

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

Ms. Kathleen C. Taylor Royal Cleaners 2100 Northeast 123rd Street North Miami, Florida 33181

Facility No.: 0250869

Dear Ms. Taylor:

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 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 Cleaning Facility Notification



Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner Management Quality Kathleen Taylor/Royal Cleaners, Pagement Division
2. Site Name (For example, plant name or number):
Royal Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 059 890 640
4. Facility Location: Street Address: 2 100 N = 3.1d 5 + City: County: Sade Zip Code: 3.318
City: Dade Zip Code: 3318
5: Facility Identification Number (DEP Use): in cash a series of the ser
COSTEC

Responsible Official

	Name and Title of Responsible Official: Kathleen C. Taylor. President
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 2100 NE 123 rd St. City: N. Mizmi, =L County: DADE COUNTY Zip Code: 33181
8.	Responsible Official Telephone Number: Telephone: (305) 893 - 4311 Fax: (305) 891 - 9166

Facility Contact (If different from Responsible Official)

	9.	Allison Cargill / Sec. + Treasure	
	10.	0. Facility Contact Address: 2100 NE 1231d St	
		Street Address: City: N. Mi'ani, Fl. County: Dade Zip Code: 33181	
_	11.	1. Facility Contact Telephone Number: Telephone: (305) 893 - 4311 Fax: (305) 891 - 9164	

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NOV 5, 1997

#0250869

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P13	
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	Coa Craonisalion / Ferm.
111	Surrender of Existing Clistermits
P16	Surender of Existing Clisternit
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-	add permit #'s surrendered
	and person HA sunendered
	(DEP issued air permit only)
	(Us I rould an permy only)
	/
	1301 domested alleged Della de de
	respondent of the super our
·	alita la alicanda
	Responsible official sign and dute for changes.
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reconiums de factores.

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	Ao	no Tech	65	 :					
	(1) w/ ref. condenser			24. Mar - 95	/					
	(2) w/ carbon adsorber	/	=	3 11 141 13						
	(3) w/ no controls		<u> </u>				-			
	Washer Unit		<u> </u>	l		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber	_								
	(6) w/ no controls		-					 	1	
	Dryer Unit	,	<u> </u>		<u> </u>	<u> </u>				-I
	(7) w/ ref. condenser			T -						
	(8) w/ carbon adsorber									
-	(9) w/ no controls									
	Reclaimer Unit		1125		•		1			-
	(10) w/ ref. condenser-									
	(11) w/carbon adsorber									
	(12) w/ no controls									
	(b) Control devices are required, but not yet installed									
	3. What is the facility's so (Indicate with an "X". Existing small a Existing large an	Seleo rea so	ct one classif	ication only.) ew sr	initions foun nall area sou rge area sou	rce [(3) of] /	F Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)							
Existing large area source Carbon adsorber	Refrigerated condenser						
New small area source Refrigerated condenser []							
New large area source Refrigerated condenser		•					
5. A facility which contains non-exempt emissi to Rule 62-213.300, F.A.C. Verify that all stear exemption criteria or that no such units exist on	n and hot water generating uni						
All steam and hot water generating units on-site boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no	by natural gas except for period	ods of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site							
Equipment Monitor	ing and Recordkeeping Info	rmation					
Check all logs which are required to be kept on	-site in accordance with the re-	quirements of this general permit:					
(a) Purchase receipts and solvent purchases							
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature monitor	ring						
(d) Carbon adsorber exhaust perc concentration	monitoring						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan							

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:				
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.				
Signature	X 10.10.97 Date				

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

Best Available Copy

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

© Mobile Sources

KATHLEEN TAYLOR
KATHLEEN C TAYLOR
2100 NE 123RD STREET
NORTH MIAMI FL 33181

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177

Do NOT Remove Label

Annual Reporting Period: Jan 1	1	9 <u>99</u> TO	Dec 31	19 9
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			/	_
If NO, complete the following:				
#1. Term or condition of the general permit t	nat has not been in conti	nuous complia	nce during the rep	orting 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 the	nat has not been in conti	nuous complia	nce during the rep	orting 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 notification are true, accurate and complete. Fur does not exceed 2,100 gallons per year for dry-to	ther, my annual consump	tion of perchlor	roethylene solvent, l	based upon purchase receipts,
RESPONSIBLE OFFICIAL: ACLIST Name	O CARCETO (Please Print)	<u> </u>	Signature	17/78 pate

