

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 4, 1997

Mr. Braulio Ramirez International Dry Cleaners 1080 West 29 Street Hialeah, Florida 33012

Facility No.: 0250851 Re:

Dear Ms. Ramirez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title  $\mbox{\it V}$ 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

Mr. Ewart Anderson, Dade County

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

# 0250851 p16

Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	Air Quality
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner/Lanagement Division
	B&G DRY CLEANERS INC-
2.	Site Name (For example, plant name or number):
	Site Name (For example, plant name or number):  INTERNATIONAL DRY CHENNIES  Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number!
	GAD 9812 69095
4.	Facility Location: 1080 W 29 57 - Street Address:
	City: HIALEAH County: DADE Zip Code: 330182
<b>45</b> .	Facility Identification Number (DEP Use): 1000 Page 1000
	100 July 100 100 100 100 100 100 100 100 100 10
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm:  Spme 48 Above
7.	Responsible Official Mailing Address:
	Organization/Firm: SMME 48 Above Street Address:
	City: . Zip Code: . Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: 905) 888-6838 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Some AS Above
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
   	Telephone: ( ) - Fax: ( ) -
	RECEIVED

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93		08-DEC-91	mstaned	#3		02-MAR-92
Dry-to-Dry Unit						•			
(1) w/ ref. condenser		Xe191	10191						
(2) w/ carbon adsorber		<u> </u>	<del>(</del> , -				1		_
(3) w/ no controls									
Washer Unit			-	•	•	•	•	-	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						-		-	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		. file"			•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total (a) (b) If less than 12 montrol Check why it is less	are r quant gall ths, h	equired to be tity of perchl ons ow many? [	e installed [ oroethylene	(perc	] ) purchased i				:
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selecter	ct one classif	ication only.	) lew si	finitions foun mall area sou arge area sou	ırce [	(3) or _] ]	f Part II?	
	50		• `		0- a.o. 30u				

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4. What control technology is required on machines pursuant to section (5) of Part (Indicate with an "X".)	t 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
5. A facility which contains non-exempt emissions units shall not be eligible to us to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units o 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 to boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is find	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Informa	ntion
Check all logs which are required to be kept on-site in accordance with the require	rements 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	ب
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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### 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)
	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 sits 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	omptly notify the Department of any changes to the information contained in this notification.
Bran Signatur	Mid & Remire × 10-24-97

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

# PERCHLOROETHYLENE DRY CLEAN RECEIVED

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY Bureau of Ai & Mobile	□ r Monitoring
AIRS 10#: 250851	DATE: 9-28-	98 TIME IN: 1345 TIME OUT:	1415
FACILITY NAME:	ERNATIONAL	DRY CLEANERS	
FACILITY LOCATION:	1080 W 29	ST.	
	HIALEAH, 3	3012	<u> </u>
RESPONSIBLE OFFICIAL	BRAULIO RAM	MIREZ PHONE: 305-888-68	38
CONTACT NAME:	"	PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			<del></del>
1. New facility notified DARI	M 30 days prior to star	tup	
2. Facility failed to notify DA	RM to use general per	mit	
PART II: CLASSIFICATIO	)N		
Facility indicated on notifica	tion form that it is:	☐ No notification form	
(check appropriate box)  A.	,	☐ Drop store/out of business/	petroleum
1. Existing small area so	urce 🗹	2. New small area source	
dry-to-dry only, x < 140 ga	al/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$	
transfer only, x < 200 gal/y	yr	transfer only, x < 200 gal/yr	
both types, $x < 140 \text{ gal/yr}$	1)	both types, x < 140 gal/yr	
(constructed before 12/9/9	1)	(constructed on or after 12/9/91)	
3. Existing large area so	urce 🖸	4. New large area source	
dry-to-dry only, $140 \le x \le$		dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1$ ,	800 gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr	
both types, $140 \le x \le 1.80$		both types, $140 \le x \le 1,800$ gal/yr	
(constructed before 12/9/9	71)	(constructed on or after 12/9/91)	
5. This is a correct facility	classification	☑Y □N □Can not determine	
If no please sheet t	he appropriate classifi	cation:	

