

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 25, 1997

Mr. Dawood Siddig Biscayne Dry Cleaners 20107 Biscayne Boulevard Aventura, Florida 33180

Facility No.: 0250863 Re:

Dear Mr. Siddig:

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

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	Y	P	E	OF	INSPEC	CTION	l:
---	---	---	---	----	--------	-------	----

\checkmark	
$^{\circ}C_{\wedge}$	
PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL COMPLIANT/DISCOVERY RE-INSPECTION	
AIRS ID#: 0350863 DATE: 2/4/00 TIME IN: 0900 TIME OUT: NA	·.
FACILITY NAME: BISCAYNE CLEANEIS FACILITY LOCATION: 20107 BISCAYNE Blut.	
N. Miani, FL	
RESPONSIBLE OFFICIAL: <u>Dawood Saddig</u> PHONE: (305) 935-2441	
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	
	İ
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: No notification form	
A.	· .
1. Existing small area source	
transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91) both types, x < 140 gal/yr (constructed on or after 12/9/91)	
(constructed off of after 12/9/91)	
3. Existing large area source 4. New large are	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \ge x \le 1,800$ gal/yr	
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
5. This is a correct facility classification 7	
If no, please check the appropriate classification:	
facility qualified for a general permit as numberabove	
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 gallons.	

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		>	
Storing perchloroethylene in tightly sealed and impervious containers?	ПΥ	ΠN	□N/A
2. Examining the containers for leakage?	ΠY	ΠN	□N/A
3. Closing and securing machine doors except during loading/unloading?	ΠY	ПИ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ΩY	□и	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΟY	ПΝ	□N/A
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V.			٠.
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	rated	conde	nser
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 refrige (complete A and B below).	rated	conde	nser
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?	ΩY	ПN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΟY	□и(□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΠY	□и ,	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΟY	ПΝ	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΟY	□и (□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΟY	ПN	

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

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

D. D. L. D. L. D.			
PART VI: LEAK DETECTION AND F			
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	nd repair
inspection?			OY ON
2. Has the facility maintained a leak log?	•		UV UN
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	אוחם אם אם	Diverter valves	DY DN DN/A
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY DN DN/A
Water separators	OY ON ONA		
4. Which method of detection is used by th	ne responsible official?		
Visual examination (condensed so	lvent on exterior surfaces		
Physical detection (airflow felt thr	ough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumentat	ion (FID/PID/calorimetric t	rubes)	
Halogen leak detector			
If using direct-reading instru	mentation, is the equipme	ent:	□N/A
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	מם עם
	andard gas prior to and afte		
(PID/FID only)?			OY ON
c. Inspected for leaks and	l obvious signs of wear on a	a weekly basis?	Д Л
d. Kept in a clean and see	cure area when not in use?		a/_an
e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	DY DN
			
<u>. </u>	à	/	
Lvan tannin	<u> </u>	Date of Inspection	/00
Inspector's Name (Please Print	J	Date of hispection	
\mathcal{L}		.1/4	-
Inspector Structure		Approximate Data of A	Just Inspection

2/4/00

Duy Cleaners no longer in business. Building demolished.

Air Quality Aivision Themagene M

	Perchloroethylene Dry	y Cleanin	g Facility No	tification	C1 0 9 1997	0 .
	Facility	Name and L	ocation		โ การจ	(E)
1.	Facility Owner/Company Name (Name of co				17777FF	型
	Site Name (For example, plant name or name) BIS CAYLE DR Hazardous Waste Generator Identification Ny	Cle	ANER	, IK	·•	
2.	Site Name (For example, plant name or numb	er):		. •		
	BISCAYNE DR	y Cle	BANER	<u>-5</u>		
3.	Hazardous Waste Generator Identification Ny	mber:			•	!
	GAD 98/2690	795				
4. 		SORY	int k	2VD		
	Street Address: City: ANEN TURA Coun	ity: D	DE	Zip Code:	3180	
5.	Facility Identification Number (DEP Use):					基
			4 0			
	Res	ponsible Off	icial			
6.	Name and Title of Responsible Official:	A NOV.	D Sio.	DIQ I t	PRES	
7.	Responsible Official Mailing Address:					ヿ
	Organization/Firm: Street Address:	alle	E			
		County:	<u> </u>	Zip Cod	e:	.
8.	Responsible Official Telephone Number:		•	<u>. </u>		
	Telephone: 805) 735 - 2444		Fax: ()			
	Facility Contact (If di	fferent fron	n Responsible Of	fficial)		,
9.	Name and Title of Facility Contact (For exan	nple, plant m	anager):			
	•	3pm	5			1
10.	Facility Contact Address:		•			\neg
	Street Address:			* 4		
		unty:		Zip Code:		
11	Facility Contact Telephone Number:	· · · · · · · · · · · · · · · · · · ·		The second of the second	9	
' ' '	Telephone: () -		Fax: ():	All Carlos and the Same		
Ŀ	a gyesine ta ke sa gya kesi ili aki ya kata a			<u> </u>	$\frac{f \circ V_{i} \circ V_{i}}{f} = \frac{f}{f}$	

