

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 24, 1997

Mr. Karamali Jafferbhy Ivy French Cleaners 20340 Northwest Second Avenue Miami, Florida 33169

Re: Facility No.: 0250879

Dear Mr. Jafferbhy:

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):							
1.	• • • • • • • • • • • • • • • • • • • •							
	D.M.J. CLEANERS. SNC.							
2.	Site Name (For example, plant name or number):							
	IVY FRENCH CEANERS.							
3.	Hazardous Waste Generator Identification Number:							
4.	•							
	Street Address: N/1 2000 Aviv MBM1							
	Street Address: City: 20340, NW, and Avo County: MIBMI, Zip Code: 33169							
5:	Facility Identification Number (DEP Use):							
	0250679							
STREET,	中,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个							
	Responsible Official							
6.	Name and Title of Responsible Official: Japan BH							
	Name and Title of Responsible Official: JAFFERBHY, OWNER							
7.	Responsible Official Mailing Address:							
	Organization/Firm: Street Address:  Span = As ARdV5 -							
	City: Zip Code:							
	city. I have been country. I have a zip code.							
8.	Responsible Official Telephone Number:  Telephone: (36) 613-1994 Fax: ( ) - NONO -							
	Telephone: $(36)$ 63-1994 Fax: ( ) - $N0N0$ —							
	Facility Contact (If different from Responsible Official)							
	racinty Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: ( ) - Fax: ( ) -							

RECEIVED

NOV 5, 1997

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Type of Machine ID Ini Put  Example #1 03  Dry-to-Dry Unit		Control Device Installed  \$12-NOV-93-  OI-FEB-92		Machine Initially Purchased  08-DEC-91	Control Device Installed	#3	Machine Initially Purchased  02-MAR-92	Control Device Installed  02-MAR-92
Type of Machine ID Put  Example #1 03  Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	rchased 3-OCT-93	Installed  S12-NOV-93		Purchased		#3	Purchased	Installed
Example #1 03  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	B-OCT-93	\$12-NOV-93			Installed	#3	-	<b>I</b>
Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls			) <sub>#2</sub>	08-DEC-91			02-MAR-92	02-MAR-92
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	FEB-92	OI-FEB-92						
(2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require	FEB-92	OI-FEB-92						
(2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
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(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
(5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
(6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
(8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require								
(9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls  (b) Control devices are require								
Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls  (b) Control devices are require					1			
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are require					1			
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require				•	,		-	•
(12) w/ no controls  (b) Control devices are require								
(b) Control devices are require								
•								
<ul><li>(a) What was the total quantity [] gallons</li><li>(b) If less than 12 months, how Check why it is less than 12</li></ul>	ired to be of perchlo	installed [_oroethylene (	perc)	] purchased i				: []
3. What is the facility's source clar (Indicate with an "X". Select o Existing small area source Existing large area source		ication only.	)	initions foun nall area sou rge area sou	rce [		f Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser [X]
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
••
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

## Surrender of Existing Air Permit(s)

Please 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)					
乂	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pro	omptly notify the Department of any changes to the information contained in this notification.				
<i>L</i> 0	Jalla Jelian 2/0/97				
Signatur	Date				

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

**Best Available Copy** 

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 200TIME OUT: 220	AIRS ID#: 025 0879
TYPE OF FACILITY: PERC. Diking	Clenner.
FACILITY NAME: July Property	(1211) BATE: 3-9-98
FACILITY LOCATION: 20340 Nw 2	- A.V.C
H111111	
RESPONSIBLE OFFICIAL: KARIMITI JAFREN	15 May PHONE NUMBER: 653-1994
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
-	
	$\mathcal{C}$
	Vi.
<u> </u>	
COMMENTS: Tacility in Comple	MICE.
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION:	
	Sproximate)
INSPECTION CONDUCTED BY:	
	lease Print) 572 6922
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of . Revised 10/96
Page_	

Revised 10/10/96

'AIRS ID#: 0250879

Day

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TVY FREAKH FACILITY LOCATION: 20340	Clamiers	DAT	E: 3-9-98
facility location: 20340	NW ZAVE		
<u> </u>		2 0	
Annual Reporting Period:	19 <u>7</u> /то	3-7	19 <i>98</i>
Based on each term or condition of the Title V general	air permit, my facility has remai	ned in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), dur	ing the period covered by this sta	atement. YES	$\square$ NO
If NO, complete the following:			
#1. Term or condition of the general permit that has no	ot been in continuous compliance	e during the reporting pe	eriod stated above:
Exact period of non-compliance: from	to	)	<del></del>
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
40 Tarre on condition of the reveal require that has n	.4	- 4i	ariad stated above.
#2. Term or condition of the general permit that has no	or oeen in continuous compitance		
		REC	EIVED
	to_	YAM	1 9 1998
· · · · · · · · · · · · · · · · · · ·		Bureau o	f Air Monitoring
Method used to demonstrate compliance:		& Mo	bile Sources
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple			
upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.	•		
RESPONSIBLE OFFICIAL; MARAMALI.	TATIBLES HOTE	11. Uz	~2/9/98
Name (Please	Print)	Girnature	Date