9130/98 9130/98 Revised 9/15/97 9/29/38

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

facility qualified for a general permit as number \_\_\_\_\_ above facility exceeds above 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 perchloroethylene in tightly sealed and impervious containers?	DY DN WNA
2. Examining the containers for leakage?	DY DN WN/A
3. Closing and securing machine doors except during loading/unloading?	אם צש
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated 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 prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	חארם אם ארע
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?	QY QN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОХ ОИ

13.	Has the responsible official of an existing large or new large area source also:		<del></del>	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ΟN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ОΥ	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	,				
1. Maintained receipts for perc purchased?	WY ON				
2. Maintained rolling monthly total of perc consumption?	Y ON				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON WINA				
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 DH WHIA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN QN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WNA				
6. Maintained startup/shutdown/malfunction plan?	MY DN				
7. Maintained deviation reports?	HY ON MNIA				
Problem corrected?	DY ON DYNA				
8. Maintained compliance plan, if applicable?	OY ON WNIA				

PART	VI: LEAK DETECTION AND R	EPAIRS .	-			
I. Doo	es the responsible official conduct a v	veekly (for small source	es, bi-weekly) leak detection an	d-repair		
ins	pection?			DY ON		
2. Has	s the facility maintained a leak log?			ā, □N		
3. Do	es the responsible official check the l	following areas for leaks	5?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ONA		
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A		
	Filter gaskets and scating	Y ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	WY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	Y ON ON/A				
4. WI	hich method of detection is used by t	he responsible official?		,		
	Visual examination (condensed s	olvent on exterior surfac	ces)	œ		
	Physical detection (airflow felt th	rough gaskets)		Ø		
į,	Odor (noticeable perc odor)					
	Halogen leak detector					
l t	If using direct-reading instr	umentation, is the equ	ipment:	□N/A		
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON		
ļ	c. Inspected for leaks a	nd obvious signs of wea	nr on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in	use?	DY ON		
	e. Verified for accuracy	y by use of duplicate sar	mples (calorimetric only)?	אם אם		
-	M. ENRIQUE FLORES		9-28-98	) )		
	Inspector's Name (Please Pr	int)	Date of Inspection			
	Memizen Horer		SEPT. 19	9 .		
	Inspector's Signature		Approximate Date o	f Next Inspection		

#### ADDITIONAL SITE INFORMATION:

- \* GAS DETECTOR MODEL TIF 5050 A USED BY OWNER FOR LEAK INSPECTIONS.
- · VERY GOOD RECORD KEEPING
- / DERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS WAS GIVEN TO MR. RAMIREZ

# **BEST AVAILABLE COPY**

CALE OF INSTECTION: VINNAT () COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 14/15	AIRS 10#: 250 851
TYPE OF FACILITY: PLEC DRY CLEMNER	
FACILITY NAME: <u>INTENDATIONAL DRY CLEHNER</u>	DATE: 9-28-98
FACILITY LOCATION: 10kD W 59 ST.	
HIDI(AH 50012	
RESPONSIBLE OFFICIAL: BRILLIE REIMEF Z	PHONE NUMBER: 305-888-6838
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
<u>.</u>	
COMMENTS: FRUELLENT LUCKDKEEPING.	
CHED AND ELLIPHIENT IN SA	1715FACTORY LUDRKING ORDER.
SHEP MAIS EGOT MENT NO ST	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
PATE OF NEXT INSPECTION: SCPT-	'59
(A	pproximate)
NSPECTION CONDUCTED BY: M. EN	KIGUE FLUKES
NSPECTOR'S SIGNATURE: ) ( CILLIFUL HIN)	Please Print) PHONE NUMBER: 305 · 377 · 6025
<i>,</i>	, ,
Page	of Revised 10

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: IN FER		LEANER	DATE:	9-28-98
FACILITY LOCATION:	D W 29 ST			
HIA	111211 22012			
Annual Reporting Period:	9/97	19 TO	9/98	19
Based on each term or condition of 52-213.300, Florida Administrativ	•			EP Rulc
( NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not been i	n continuous complianc	e during the reporting peri	od stated above:
				,
Exact period of non-compliance:	īrom		0	
Action(s) taken to achieve compli				
Method used to demonstrate comp				•
· ·				
#2. Term or condition of the gen	eral permit that has not been	in continuous compliand	ce during the reporting per	iod-stated above:
Exact period of non-compliance:	from	to	)	
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	pliance:			
As the responsible official, I here made in this notification are true upon rolling averages of purcha year for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and complete. Fu se receipts, does not exceed 2	rther, my annual consui	mption of perchloroethyler	ie solvent, based