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NOV 5 1997

0250863 Add Permit #'s (D.E.P. issued air permits) I. sign and date for

- di te chemici

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device :		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		JON 97	JAN 97			1		T	1
(2) w/ carbon adsorber			· ·						
(3) w/ no controls								1	
Washer Unit			•		•	•		-1	
(4) w/ ref. condenser		Ì							
(5) w/ carbon adsorber									
(6) w/ no controls								1	
Dryer Unit		11,7.0			•	•		-	
(7) w/ ref. condenser	-		1					1	1
(8) w/ carbon adsorber			<u> </u>						1
(9) w/ no controls								1 -	1
Reclaimer Unit		i reust	· .			·			
(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 (are i	equired to be tity of perchl ons	e installed [_ oroethylene	(perc	_ا	in the latest 1	2 ma	nths?	
Check why it is less 3. What is the facility's so (Indicate with an "X".	s that	n 12 months:	New owner:	[•		-		
Existing small at	rea so	ource []	N	ew si	mall area sou arge area sou	NOT AME TO SE			
					•	S			

DEP Form No. 62-213.900(2)

(Indicate with an "X".)	on (3) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated co	ondenser []
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total hea boiler HP or less), and (2) are fired exclusively by natural gas excep during which propane or fuel oil containing no more than one perce	nt for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeep	oing Information
Check all logs which are required to be kept on-site in accordance w	with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this 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 its 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	comptly notify the Department of any changes to the information contained in this notification. $I_{\mathcal{O}} = \{G \mid G\}$

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

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

W M AIRS ID 0250863 **BISCAYNE DRY CLEANERS** DAWOOD SIDDIQ 20107 BISCAYNE BLVD **AVENTURA FL 33180** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 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: Exact period of non-compliance: from 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 period 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 the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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. Name (Please Print)

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

PERCHLOROETHYLENE DRY CLE

TITLE V GENERAL PERMIT

ANERS	/
RECEIVED	
MINT/DISCENIZA 1998 🗆	
Bureau of Air Monitoring & Mobile Sources	
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otification form store/out of business/petroleum	
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	COMPLIANCE IN	SPECTION O	CHECKLIST		V E D
TYPE OF INSPECTION:	ANNUAL		COMPLAI	85 TD LICHT	1998 🗆
	RE-INSPECTION	V., D		Bureau of Air M & Mobile So	onitoring
AIRS ID#: 250863	DATE: 9-29-98	TIME	IN: //00		
FACILITY NAME: BIS	CAYNE DRY CLEA	NERS			
FACILITY LOCATION: _	20107 BISCAYNE	BLVD.			
_	AVENTURA, 33	3 180			
RESPONSIBLE OFFICIAL	.: <u>DAWOOD</u> 810.	819	PHONE: _	305-935-2	441
CONTACT NAME:	"/		PHONE:	//	
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DAR	LM 30 days prior to star	tup			
2. Facility failed to notify D.	A RM to use general per	mit			
	Than to use general per				
PART II: CLASSIFICATI	ON				
Facility indicated on notific	ation form that it is:		☐ No not	fication form	
(check appropriate box)			☐ Drop st	ore/out of business	/petroleum
A. 1. Existing small area se	ource 🗆	7 Nowsma	ll area source		
dry-to-dry only, x < 140		_	1/3 140 gal	/vr	
transfer only, x < 200 gal			x < 200 gal/y		
both types, x < 140 gal/yr		, ,	< 140 gal/yr		
(constructed before 12/9/	91)	(constructed	on or after 12/	9/91)	
3. Existing large area s	ource 🖸	4. New larg	e area source	0	
dry-to-dry only, $140 \le x$		-	nly, $140 \le x \le 3$		
transfer only, $200 \le x \le 1$			$\frac{1}{2}$, $\frac{1}{2}$, $\frac{1}{2}$		
both types, $140 \le x \le 1.8$			$40 \le x \le 1,800$		
(constructed before 12/9)	<u> </u>		on or after 12/		
5. This is a correct facilit	y classification	OY O	V Wan no	t determine	
If no, please check	the appropriate classific	cation:			
	acility qualified for a go		s number	above	