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

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

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	TD/	COMPLAINT/DI	SCOVERY			
	RE-INSPECTION	1 🗆					
					4		
airs id#: <i>025 0</i> 879 d					200		
FACILITY NAME:	14 FREN	ICH CI	CANCA!	5			
FACILITY NAME: JUY FRENCH CHERNIERS FACILITY LOCATION: 20340 XW 2 DVE							
MIBMI							
RESPONSIBLE OFFICIAL: KARAMAII PHONE: 653-1994							
CONTACT NAME:	~ PPFEN	bnog	_PHONE:		·		
PART I: NOTIFICATION				·			
(check appropriate box)					<u></u>		
· · · · · ·	0 daysis to start			•			
2. Facility failed to notify DARM to use general permit							
PART II: CLASSIFICATION							
Facility indicated on notification	n form that it is:		☐ No notification	ı form			
(check appropriate box)			☐ Drop store/out	of business/pe	etroleum		
A. 1. Existing small area sourc	e 🗅	2. New small	area source	02			
dry-to-dry only, x < 140 gal/y			, x < 140 gal/yr	•			
transfer only, $x < 200$ gal/yr		transfer only, x	<b>Q</b> -		1		
both types, x < 140 gal/yr		both types, x <					
(constructed before 12/9/91)		(constructed or	or after 12/9/91)				
3. Existing large area source	e 🗅	4. New large	area source				
dry-to-dry only, $140 \le x \le 2,1$			$x$ , $140 \le x \le 2,100$ ga	ıl/yr			
transfer only, $200 \le x \le 1,800$	gal/yr	transfer only, 2	$0.00 \le x \le 1,800 \text{ gal/s}$	yr			
both types, $140 \le x \le 1,800 \text{ gs}$	al/yr		$0 \le x \le 1,800 \text{ gal/yr}$				
(constructed before 12/9/91)		(constructed or	or after 12/9/91)				
5. This is a correct facility cla	ssification	MY ON	□Can not determ	nine			
If no, please check the a	ppropriate classifica	ation:					
☐ facility	qualified for a gen	eral permit as n	number aligible for a general p	bove permit			
B. The total quantity of perchlor facility was LO gallons.	oethylene (perc) pu	rchased within	the preceding 12 mo	onths by this d	ry cleaning		

1 of 5

1/13|58 Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	A
1. Storing perchloroethylene in tightly sealed and impervious containers?	בין עם עם אנא A
2. Examining the containers for leakage?	בואם מם עם
3. Closing and securing machine doors except during loading/unloading?	מם צעם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	My on ona
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בואם אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אומם מם צעם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
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?	NO Y

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?	ΩY	ПŽ	:
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□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?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ח□	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	_ □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	A ON
2. Maintained rolling monthly averages of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אלאס אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON WN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואלם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	DY DN MN/A
Problem corrected?	DY DN MINA
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 ΠN inspection? 2. Has the facility maintained a leak log? $\square$ N 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ONA DY DN DXYA Muck cookers couplings, and valves DY DN DNA DY ON ON/A Stills Door gaskets and seating LY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ONA Pumps Diverter valves DY DN DN/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN 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 NO YO e. Verified for accuracy by use of duplicate samples (calorimetric only)?

JAME MOZDRIO	39-98
Inspector's Name (Please Print)	Date of Inspection
Charles a	Steren 1999
(////Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	 1. 1.44	
·		4
	•	·
•		
	•	
1		

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY MM 1 1 1979
RE-INSPECTIO	N  Bureau of Air Monitoring  8 Mobile Sources
<b>■</b>	8,1999 TIME IN: 8:40 TIME OUT: 9:40 AM
FACILITY NAME:	ench Cleaners
FACILITY LOCATION: 20340	o Kw 2nd the
<u> </u>	AM:
RESPONSIBLE OFFICIAL: KARA	MA1. PHONE: C3053 653-1994
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	mit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.  1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, 200 ≤ x ≤ 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	□Y 😘 🖼 Can not determine
If no, please check the appropriate classific	cation:
	neral permit as number above
	nits and is not eligible for a general permit