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

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

# PERCHLOROETHYLENE DRY CLEAN

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

T	Y	PE	OF	INSP	ECT	ION

AIRS ID#: 0250851 DAT

ANNUAL

COMPLAINT/DISEUSCHLOF Air Manitoring & Mobile Sources

**RE-INSPECTION** 

NOON TIME OUT

FACILITY NAME:

**FACILITY LOCATION:** 

**RESPONSIBLE OFFICIAL:** PHONE:

CONTACT NAME: PHONE:

#### PART I: NOTIFICATION

(check appropriate box)

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

#### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- 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 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)
- 5. This is a correct facility classification

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

- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer 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,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)
- $\square N$ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>(0</u>) gallons.

Revised 9/15/97

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

PART III: GENERAL CONTROL REQUIREMENTS

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 to on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/A
Is the temperature differential equal to or greater than 20° F?	QY QN QN/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,	
or expansion; and downstream from no other inlet?	OY ON ON/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?	אם אם
2. Maintained rolling monthly total of perc consumption?	OY ØN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MON/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?	DY DN ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DX/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אואָס אם צים
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON DAYA
Problem corrected?	DY DN ØN/A
8. Maintained compliance plan, if applicable?	מאש, אם צם A/A

P	PART VI: LEAK DETECTION AND REPAIRS	
I.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection	and repair
	inspection?	DY ON
2.	. Has the facility maintained a leak log?	OY PA
3.	. Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves DY ON ON/A Muck cookers	OY ON PANIA
	Door gaskets and seating DY DN DN/A Stills	DY ON ON/A
	Filter gaskets and seating DY DN DN/A Exhaust dampers	DY DN ON/A
	Pumps DIV DIN DN/A Diverter valves	AND MO YES
	Solvent tanks and containers DY DN/A Cartridge filter housings	S ZY 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)	Ø
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	DAN/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1200 TIME OUT: 1230	AIRS ID#: 0250851
TYPE OF FACILITY: Leve Dry	Cleaner
FACILITY NAME: International	Duy ClemesDATE: 4/29/99
FACILITY LOCATION: 1080 W 29 54	
RESPONSIBLE OFFICIAL: Drawing Survey	PHONE NUMBER: 288 - 6838
Based on the results of the compliance requirements evaluation of the compliance requirements and the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with the compliance requirement of the co	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
no Decords of Rolling	need to Stort Reaging
Total of Perd Consumption	monthly total of Percan
no leak 100 Kept	need to keep leek Loo
·	
•	
<del>-</del>	
	• • •
COMMENTS:	<u> </u>
COMMENTS.	
·	
<del></del>	
The Annual Compliance Certification form has been properly certi-	fied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 4/	2000
(A)	oproximate)
INSPECTION CONDUCTED BY: LEO	MAR T
A- A	lease Print)
INSPECTOR'S SIGNATURE:	HONE NUMBER: (305) 372-6922
Page <u>1</u>	,_of_( Revised 10/96

AIRS 1D#: 0250851

Hee

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Indernational Dry Cleaners DATE: 4/29/99
FACILITY LOCATION: 1040 \( \sigma \) 29 \( \sigma \) 54
Annual Reporting Period: 1993 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.
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:  R. O. New hore was not meintained monthly total of faccon
Exact period of non-compliance: from April 1998 to Ipril 1999
Action(s) taken to achieve compliance: 5tant update Relling fole of Perc Goods.  Method used to demonstrate compliance: 7727 Calendor
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
R.O. have not maintained leak 100
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the 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)  Braulize  Bignature  Date