^{*}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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v	(100)
	LEANER AIR QUALITY GENERAL PERMIT
ANI	NUAL COMPLIANCE CERTIFICATION FOR TO THE TOTAL COMPLIANCE CERTIFICATION FOR THE TOTAL COMPLIANCE CERTIFICATION CO
	KATHLEEN C TAYLOR KATHLEEN C TAYLOR 2100 NE 123RD STREET N MIAMI FL 33181 AIRS ID#0250842 OUT TO THE TOTAL CONTROL OF THE TOTAL CONTR
·	KATHLEEN C TAYLOR 2100 NE 123RD STREET N MIAMI FL 33181
	S OTHER PROPERTY.
	3 2CE
	Do NOT Remove Label
Annual Penerting Period:	1998 TO Dec 31 1998
Annual Reporting Period:	19 1 0 0 0 15
Rased on each term or condition of the Titl	le V general air permit, my facility has remained in compliance with DEP Rule
	(F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permi	it that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
#2. Term or condition of the general permi	it that has not been in continuous compliance during the reporting period stated above:
	
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
vietnou used to demonstrate compinance.	·
<u> </u>	
As the responsible official, I hereby certify, ba	sed on information and belief formed after reasonable inquiry, that the statements made in this
	Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, to dry facilities or 1,800 gallons per year for transfer or combination facilities.
www.noe access 2,100 gamms per year jor ary-	to my juctuates or 1,000 guilous per year for transfer or combination fuctuates.
RESPONSIBLE OFFICIAL: AUTS	CACCIL COOL C OI MISTER
Na Na	ow CARGILL Deles Cagell 8 17 [9 8 ame (Please Print) Signature Date

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

AIRS ID#: 0250869



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ROUPL CLEANERS	DATE: 4-9-98
FACILITY LOCATION: 2100 NE 123 ST.	
NORTH MIAM	
Annual Reporting Period:	4-9 1998
Based on each term or condition of the Title V general air permit, my facility has rem 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliant	ace during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous complian	nce during the reporting period stated above:
Exact period of non-compliance: fromt	RECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	МАТ
	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed a made in this notification are true, accurate and complete. Further, my annual consulupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ifter reasonable inquiry, that the statements mption of perchloroethylene 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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON						
AIRS 10#: 0250869 DATE: 98 TIME IN 1100 TIME OUT: 1130 FACILITY NAME: ROUP Charmers FACILITY LOCATION: 2100 NE 123 ST							
RESPONSIBLE OFFICIAL: KATH CEN TRY OR PHONE: 893-4311 CONTACT NAME:PHONE:							
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·						
(check appropriate box)							
1. New facility notified DARM 30 days prior to st	artup 🗆						
2. Facility failed to notify DARM to use general p	ermit \square						
PART II: CLASSIFICATION							
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum						
1. Existing small area source dry, to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)						
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)						
5. This is a correct facility classification	☐Y ☐N ☐Can not determine						
	fication: general permit as number above imits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) facility was 200 gallons.	purchased within the preceding 12 months by this dry cleaning						

B) 3/1/2

Revised 8/11/97

16

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

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	And the second
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?	אָם צִים
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	באמט אם צם
	Is the temperature differential equal to or greater than 20° F?	אומש מם צם
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	A/NE NO YO
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 EM/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ONIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DANIA

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

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

Inspector's Name (Please Print)

4-9-98
Date of Inspection

eximate Date of Next Inspection

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION:	AIRS ID#: <u>02.50869</u> DATE: 4-798
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	rative Code (F.A.C.).
Based on the results of the compliance requirements evalu discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	(.
COMMENTS: FACILITY IN COMPLET	W.C.
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	nprovimate)
	pproximate)
/	PHONE NUMBER:
Page	of Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

ANNUAL

Bureau of Air Monitoring COMPLAINT/DISCONTINE Sources

RE-INSPECTION

AIRS ID#: 0250869 DATE: 4/2	22/99 TIME IN: 1:00 TIME OUT: 132 PM
FACILITY NAME: Poyel	Cleaners
FACILITY LOCATION: 200	ME 123rd Street
RESPONSIBLE OFFICIAL: Kall	ee 1246r PHONE: 893-4311
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	
TAKT II. CLASSIFICATION	<u>_</u>
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
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	☐ Drop store/out of business/petroleum 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
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 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 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
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 ≤ 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 business/petroleum 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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