Revised 9/15/97

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

facility was UNK gallons.

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?	OY ON WN/A		
2. Examining the containers for leakage?	DY ON ONIA		
3. Closing and securing machine doors except during loading/unloading?	ØY ON		
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?	DY DN MN/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	erated condenser		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a 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?	MA ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	GY 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 DN DN/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY WN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON WNIA		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY. ØN		

В.	Has the responsible official of an existing large or new large area source also:			
۱.	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?	ОΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/∧
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	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?	ΩY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	Пи	□N/∧
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?	DY DN				
2. Has the facility maintained a leak log?			DY WN		
3. Does the responsible official check the f	ollowing areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON/A	Muck cookers	DY ON ONA		
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A		
Filter gaskets and seating	DY WN ON/A	Exhaust dampers	DY ON DN/A		
Pumps	OY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	OY ON ONIA	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON DN/A				
4. Which method of detection is used by the	he responsible official?				
Visual examination (condensed so	olvent on exterior surfaces)				
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instr	umentation, is the equipm	ent:	OSN/A		
a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	standard gas prior to and afte	er each use	OY ON		
c. Inspected for leaks at	nd obvious signs of wear on	a weekly basis?	חט טא		
d. Kept in a clean and s	ecure area when not in use?		OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
· ·					
M. ENRIQUE FLORES	5	9-29-98			
Inspector's Name (Please Pr	int)	Date of Inspection	and the state of t		
maurque Flores	Milmiam Florer SEPT '99				
Inspector's Signature	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Approximate Date of Next Inspection			

ADDITIONAL SITE INFORMATION:

- Q PERC MACHINE IN NEED OF REPAIR TO FIX A WATER LEAK.
- I NO RECORDS OF ANY TYPE KEPT ON THE PREMISES.
- I BUILDING IS TO BE DEMOLISHED IN APPROXIMATELY ONE MONTH FROM THE DATE OF THIS INSPECTION. MR. SIDDIQ WAS ADVISED TO CALL OUR OFFICE WITH UPDATED INFO. I.P. NEW BUSINESS ADDRESS.
- / STATE'S INSPECTION CALENDAR AND DERNI'S BOOKLET ON POLLUTION PREVENTION WERE GIVEN MR. SIDDIR'S REPRESENTATIVE, MIGUEL HERNANDEZ -> SIGNETS ANNUAL COMPLIANCE CERTIFICATION FORM.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

facility name: <u>B</u> is	CAYNE DRY	CLEANERS				DATE	9-29-18
FACILITY LOCATION: _	20107 B						
	AVENTURA						
Annual Reporting Period:	SEPT	. 97	19	то	SEPT.	78	19
Based on each term or condi- 62-213.300, Florida Adminis							P Rule PNO
If NO, complete the following	ıg:						
#1. Term or condition of the	e general permit	that has not been	in continuot	s compliance	during the re	porting perio	d stated above:
NO RECORDS OF PERC F	URCHASES,						
Exact period of non-complia	ıncc: îrom	0	1/97	to	9	18	
Action(s) taken to achieve c	ompliance:		I .			1	ON SITE AT
Method used to demonstrate	compliance:	ALL TIMES DU	RWG BU	ISINESS HOL	URS.		
#2. Term or condition of th	ne general permit	that has not been	in continuo	us complianc	e during the r	eporting perio	od-stated above:
Exact period of non-compli	ance: from			to			
Action(s) taken to achieve of	compliance:						
Method used to demonstrat	e compliance:	· · · · · · · · · · · · · · · · · · ·		· .			
As the responsible official, made in this notification an upon rolling averages of pryear for transfer or combin	re true, accurate urchase receipts, nation facilities	and complete. Fi	urther, my a	nnual consum	ption of perch	hlproethylene	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.