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	<b>y</b>	COMPLAINT/DISC	OVERY	Ü
AIRS 10#: 250851				E OUT:	1415
FACILITY NAME:	ERNATIONAL	DRY CLE	ANERS		
FACILITY LOCATION:	1080 W 29 S	57			
	HIALEAH, 33				
RESPONSIBLE OFFICIAL	BRAULIO RAM	IREZ	_ phone: <u>305</u> -8	'88 - 68 <i>31</i>	<u> </u>
CONTACT NAME:	it		PHONE:		
PART I: NOTIFICATION		P	ECFIVE	D	
(check appropriate box)					
I. New facility notified DARI	M 30 days prior to starti	up	DEC 1 5 1999		
2. Facility failed to notify DA	RM to use general perm	nit	Bureau of Air Monitor	ing	0
			& Mobile Sources		
PART II: CLASSIFICATIO	)N·				
Facility indicated on notification (check appropriate box)  A.	tion form that it is:		☐ No notification f☐ Drop store/out o		etroleum
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr yr	dry-to-dry or transfer only both types, x	II area source nly, x < 140 gal/yr , x < 200 gal/yr < < 140 gal/yr on or after 12/9/91)	<u>.</u>	
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ , both types, $140 \le x \le 1,80$ (constructed before $12/9/9$ )	2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry o transfer only both types, l	ge area source .  nly, $140 \le x \le 2,100 \text{ gal/yr}$ $x, 200 \le x \le 1,800 \text{ gal/yr}$ $x, 40 \le x \le 1,800 \text{ gal/yr}$ on or after $12/9/91$	'yr	
5. This is a correct facility	classification	MY OI	N Can not determine	ne	
□ fa	he appropriate classific cility qualified for a ger cility exceeds above lin	neral permit a	s number abo eligible for a general pe		
B. The total quantity of perc facility was 60 gallo		irchased with	in the preceding 12 mont	hs by this d	ry cleaning



Revised 9/15/97 9/29/48

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PART HE CENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
	OY ON WNA
1 Storing perchloroethylene in tightly sealed and impervious containers?	OY ON WINA
Examining the containers for leakage?	DY ON WNA
2. Closing and securing machine doors except during loading/unloading?	MA UN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ONIA
PARTIV: PROCESS VENT CONTROLS	
in Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated 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 maprioe to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
d. Moscured and recorded the temperature of the outlet exhaust stream of a refrigerated area for an aweekly/bi-weekly basis?	ОУ ОИ
5. Deputied or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Cradocted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מץ מא

В.	Has the responsible official of an existing large or new large area source also:	<del></del>		
	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?	ÜY 0	ИС	
2.	Measured and recorded the washer exhaust température at the condenser inlet and outlet weekly?	OY 0	ם אב	IN/A
	Is the temperature differential equal to or greater than 20° F?	□Y (	ם אכ	IN/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,		DN C	DNI/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	UY (	םא כ	11/1/
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	ON C	V/NC
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	םא נ	אאכ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ОΥ	ОN (	AVAC

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

8. Maintained compliance plan, if applicable?

OY ON WNA

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PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	veckly (for small source	es, bi-weekly) leak detection ar	id repair
inspection?			ØY ON
k #22 . It with the theil ty maintained a leak log?	•		AN ON
2. Expande responsible official check the	following areas for leak:	s? '	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A
Door gashers and seating	DY DN DN/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	Y ON ONA	Cartridge filter housings	AY ON ON/A
Water separators	DY ON ON/A		•
4. Which method of detection is used by t	he responsible official?		/
Vicual examination (condensed s	olvent on exterior surfac	ces)	œ
Physical detection (airflow felt th	rough gaskets)		Ø
Odor (noticeable perc odor)			ø,
Use of direct-reading instruments	ation (FID/PID/calorime	etric tubes)	Ø
Halogen leak detector			
If using direct-reading insti	rumentation, is the equ	ipment:	□N/∧
a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	אט צם
b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON
e. Inspected for leaks a	nd obvious signs of wea	er on a weekly basis?	מט עם
d. Kept in a clean and :	secure area when not in	use?	WY ON
e. Verified for accurac	y by use of duplicate sai	mples (calorimetric only)?	DY ON
M. ENRIQUE FLORES Inspector's Name (Please Pr	int)	9-28-9 Date of Inspection	
Inspector's Signature		Approximate Date of	