ARMS ≠-\$1 5/7/99

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ØN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY ON ZIN/A 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 EY ON ON/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) 1. Equipped all machines with the appropriate vent controls? □N □N/A 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 ZN/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? DY DN ØN/A 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:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON	□n/a
	Is the temperature differential equal to or greater than 20° F?	אם צים	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	OY ON	ZN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	DN/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?	DY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אם עם	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DY ON
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 ØN/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 ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	אם צום
7. Maintained deviation reports?	אס אם עם AVA
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	DY DN PANIA

PAR	T VI: LEAK DETECTION AND	REPAIRS				
1. Do	oes the responsible official conduct a	a weekly (for	small sources, t	oi-weekly) leak detection a	nd repa	air
in	spection?				ŹΥ	ПΝ
2. Ha	as the facility maintained a leak log?				ΠY	ON
3. Do	oes the responsible official check the	following ar	reas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	ПΥ	ON DN/A
	Door gaskets and seating	MO AR	□N/A	Stills	AY	ON ON/A
	Filter gaskets and seating	MO AG	□N/A	Exhaust dampers	DY	ON ON/A
	Pumps	אם עם,	□N/A	Diverter valves	DX	ON ON/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	PYI	ON ON/A
	Water separators	NO YES	□N/A			
4. W	hich method of detection is used by t	the responsib	le official?			
	Visual examination (condensed se	olvent on ext	terior surfaces)			
	Physical detection (airflow felt th	ırough gaske	ts)	i.	Ø	, ·
	Odor (noticeable perc odor)				A	
	Use of direct-reading instrumenta	ation (FID/PI	D/calorimetric to	ubes)		
	Halogen leak detector					_
	If using direct-reading instr	umentation,	, is the equipme	nt:	.DN/A	
	a. Capable of detecting p	perc vapor co	oncentrations in	a range of 0-500 ppm?	□Y (⊿ע
	b. Calibrated against a s (PID/FID only)?	tandard gas p	orior to and after	each use		□N
	c. Inspected for leaks an	ıd obvious si	gns of wear on a	weekly basis?	□Y C	אב
	d. Kept in a clean and se	ecure area wh	nen not in use?			אכ
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?		אב
				•		,

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: TOPE TIME OUT: PM AIRS IDN: 0250869 TYPE OF FACILITY: Perce FACILITY NAME: Processory of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62:213:90, Florida Administrative Code (F.A.C.) Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62:213:90, 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 Facility have not contained for the facility is found to be in compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Facility have not contained for the facility is found to be in compliance description. The facility is found to be in contained at the facility of the facility of the facility is found to be in compliance description. The facility is found to be in compliance description. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YEST NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: LEO SMART (Please Print) (Please Print) (Please Print) (Please Print) (Please Print)	TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DeP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the 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 Pacility Total for Fee Paci	TIME IN: 100 W	1AIRS ID#: 0250869
FACILITY LOCATION: ZFO B A PHONE NUMBER: C PROPERTY CORP. RESPONSIBLE OFFICIAL: Log PHONE NUMBER: C PROPERTY CORP. 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 Pacility have not requirements and the results of the compliance	TYPE OF FACILITY:	Cleaner
RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED	FACILITY NAME:	DATE: 4/ 22/99
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 FACILITY TO BE for Text FOLIOW-UP ACTION REQUIRED FACILITY TO BE for Text FACILITY TO BE FOR THE COMPLIANCE OF THE COMPLANCE OF THE COMPLIANCE	FACILITY LOCATION: 250 DE 12	sto Should
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 FAC: It have not non-to-in-all and to the inspector. FAC: It have not non-to-in-all and to-in-all and to-in-	RESPONSIBLE OFFICIAL: Kalle Logi	PHONE NUMBER: C355372-C922
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED FOLLOW-UP ACTION		
Tacility have not maintained relating monthly total of the activation would be a maintained read to maintain the activation which the activation which the activation which the activation the activation for the activation f	•	ated during this inspection, the following compliance
Rolling monthly Total for tec Rec Constitution Facility have not ain reced to maintain total of teak lost receipts leak lost receipts leak lost receipts and superinted to the inspector. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: LEO SMART (Please Print)	COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: 4/200 (Approximate) INSPECTION CONDUCTED BY: 1. An (Please Print)	911	
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)	Facility have not main-	read to maintain leak lop + reciept flere
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)	- The particular and the particu	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)	•	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)	<u> </u>	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print)		
DATE OF NEXT INSPECTION: 4/200 (Approximate) INSPECTION CONDUCTED BY: 4/200 (Please Print)	COMMENTS:	
DATE OF NEXT INSPECTION: 4/200 (Approximate) INSPECTION CONDUCTED BY: 4/200 (Please Print)		
DATE OF NEXT INSPECTION: 4/200 (Approximate) INSPECTION CONDUCTED BY: 4/200 (Please Print)		
INSPECTION CONDUCTED BY: LEO SMART (Please Print)	The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: LEO SMART (Please Print)	DATE OF NEXT INSPECTION: 4/2000	
H_{\bullet} H_{0} H_{0}	INSPECTION CONDUCTED BY: LEO SMART	•
	$//_{c}$ U_{l}	1-