BEST AVAILABLE COPY

TYPE OF INSPECTION:	VNUNT 🐧 COWL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1/00	TIME OUT: 1130	AIRS ID#:	250863
TYPE OF FACILITY: PER			
	CAYNE ARY CLEANERS		DATE: 9-27-98
,	CLICT BISCAYNE BLVD		
	VENTIRA, 33180	. '	
RESPONSIBLE OFFICIAL:	. ′	РНОЙЕ NUMBEI	2: 305.935-2441
	of the compliance requirements evalua EP Rule 62-213.300, Florida Administra		acility is found to be in
Based on the results discrepancies were a	of the compliance requirements evalua noted:	ited during this inspection, the fo	ollowing compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
•	PERCHASES. HAK INSPICTION. ININGS KEPT UN PREMISES	ALMITEBLE FER INS	VECTION EMISES
#			
COMMENTS: / [] (MACHINE IN NEED OF R	TUPIRS IC FIX A GU,	ATTER I CAK.
- BUS/	NESS TO BE LELUCHTED BU	E TO LIGHT OF WAY DE	INVLITION GROUGED
By 3	. 7	IX MIARCELO BURRES	•
			, , , , , , , , , , , , , , , , , , ,
	ertification form has been properly cert	itied and submitted to the inspe	ctor. YES NO
ATE OF NEXT INSPEC		·	
NSPECTION CONDUC	red by:	pproximate) [NRIGUE FIDRES '	
NSPECTOR'S SIGNAT	URE: Mangea Hory	Please Print) PHONE NUME	BER: 305.372.6925
	⊮ Pagc <u>'</u>	of	Revised 10/96

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RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

ANNUAL

Bureau of Air Monitoring COMPLAINT/DISCOVER Mobile Sources

RE-INSPECTION

AIRS ID#: 0250863 DATE: 4/25	8 99 time in: 11 am tim	E OUT: 1145
FACILITY NAME: B: SCAY NO	` /	
1	Biscoy Ne Blud.	
RESPONSIBLE OFFICIAL: Dacod	Soldia PHONE: 93	5-2441
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup	; 🗆
2. Facility failed to notify DARM to use general pe	ermit	
PART II: CLASSIFICATION		,
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification for ☐ Drop store/out of b	
-		
(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	☐ Drop store/out of b 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	ousiness/petroleum
(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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	 Drop store/out of be 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr 	ousiness/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	Drop store/out of be 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ cation: neral permit as number above mits and is not eligible for a general permit	ousiness/petroleum

1 RMS L. \$1 579199

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZN/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? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y 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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

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

verifying that the coolant had been completely charged?

· .

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls 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?	OY ON ON/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?	. 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?	DY ZN				
2. Maintained rolling monthly total of perc consumption?	DY (M)				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ZN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days					
and parts installed w/in 5 days of receipt?	DY DW DANA				
4. Maintained calibration data? (for applicable direct reading instruments)	אום אם אם				
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	DA ON				
7. Maintained deviation reports?	עאואבן אם צם				
Problem corrected?	DY DN DN/A				
8. Maintained compliance plan, if applicable?	אואבא אם צם				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					ZY	ON /
2.	Has the facility	maintained a leak log?				ΩY	DM
3.	Does the respons	sible official check the f	ollowing areas fo	or leaks?			
		nections, fittings, s, and valves	אואם אם ציב	A	Muck cookers	OY 0	IN DAVA
	Door gask	cets and seating	אואם אם ענק	Α	Stills	g js	N □N/A
	Filter gask	cets and seating	אואם אם	A	Exhaust dampers	DY/O	N □N/A
	Pumps	·	אם אם או	A	Diverter valves	DYO	N □N/A
	Solvent tar	nks and containers	אמם אם אמן	A	Cartridge filter housings	βy α	N □N/A
	Water sepa	arators	אואם אם צים	A			
4.	Which method o	of detection is used by th	e responsible offi	icial?		/	
	Visual exa	amination (condensed sol	vent on exterior s	surfaces)		$\mathcal{A}_{\mathcal{I}}$,
	Physical de	etection (airflow felt thro	ough gaskets)		•		
	Odor (notic	iceable perc odor)					
	Use of dire	ect-reading instrumentati	on (FID/PID/calc	orimetric tu	bes)		_
	Halogen le	eak detector				كير	
	If using	g direct-reading instru	mentation, is the	equipmen	ıt:	ON/A	
	a.	Capable of detecting pe	erc vapor concent	rations in a	range of 0-500 ppm?	AY O	И
	b.	. Calibrated against a sta (PID/FID only)?	ndard gas prior to	o and after	each use		N
	с.	Inspected for leaks and	obvious signs of	wear on a	weekly basis?		N
	đ.	Kept in a clean and sec	ure area when no	t in use?		ום אק	И
	e.	Verified for accuracy b	y use of duplicate	e samples (calorimetric only)?		N