#### ADDITIONAL SITE INFORMATION:

- \* GAS DETECTOR MODEL TIF 5050 A USED BY OWNER FOR LEAK INSPECTIONS.
- · VERY GOOD RECORD KEEPING
- 1 DERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS WAS GIVEN TO MR. RAMIREZ

# BEST AVAILABLE COPY

TIME OUT: 1919, AIRS IDIE: 2005.1  BE IN: 1919, IN THE OUT: 1919, AIRS IDIE: 2005.1  BE OF FACILITY: 1919, 1919, AIRS  BLITY NAME: 1919, AIRS IDIE: 2005.1  BLITY LOCATION: 1919, 1919, AIRS  BRONSIBLE OFFICIAL: 1919, 1919, AIRS  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	re,of instrection:	VINNAV	СОМГ	LAINT/DISCOVERY	RE-INSPECTION	- -
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DATE 77 SECTION NAME: DATE 1 STATE 1 S						
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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 62-213.000, Florida Administrative Code (E.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  DIMMENTS:  (In the facility is found to be in compliance with DEP Rule 62-213.000, Florida Administrative Code (E.A.C.).  (In the facility is found to be in compliance during this inspection, the following compliance discrepancies were noted:  FOLLOW-UP ACTION REQUIRED  DIMMENTS:  (In the facility is found to be in compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  FOLLOW-UP ACTION REQUIRED  FOLLOW-UP ACTION REQUIRED  ACTION CONDUITED AND THE STATE AND THE ST						
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.).  Dased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  DIMENTS: [AFILL OF LICENSELFEAD].  Compliance View Problem (Compliance Certification form has been properly certified and submitted to the inspector. YES) NO COMPLIANCE INSPECTION:  (Approximate)  SPECTION CONDUCTED BY: [Plane   Plane   Pla	11:1	11 14 11 12		· · · · · · · · · · · · · · · · · · ·		
COMPLIANCE REQUIREMENT/PROBLEM  POLLOW-UP ACTION REQUIRED  OMMENTS: INFILIT TECHNOLIFE FALL  COMPLIANCE Certification form has been properly certified and submitted to the inspector. YES NO SPECTION CONDUCTED BY:  (Please Print)  SPECTOR'S SIGNATURE:  PHONE NUMBER: A STATE OF THE PROPERTY OF THE PROPE	ESPONSIBLE OFFICIAL:	ENT DU BLD DI	<u>-</u>	PHONE NUMBEI	e 315 177 1836	
OMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  DIMMENTS: [MALLE of transcript of the continue of th	,	•		•	icility is found to be in	
DMMENTS: (APRILL of FLOW SECTION).  SULTABLE LEAPHING TO SETENDED TO THE OF NEXT INSPECTION:  SPECTION CONDUCTED BY:  SPECTOR'S SIGNATURE:  PHONE NUMBER:  PHONE NUMBER:			nents evalua	ted during this inspection, the fo	ollowing compliance	
DMMENTS: (APRILL OF THE PROPERTY OF SPECTOR'S SIGNATURE: PHONE NUMBER: APPLICATION)  (H. 116 P. L. 119 P.	COMPLIANCE REQ	UIREMENTAROI	BLEM	FOLLOW-UP AC	TION REQUIRED	
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TAPELLE VERY LEADING TO A SETECTION OF THE VALUE OF DEATH OF THE VALUE OF DEATH OF NEXT INSPECTION:  SPECTION CONDUCTED BY:  SPECTOR'S SIGNATURE:  PHONE NUMBER:  OR SETECTION OF THE VALUE						<i>,</i> *
TAPELLE VERY LEADING TO A SETECTION OF THE VALUE OF DEATH OF THE VALUE OF DEATH OF NEXT INSPECTION:  SPECTION CONDUCTED BY:  SPECTOR'S SIGNATURE:  PHONE NUMBER:  OR SETECTION OF THE VALUE						
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CHILDRICATION TO SETTINGUETANT TO SETTIN	OMMENTS: (AF), (1)	1 5 111 111	C):::::1		-	
Annual Compliance Certification form has been properly certified and submitted to the inspector.  ATE OF NEXT INSPECTION:  (Approximate)  SPECTION CONDUCTED BY:  (Please Print)  SPECTOR'S SIGNATURE:  PHONE NUMBER:		· ·		T. T. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M ZINK	
SPECTION CONDUCTED BY:    Conducted By:	$\lambda(H_{e_0}) \cdot f$	ab tilliblat	(A) 27	Trupper report	AN CLOCK.	
SPECTION CONDUCTED BY:    Conducted By:	e Annual Compliance Certi	ification form has been n	roperly certi	fied and submitted to the insec	ctor VESIN MC	)[]
SPECTION CONDUCTED BY:    II. L. M. J. (   /	ļ			•		()
	SPECTION CONDUCTE	ED BY:	111. 1.1	Elect Charles		
	SPECTOR'S SIGNATUR	RE: Minutes	A (1)	Please Print) PHONE NUMF	BER: Aborgio della	 G
TABLE OF THE REPORT IS		7				