Page___of___.

Revised 10/96

No

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Records	DATE: 4/22/99
FACILITY NAME: Record Comments FACILITY LOCATION: ZIOD WE 123rd Street	
Annual Reporting Period: 1998 TO 1998 TO	1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance v 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	vith DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reportir	ng period stated above:
No rolling monthly total was kept of	Per Consumpto
No rolling monthly total was kept of Exact period of non-compliance: from spr. 1998 to spr	1999
Action(s) taken to achieve compliance:keep records	
Method used to demonstrate compliance: Fire Colembar	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting the log was kept trecked	
Exact period of non-compliance: from April 1998 to April	1,566,
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 inquin made in this notification are true, accurate and complete. Further, my annual consumption of perchloroet, upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities.	hylene solvent, based
RESPONSIBLE OFFICIAL: Vathlee Taylor Signature Name (Please Print) Signature	4-22-99 Date

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

Best Available Copy

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP.	ECT	ION:

ANNUAL

ECKLIST

Burau of Air Monitoring

COMPLAINT/DISCOVER Yobile Sources

RE-INSPECTION

THE THE STATE OF THE OWN OF THE OWN	
AIRS ID#: <u>0250869</u> DATE: <u>//25/00</u> TIME IN: <u>9:30</u> TIME OUT:	9:55
FACILITY NAME: Royal Cleaners	
FACILITY LOCATION: 2/00 NE 123 st.	
Mian, Fl	
RESPONSIBLE OFFICIAL: Kath leen Taylor PHONE: 893-4.	3//
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) \square Drop store/out of business/p	etroleuŋ
A. 1. Existing small area source 2. ivew small area source □	
1. Existing small area source \Box 2. In the wind small area source \Box dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	
both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)	
(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ 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 both types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ 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) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) 5. This is a correct facility classification \square	
(constructed before 12/9/91) 3. Existing large area source □ 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
(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) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) 5. This is a correct facility classification \square Y \square N \square Can not determine	

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 ON DINA 2. Examining the containers for leakage? DY ON ONA MD YM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN BN/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?

		*
В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	CY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	חא שו מאיש
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?	Og 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?	מאם מם אס

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ɗy □N				
2. Maintained rolling monthly total of perc consumption?	DY DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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 OMINA				
4. Maintained calibration data? (for applicable direct reading instruments)	□y □n D2m/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 MYA				
Problem corrected?	DY DN DN/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

(Q	PART VI: LEAK DETECTION AND REPAIRS						
<u></u>							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection						
	inspection?			₫Y	ПΝ		
2.	Has the facility maintained a leak log?	,		<u>a</u> Ý	ПN		
3.	Does the responsible official check the	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers		DN EMVA		
	Door gaskets and seating	MY ON ON/A	Stills	OY C	אום אנ		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	₫Ý C	אום מם		
	Pumps	אוחם אם צם.	Diverter valves	QÃ C	N □N/A		
	Solvent tanks and containers	DY ON CINIA	Cartridge filter housings	םא כ	A/ND NE		
	Water separators	OY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed s	s)	0	. •			
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)			Ø			
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)				
	Halogen leak detector			0			
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A			
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY C	אנ		
	_	standard gas prior to and a	ifter each use	5			
	(PID/FID only)?				אנ		
	c. Inspected for leaks a	nd obvious signs of wear'd	on a weekly basis?				
	d. Kept in a clean and s	ecure area when not in us	e?	OΫ́C	אנ		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?		אנ '		
			<u> </u>				