Inspector's Name (Please Print)

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL Z	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1 TIME OUT: 145 AM	AIRS ID#: 0250 863
TYPE OF FACILITY: Rec Dry	(care //- 199
FACILITY NAME: 75000000000000000000000000000000000000	DATE: 4/28/79
FACILITY LOCATION: 201071 Bisco	1 m 2 75/Vd
RESPONSIBLE OFFICIAL: DAWOOD SADDIS	PHONE NUMBER: 935-2421
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Record of leak log + Monthly total of Rec cons.	of Ruc consumption
No Reciepts of Rec	
Rivelused	red reciepte of Perc
	•
	-
;	
COMMENTS: non - compliant	
The Annual Compliance Certification form has been properly certain DATE OF NEXT INSPECTION:	
	Approximate)
	DHART
	Please Print) — T PHONE NUMBER: (305) 372-692

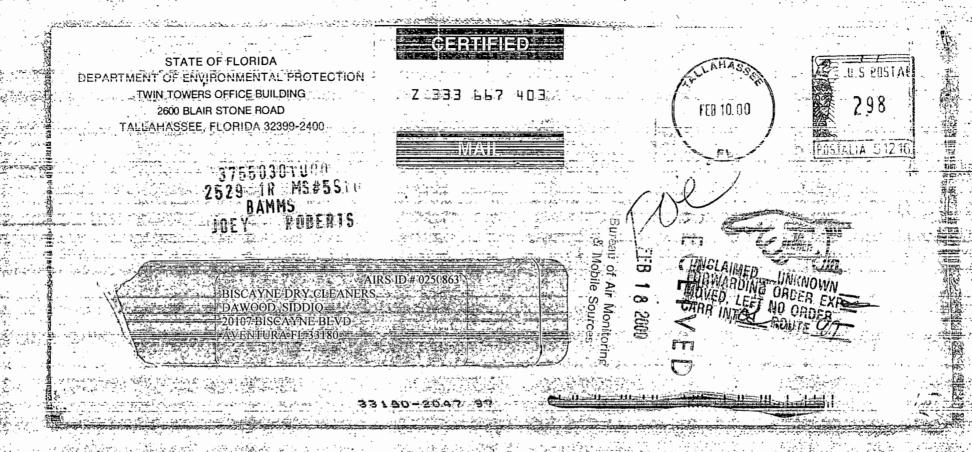
airs id#: <u>0250863</u>

Pele

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 3-5 SCAPE CLE	ion cs	DATE: 4/28/99
FACILITY LOCATION: 20107 355	cayne Blu.	${d}$
	engw e sion	
		<u> </u>
Annual Reporting Period: 19	93 TO AS	1999
Based on each term or condition of the Title V general air permit, my for 62-213.300, Florida Administrative Code (F.A.C.), during the period co	_	
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in contin	nuous compliance during the	e reporting period stated above:
Record Keeping violation in	o leak low	+ Reconsultanto
Exact period of non-compliance: from	1998 to	April 1799 -
Action(s) taken to achieve compliance:	Calend.	or leak lay + Perco
Method used to demonstrate compliance:)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
#2. Term or condition of the general permit that has not been in contin	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and le made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 gall year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	annual consumption of per	rchloroethylene 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.

