | 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.



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 # 0250806

DORAL CENTER #11147 ANGELO IZQUIERDO 7771 W. OAKLAND PARK BLVD

SUITE 201 SUNRISE, FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



This portion must be attached to remittance for proper handling $$413019\ JAN14\,2002$$

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 # 0250806 DORAL CENTER #11147-DRYCLEAN USA EDDIE J RODRIGUEZ 7771W OAKLAND PARK BLVD STE 201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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Do NOT Remove Label

AIRS ID # 0250806

DORAL CENTER #11147 ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351

Obj.: 002273

FOR GOVERNMENT USE ONLY

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



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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

Obral Center DRYCLEAN USA # 11147 AIRS ID#0250806 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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Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

| 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 spac permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | |
|-----------------------|---|--|--|
| ADDRESS completed | AIRS ID 0250806 DRYCLEAN USA MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 | 4a. Article Ni 4b. Service 1 Registere Express I Return Rec | Type ed Certified Mail Insured ceipt for Merchandise COD ceipt for Merchandise COD |
| Is your <u>RETURN</u> | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X- 2011 2011 | 8. Addresses and fee is | · |
| | PS Form 3811 , December 1994 | | Domestic Return Receipt |

Z 333 612 915

*US Postál Service Receipt for Certified Mail

AIRS ID 0250806

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

| | Postage | \$ |
|-------------------------|--|----|
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800, | TOTAL Postage & Fees | \$ |
| S Form 3800, April 1995 | Postmark or Date | |