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	ORMATION:			· · · · · · · · · · · · · · · · · · ·	
•	Gas	Record	Keepinj	/ House	beeping
					·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 0150869
TYPE OF FACILITY: Perc Dry Clean	
FACILITY NAME: Payal Cleaners	DATE: 1/26/00
	3 54.
Miam, Fl	
RESPONSIBLE OFFICIAL: Kathleen Taylor	PHONE NUMBER: \$93-4311
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 evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: GOOD RECORD Kee	-ping/Housekerping
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Apr	proximate)
	•
(Ple	Fannin ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-372-6925
Page	of Revised 10/96

ALD

Revised 10/10/96

AIRS ID#:	0720;	869
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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM 3 | 2000

TO A COURT POPULATION AT A REST.		00	. •	Air Qualit	Varie /2 / 2
FACILITY NAME:	1	<u> Weene</u>	<i>r s</i>	Air Qualit D Management D	ivision
FACILITY LOCATION:	_	NE	123 st.	•	<u>.</u>
	Miam	, FL			
Annual Reporting Period:	Jan		19 <u>99</u> 10	Jan	7900
Based on each term or conditio	on of the Title V ger	neral air permit	, my facility has rem	ained in compliance wi	th DEP Rule
62-213.300, Florida Administra	rative Code (F.A.C.)), during the pe	riod covered by this s	statement. TYES	□NO
If NO, complete the following:		·	•		
-		,			
#1. Term or condition of the g	general permit that l	has not been in	continuous complian	ice during the reporting	period stated above:
			· · · · · · · · · · · · · · · · · · ·		·
Exact period of non-compliance	æ: from			to	
Action(s) taken to achieve com	mliance:				
Method used to demonstrate co	ompliance:		<u>.</u>		
			•		
			•	ace during the reporting	period stated above:
			•	ace during the reporting	period stated above:
#2. Term or condition of the g	general permit that l	has not been in	continuous complian	ace during the reporting	period stated above:
#2. Term or condition of the g Exact period of non-complianc	general permit that l	has not been in	continuous complian	nce during the reporting	period stated above:
#2. Term or condition of the g Exact period of non-complianc	general permit that l	has not been in	continuous complian	nce during the reporting	period stated above:
#2. Term or condition of the g Exact period of non-complianc Action(s) taken to achieve com	general permit that lee: from	has not been in	continuous complian	nce during the reporting	; period stated above:
#2. Term or condition of the g Exact period of non-complianc Action(s) taken to achieve com	general permit that lee: from	has not been in	continuous complian	nce during the reporting	period stated above:
#2. Term or condition of the g Exact period of non-complianc Action(s) taken to achieve com Method used to demonstrate co	general permit that lee: from	has not been in	continuous complian		
#2. Term or condition of the g Exact period of non-complianc Action(s) taken to achieve com Method used to demonstrate co	general permit that lee: from npliance: ompliance:	has not been in	to	ster reasonable inquiry	, that the statements
#2. Term or condition of the g Exact period of non-complianc Action(s) taken to achieve com Method used to demonstrate co As the responsible official, I he made in this notification are trupon rolling averages of purch	general permit that lee: from appliance: cereby certify, based on a courate and contains receipts, does it	has not been in I on information complete. Furth	tototo	ster reasonable inquiry	, that the statements vlene solvent, based
#2. Term or condition of the g Exact period of non-compliance Action(s) taken to achieve com Method used to demonstrate co As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination	general permit that let en ce: from	on information omplete. Furth	tototo	ster reasonable inquiry	, that the statements vlene solvent, based
#2. Term or condition of the g Exact period of non-compliance Action(s) taken to achieve com Method used to demonstrate co As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ce: from pupiliance: ereby certify, based on accurate and contains receipts, does not facilities.	on information omplete. Furth	tototo	ster reasonable inquiry	, that the statements vlene solvent, based

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

Page _____ of ____

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 # 0250869

ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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 # 0250869

ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

0359131

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

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ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 AIRS ID # 0250869