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Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACHITTY NAME: /N I EM	RNATIONAL DRY	CLEANER		DATE	9-28-98
CILITY LOCATION: 108	80 W Z9 ST			and the second s	
H1.	ALEAH, 33012				
				/	1
nnual Reporting Period:	9/97	19	то	9/98	19
ased on each term or condition o	,			,	
ased on each term of condition of 2-213.300, Florida Administration	-			: /	□NO
(NO, complete the following:		•			
	and page it that has not be	an in continuou	c complianos	ducing the reporting up	god stated above
1. Term or condition of the gen	erai permit that has not be	en in conunuou	s compnance	auting the reporting be	riod stated above;
			<del> </del>		
Exact period of non-compliance:	from		to		
ction(s) taken to achieve compl	liance:				
Method used to demonstrate com	ipliance:	·			
#2. Term or condition of the ger	neral permit that has not be	∞a in ∞ntinuo	ıs compliance	during the reporting p	eriod-stated above:
					· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance	: from		to_		
•			to		
Action(s) taken to achieve comp	pliance:		to		
Action(s) taken to achieve comp	pliance:		to		
Exact period of non-compliance Action(s) taken to achieve comp Method used to demonstrate cor	pliance:		to		
Action(s) taken to achieve comp Method used to demonstrate cor  As the responsible official, I her	pliance: mpliance: reby certify, based on info	rmation and bel	ief formed afl	der reasonable inquiry,	that the statements
Action(s) taken to achieve composition used to demonstrate con  As the responsible official, I here made in this notification are true upon rolling averages of purche	pliance: mpliance: reby certify, based on inforue, accurate and complete. ase receipts, does not exce	rmation and bel Further, my a	ief formed afi	ter reasonable inquiry, ption of perchloroethyl	that the statements ene solvent, based
Action(s) taken to achieve composition used to demonstrate constant the responsible official, I here and in this notification are true upon rolling averages of purchasear for transfer or combination	reby certify, based on infonce, accurate and complete, ase receipts, does not excent facilities.	rmation and bel Further, my a	ief formed afi	ter reasonable inquiry, ption of perchloroethyl	that the statements ene solvent, based
Action(s) taken to achieve composition used to demonstrate con  As the responsible official, I here made in this notification are true upon rolling averages of purche	reby certify, based on infonce, accurate and complete, ase receipts, does not excent facilities.	rmation and bel Further, my a ed 2,100 gallon AM/NE 2	ief formed afi	ter reasonable inquiry, ption of perchloroethyl	that the statements 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.

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

#### **PERCHLO**

# COM

ROETHYLENE DRY CLEANERS  TITLE V GENERAL PERMIT PLIANCE INSPECTION CHECKLIST	TITLE V GENERAL PE	RMIT	
relance inspection checklist	LIANCE INSPECTION (	HECKLIST	•

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AND THE ANTIQUE IN THE INTERIOR	1.05000 THE OUT 2:30 000
AIRS ID#: 0250851 DATE: 10/9/00 TIME IN FACILITY NAME: International Dn	TIME OUT: A. JOPIN
FACILITY NAME: International In	1 (leaners
FACILITY LOCATION: 1080 W 29 St	
Hialeah FL:	33012
Hiallah, FL 3 RESPONSIBLE OFFICIAL: Brawled Ramires	PHONE: (305) 888 -6838
CONTACT NAME:	PHONE:

PART I: NOTIFICATION	Sur Control	
(check appropriate box)	N N N	
1. New facility notified DARM 30 days prior to startup	1 Cobile	
2. Facility failed to notify DARM to use general permit	No.	
	ces Ces	

### PART II: CLASSIFICATION Facility indicated on notification form that it is:

(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)

3. Existing large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ . transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)

5. This is a correct facility classification

☐ No notification form

☐ Drop store/out of business/petroleum

2. New small area source dry-to-dry only, x < 140 gal/vrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)

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

 $\square N$ ☐Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above 

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>(QU)</u> gallons.