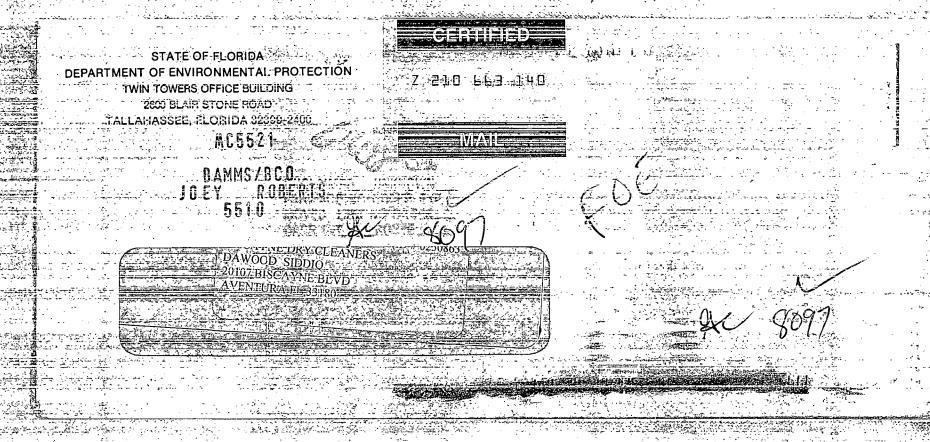


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	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	Print your name and address on the reverse	C. Signature
	so that we can return the card to you. ■ Attach this card to the back of the mailpiece,	□ Agent
	or on the front if space permits.	Addressee ·
	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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	AIRS ID #.0250865	A Company of the Comp
	BISCAYNE DRY CLEANERS	
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100 mg	AVENTURA FL-33180	3. Service Type
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	2 333667403	4. Restricted Delivery? (Extra Fee) ☐ Yes
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	PS Form 3841, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
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		so that we can return the card to you. Attach this card to the back of the mailpi			☐ Agent	•
1	1	or on the front if space permits.	nece,	X	☐ Addressee	
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 1670 0013 3095 3881







9097

OTION

OT



MUG 9 6 20002

Bureau of Air Monitoring & Mobile Sources

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) B. Date of Delivery Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, X ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below:

10 AIRS ID # 0250863001AG DAWOOD SIDDIQ BISCAYNE DRY CLEANERS 20107 BISCAYNE BLVD AVENTURA FL 33180

Service Type		
Certified Mail.	□ Express Mail	

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Registered

Yes

☐ Return Receipt for Merchandise

(Transfer from service label) 7000 / 676
PS Form 3811, March 2001 Domestic R

Domestic Return Receipt

102595-01-M-1424

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
887		
E B	OFFICIAL US 👼	
75	Postage \$	
H	Certified Fee	
m	Return Receipt Fee (Endorsement Required)	
100	Restricted Delivery Fee (Endorsement Required)	
2	Total Posta 10 AJRS ID # 0250863001AG	
1670	Sent To DAWOOD SIDDIQ	
:	BISCAYNE DRY CLEANERS Street, Apt. 1 20107 DISCAYNE BLAVE	
	AVENTUDA EL	- !
7000	City, State, Z AVENTURA FL 33180	
1	PS Form 3800, May 2000	ctions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361559

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 # 0250863 DAWOOD SIDDIO

20107 BISCAYNE BLVD AVENTURA FL 33180 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303097

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 20 98

Do NOT Remove Label

AIRS ID 0250863

BISCAYNE DRY CLEANERS DAWOOD SIDDIQ 20107 BISCAYNE BLVD **AVENTURA FL 33180**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 37.5

03.66036 -

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 # 0250863

BISCAYNE DRY CLEANERS
DAWOOD SIDDIQ
20107 BISCAYNE BLVD
AVENTURA FL 33180

AIRS ID # 0250863

BISCAYNE BLVD
AVENTURA FL 33180

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B	US Postal Service Receipt for Cert No Insurance Coverance USCAYNE DRY CLE DAWOOD SIDDIQ 10107 BISCAYNE BL AVENTURA FL 3318	ANEI VD	AIRS ID # 0250	863
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	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	,		
900	TOTAL Postage & Fees	\$		
E E	Postmark or Date			
PS Form 3800 , April 1995				·

RESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spanermit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered. AIRS ID # 0250863 BISCAYNE DRY CLEANERS DAWOOD SIDDIQ 20107 BISCAYNE BLVD AVENTURA FL 33180	4a. Article N 4b. Service Register Express	10 661 843 Type red
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United States Postal Service



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