MAIL ROOM FEB-2 95

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

303130

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#0250869

KATHLEEN TAYLOR KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

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 # 0250869

ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181

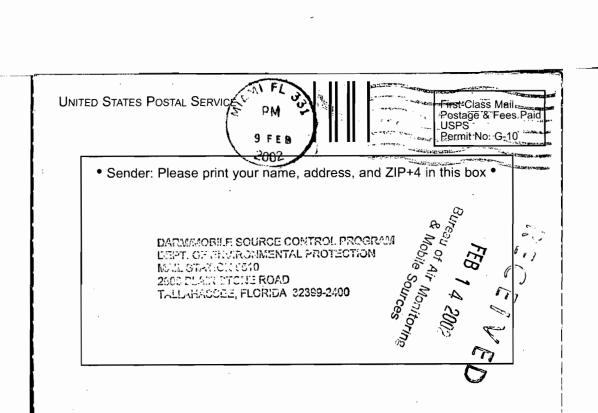
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided)
0619			
9373	Postage Certified Fee	\$	Protocols
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0520	ROYAL CLEAN KATHLEEN C 5 2100 NE 123RD NORTH MIAMI 6 33181	ΓAYLOR STREET	69 <u>v maller)</u>
! 	PS Form 3800 Februa	INV/ZUUU	of histructions.

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NOITO SELICKER AT TOP OF E	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature A. Received by (Please Print Clearly) C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS 1D # U250869 ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET	
NORTH MIAMI FL 33181	3. Service Type
33101	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000052000209373	30619
PS Form 3811, July 1999 Domes	tic Return Receipt 102595-99-M-1789



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ĺ	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation	Provided.		
	KATHLEEN TAYLOR KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 3318	AIRS ID 025086	9	
ĺ	Certified Fee	· .	1	
	Special Delivery Fee		<u> </u>	
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
8	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	ee's Address
ADDRESS completed	3. Article Addressed to: AIRS ID 0250869 KATHLEEN TAYLOR KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI FL 33181	4a. Article N 2 33 4b. Service Registere Express I Return Rec 7. Date of De	361279 Type ed Mail ceipt for Merchandise	Certified Befur Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent) N PS Form 3811, December 1994	8. Addressee and fee is	paid) Domestic Reti	if requested Y

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
4348			,	
4327	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	ROYAL CLEANER KATHLEEN C TAY 2100 NE 123RD ST NORTH MIAMI FL	LOR REET	250869	
	PS rorm 3800, February 2	000	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery G. Signature Agent Addressee D. Is delivery address diverent from Item 1? Yes	
1. Article Addressed to: AIRS ID # 0250869 ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET NORTH MIAMI-FL 33181	If YES, enter delivery address below: □ No	
	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes	
2. Article Number (Copy from service label) 1600 0600 0026 4127 4348		
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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0001	Restricted Delivery Fee (Endorsement Required)					
밁	Total Posta	CLEAR		D # 025086	59	
B	ROYAL CLEANERS Sent To KATHLEEN C TAYLOR					
ĺ	2100 NE 123RD STREET					
	Street, Apt. N. 2100 NE 123RD STREET or PO Box No. NORTH MIAMI FL					
7001	City, State, Zii 33 [81					
	PS Form 3800, January 20	001		See R	everse for in	tructions

CKER AT TOP OF EUVELOPE TO THE RIGHT			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee B. Is delivery address different from item 1? Yes		
1. Article Addressed to:	If YES, enter delivery address below:		
AIRS ID # 0250869 ROYAL CLEANERS KATHLEEN C TAYLOR 2100 NE 123RD STREET	3/8/02		
NORTH MIAMI FL 33181	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
7001 0320 0001 7976 2289			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		

		MAIL REC	EIPT Coverage Provided)
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3095	Postage Certified Fee	\$	(in the state of t
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		MUHOD
7000 1670	Total Pi 10 Sent To KATHLEE ROYAL CI Street, At 2100 NE 12 City, Stati NORTH M 33181	23RD STREET	
L	PS Form 3800, May 2000	Carrier Contract	See Reversellowing relations

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250869001AG KATHLEEN C TAYLOR ROYAL CLEANERS 2100 NE 123RD STREET NORTH MIAMI FL 33181	A. Received by (Please Print Clearly) C. Signature X	
2. Article Number (Transfer from service label) 70-00 16 70 0013 3095 3829		
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424	