1 of 5

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 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? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

∥ ₿.	Has the responsible official of an existing large or new large area source also:			
İ				
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?	$\Box$ Y	$\square N$	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	ΠN	□N/A
1	•	_		_
ĺ	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ΠN	□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,			
l	if machines are equipped with a carbon adsorber?	$\Box$ Y	$\square$ N	□N/A
	In the many annual and an investment of the second of the			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ШΝ	□N/A
	A second disease on Proposition the control of the Lorentee of Company of Company			
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?	$\Box$ Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	$\Box$ Y	$\square$ N	□N/A
	•			
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box$ Y	$\square$ N	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
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?	?		SE CIN			
3. Does the responsible official check the	e following areas for leaks	s?	,			
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON MIN/A			
Door gaskets and seating	YY ON ON/A	Stills	Y ON ON/A			
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	OY ON XN/A			
Pumps	DY ON ON/A	Diverter valves	DY DN XN/A			
Solvent tanks and containers	YY ON TINIA	Cartridge filter housings	Y ON ON/A			
Water separators	Water separators QY ON ON/A					
4. Which method of detection is used by the responsible official?						
Visual examination (condensed	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?						
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? □Y □N						
e. Verified for accuracy	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

OO

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:			
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:05pm	тіме оит: 2:30	pm _airsid#: 00	25085/
TYPE OF FACILITY: $\mathcal{P}_{\epsilon}$	erc Dry Clea	ner	1
FACILITY NAME: I	nternational	Dry Chearers	DATE: 10/9/00
FACILITY LOCATION: 16	180 W 29 St		
11	salech, FZ	33012	
RESPONSIBLE OFFICIAL: $\frac{\mathcal{L}}{\mathcal{L}}$	raulio Ramire	PHONE NUMBER:	(305)888-6838
	the compliance requirements eval	luated during this inspection, the facil strative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were note		uated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			* .
			·
· · · · · · · · · · · · · · · · · · ·			
EXCEL	lent Recor	dkeeping, hou	sekeeping
The Annual Compliance Certific	cation form has been properly cert	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	on: 10/0/	<u> </u>	
INSPECTION CONDUCTED		Approximate) 11-110W	_
		Please Print)	2
INSPECTOR'S SIGNATURE	Sylvory (7-	PHONE NUMBER	(305)372-6936
	Page	of	Revised 10/96



airs id#: 0250851  DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM	Revised 10/10/96
(\) ANNUAL COMPLIANCE CERTIFICATION FORM	
FACILITY NAME: International Dry Cleaners DATE FACILITY LOCATION: 1080 W 29 St	: 6/9/00
Hialeah, FL 33012	
Annual Reporting Period:	6 7000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with D 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	EP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting peri	od stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting peri	od stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,8 year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Name (Please Print)  Signature	solvent, based

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

#### 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** 

304103

Do NOT Remove Label

AIRS ID 0250851

B & G CLEANERS INC BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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

Оыј.: 002273

3700000 DEPT OF ENVIRONMENTAL PROTECT FOR DEPOSIT ONLY

MAR -2 98

BARRELL DAVE OF YALLAHASSEE FLORIDA STATE TREASURY CONCENTRATION ACCT. #1000004444

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4b.	dditional s			that we c	an return this	following	sh to receive the services (for an services):
of th	e mailnier	a or	on the had	k if snace	does not	1 4 1	Add-000000 Add-