ARM 314

3/4/99

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

facility was 100 gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QΥ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ΩΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	Ωи	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

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

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?			ON ON			
2.	Has the facility maintained a leak log?			DN DN			
3.	Does the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	ZY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	אואם אם צם			
	Pumps	DY ON ON/A	Diverter valves	DY ON DNIA			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by the	he responsible official?					
	9						
	Use of direct-reading instrumenta	ex ,					
 	Halogen leak detector			9			
	If using direct-reading instru	umentation, is the equipn	nent:	₽N/A			
l	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y <b>≘</b> ₹			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and af	ter each use	חט אם			
	c. Inspected for leaks an	nd obvious signs of wear or	n a weekly basis?	OY ON			
	d. Kept in a clean and so	ecure area when not in use	?	OY- ON			
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	DY DN			

Inspector's Name (Please Print) Inspector's Signature

1

Date of Inspection

Approximate Date of Next Inspection

R.O. is not divining Contrider filter in their housing or in sected containers for at least 24 hrs prior to disposel

R.O. is not maintaining receipts of Perc purchased and monthly total of terc consumption

		AILABLE COPY	
TYPE OF INSPECTION: ANNUAL D	•	MARY REPORT	1 00 0000000
	- <del> </del>	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8:40 TIME OUT:	9.40	AIRS ID#:	0250879
TYPE OF FACILITY:	Dad	( leaner	7/200
FACILITY NAME: Try tree	cy + c	leaners	DATE: 1eb. 18, 1999
FACILITY LOCATION: 20'340	NW	2nd rue	
RESPONSIBLE OFFICIAL: KaraMal: Jaffe	- Gray	рноие иим	BER: (305) (53-1994
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florid			ne facility is found to be in
Based on the results of the compliance require discrepancies were noted:	ments evalua	ted during this inspection, t	ne following compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP A	ACTION REQUIRED
R.O. is not drawing contridge	. filter	MO: needs to a	ex co-trialge
Ar atlesal zates	•		least zalus
R.O. is not mountaining receipts		Q.O. needs to	maintain reciepts
Purchased and monthly total of	محوماد	1	between pro po
Consumption	<del></del>	Perc Consumptio	1. IDER Colenda
•			
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·			
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		-	
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	•		
COMMENTS:		J	
			<del></del>
	,		
	<b>,</b>		
The Annual Compliance Certification form has been p	ronarly asset	Gad and submitted to the i-	spector. YES NO
		•	ipodioi. I ES NO
PATE OF NEXT INSPECTION:		proximate)	
	(A[		
NSPECTION CONDUCTED BY: LEO	(P	Case Print)	
NSPECTOR'S SIGNATURE:	# 5	PHONE NUI	MBER: (305) 372-6
	71		
	Page	of	Revised 10/

AIRS ID#: 0250879

Pres

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	vy French	Cleanes	DATE:	2/18/99
FACILITY LOCATION:	\	2nd Lve.	Miami.	
	7 [			7 840
Annual Reporting Period:	7eb	19 <u>48</u> TO _	7e6	40744
Based on each term or condition 62-213.300, Florida Administra If NO, complete the following:		•		P Rule
#1. Term or condition of the ge	neral permit that has not beer	in continuous complian	ce during the reporting perio	d stated above:
R.O. is not &	iraining contri	de Alter	for affect 20	eho
Exact period of non-compliance		200	to 7eb 199	99
Action(s) taken to achieve comp	oliance: Ocain C	Consider fil	to all and	Zahra
Method used to demonstrate con	mpliance:	<u> </u>		
#2. Term or condition of the go Marchain Loa Exact period of non-compliance Action(s) taken to achieve com Method used to demonstrate co	ef Pec Con e: from Jeb pliance: Kees	1998 1	ace during the reporting period  not recipely  dated recipely	of Purchas.
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination	ue, accurate and complete. F ase receipts, does not exceed	urther, my annual consu	mption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	KARAGRALS.		of afferly	2/18/99
	Name (Please Print)	)	-signality '	Date

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

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

## **BEST AVAILABLE COPY** MISTECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL [ COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: \_\_\_\_\_\_AIRS ID#: TYPE OF FACILITY: FACILITY NAME: \_\_DATE:\_\_\_\_ FACILITY LOCATION: PHONE NUMBER: 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 OMMENTS: he Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ПОИ

he Annual Compliance Certification form has been properly certified and submitted to the inspector.