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 cand 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.  3. Article Addressed to:  AIRS ID 0250851  B & G CLEANERS INC  BRAULIO RAMIREZ  1080 WEST 29TH STREET  HIALEAH FL 33012	a does not a number. d the date  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  4a. Article Number 73336/2783  4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Dat Compared 1994	8. Addressee's Address (Orlly if requested and fee is paid)  Domestic Return Receipt
	■ 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.  3. Article Addressed to:  AIRS ID 0250851  B & G CLEANERS INC BRAULIO RAMIREZ  1080 WEST 29TH STREET HIALEAH FL 33012  5. Received By: (Print Name)

}	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
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0013	Restricted Delivery Fee (Endorsement Required)							
문	Total P 10 AIRS ID # 0250851001AG							
1670	Sent To BRAULIO RAMIREZ							
	INTERNATIONAL DRY CLEANERS							
	Street, A 1080 WEST 29TH STREETHIALEAH FL							
7000	City, Stai 33012							
1	PS Form 3800, May 2000 See Reverse for Institutions							

* DEVCE SLICKER VE TOP OF MAELORE		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	Y
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:	Date of Delivery  Agent Addressee Yes No
RAULIO RAMIREZ TERNATIONAL DRY CLEANERS 80 WEST 29TH STREET   ALEAH FL  1012	3. Service Type  Certified Mail	or Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7000 1676	0013 3095 400	 ਹ
PS Form 3811, March 2001 Domestic Retu		102595-01-M-1424



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

413299 JAN 18 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 # 0250851 INTERNATIONAL DRY CLEANERS BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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Lease 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** 

p2/16/01

Do NOT Remove Label

AIRS ID # 0250851

INTERNATIONAL DRY CLEANERS BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03500 Obj.: 002273

Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Recipi BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012 City. 5 PS Form 3800, Fébruary 2000 See Reverse to firstructions  SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) Recipi BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012 City. 5 Recipi BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012 City. 5 Recipi BRAULIO RAMIREZ 1080 WEST 29TH STREET 1080 WEST 29TH STR		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
(Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total INTERNATIONAL DRY CLEANERS  BRAULIO RAMIREZ  1080 WEST 29TH STREET  HIALEAH FL 33012  City, 5  PS Form 3800, February 2000  See Reverse Tor Instructions  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of 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,		L.I	Certified Fee	\$				
AIRS ID # 0250851  INTERNATIONAL DRY CLEANERS BRAULIO RAMIREZ  1080 WEST 29TH STREET  1080			(Endorsement Required) Restricted Delivery Fee			Here		
SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  Attach this card to the back of the mailpiece,		INTERNATIONAL DRY BRAULIO RAMIREZ 1080 WEST 29TH STREI Street, HIALEAH FL 33012 City, S			Y CLEANERS ———			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>			PS Form 3800, February 2	2000	The second secon	See Reverse for Instr	ructions	
1. Article Addressed to:  D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No  AIRS ID # 0250851  INTERNATIONAL DRY CLEANERS BRAULIO RAMIREZ	■ Complete items item 4 if Restrict ■ Print your name so that we can reach Attach this card or on the front if  1. Article Addressed  INTERNATIONAL INTERNA	s 1, 2 sted I e and return I to the f spa to: DRY	, and 3. Also comple Delivery is desired. address on the revent the card to you, he back of the mailplace permits.  AIRS ID # 025085 CLEANERS	A. Recei C. Signa X D. Is deli	ived by (Please Print Cleature  Decrease Stifferent Tra	early) B	Agent Addressee	
HIALEAH FL 33012  3. Service Type  Certified Mail  Express Mail  Registered Return Receipt for Merchandise  Insured Mail C.O.D.	1080 WEST 29TH STREET HIALEAH FL 33012			Certified Mail				
4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number (Copy from service label)	2. Article Number (Co	 Гору fi	rom service label)	16.55	4. Restr	icted Delivery? (Extra Fe	ee)	☐ Yes
<u>√/000 (700 (700 (700 H) 27 H+37)</u> PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	7/000 (O 6 PS Form 3811 .ll	<u>190</u>	0 0026 1999 D	H 2	urn Recein	<u> 430                                    </u>		102595-99-M-1789



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## TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250851

INTERNATIONAL DRY CLEANERS BRAULIO RAMIREZ 1080 WEST 29TH STREET HIALEAH FL 33012

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THE A PRION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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AIRS ID # 0250851

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