ATE OF NEXT INSPECTION:

(Approximate)

ISPECTION CONDUCTED BY:

(Please Print)

SPECTOR'S SIGNATURE:

PHONE NUMBER:

Page\_\_\_of\_\_\_.

Revised 10/96

## **Best Available Copy**

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION		COMPLAINIT	DISCOVERY	. U
AIRS ID#: 0250 879 DAT	•		•		:25pm
FACILITY NAME:	FRENCH	CLEA	NERS	<del></del>	70
FACILITY LOCATION:	20340	NW	2 Ave.	Bur	
	Miani,			Eau of	
RESPONSIBLE OFFICIAL :	CARAMAL		PHONE:	05) 633	1994
CONTACT NAME:			PHONE:	Monitorit Bources	
PART I: NOTIFICATION				C-4	
(check appropriate box)		<del>====</del> ====			
1. New facility notified DARM 30 d	ays prior to startup				
2. Facility failed to notify DARM to	use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification fo	rm that it is:	* * · · · · · · · · · · · · · · · · · ·	☐ No notification		
(check appropriate box) A.			☐ Drop store/ou	it of business/pet	roleum
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)	dry trai bot	nsfer only, $x$ th types, $x < x$	, x < 140 gal/yr < 200 gal/yr	<b>X</b>	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$ )	gal/yr dry /yr trai bot	r-to-dry only, nsfer only, 20 th types, 140	rea source; $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	'yr	
5. This is a correct facility classifi	cation 🗹	( DN	Can not deterr	nine	
	alified for a general ceeds above limits a	permit as nu nd is not elig	gible for a general p		
	Alene Modeco parcos	sed within th	e precedina 17 ma	nins by this arv	cleaning III

and plans

(18)

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN VEN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MANA 2. Examining the containers for leakage? NO VER 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DEY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N **W**N/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) ZY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? KZY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN KENVA 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 BAWA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YES verifying that the coolant had been completely charged?

				<u> </u>
В.	Has the responsible official of an existing large or new large area source also:			
i.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	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?	ΠY	ΩИ	□Ņ/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY XX 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON MINIA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN **K**N/A and parts installed w/in 5 days of receipt? DY DN **S**N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY WN 6. Maintained startup/shutdown/malfunction plan? DY DN ONA 7. Maintained deviation reports? Problem corrected? DY DN **M**N/A DY DN XN/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	nspection?			Kay □n		
2. 1	las the facility maintained a leak log?			Ø(Y □N		
3. 1	Does the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON DAN/A		
	Door gaskets and seating	DY ON ON/A	Stills	May on on/a		
	Filter gaskets and seating	SEY ON ON/A	Exhaust dampers	KY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	XY ON ON/A		
	Solvent tanks and containers	AY ON UNIA	Cartridge filter housings	QX ON ON/A		
	Water separators	DY ON ON/A				
4. 3	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surfac	es)	<b>X</b>		
	Physical detection (airflow felt th	rough gaskets)		<b>X</b>		
	Odor (noticeable perc odor)			<b>8</b> ~		
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	<u> </u>		
	Halogen leak detector					
	If using direct-reading instr	umentation, is the equi	pment:	TEXAL/A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	מם עם		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	ecure area when not in us	se?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON		
			,			
	,		į			
	T C		/ /			
	Inspector's Name (Please Prin	t)	Date of Inspection			
		,	,			
	Dran Co.		1/01			
	Inspector's Signature		Approximate Date of N	Vext Inspection		

#### ADDITIONAL SITE INFORMATION:

R.O. reeds to maintain vegets of perc purchased

RO. bogin use of FDEP by Chann Calendar Explained use of calender a gave new rows calender.
Provided meeting manual substitute.

1/6/00 Spoke of Mr. Tofferblog: Will fox pare recepts today. 1/6/00 recepts received 49 perchases - 80 gellons

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	- COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:48 pm TIME OUT:	2:25	pmairs id#:	0250879
TYPE OF FACILITY: PERC DO	y Clea	mer	
FACILITY NAME: TVY FOR	ben 1	Clowers	DATE: 1/5/00
FACILITY LOCATION: 20340	w	s pure.	
Milyn	PL		
RESPONSIBLE OFFICIAL: KARAMAA		PHONE NUMBE	R: (305) 653-1994
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Florid Based on the results of the compliance require	da Administra	ative Code (F.A.C.).	
discrepancies were noted:	DI EM	FOLLOW LID AC	TION DECLUDED
DO. IS not maintaining recent	* h	FOLLOW-UP AC	wham receipts of per
perc purchased	,	purchased and	worthly told.
R.O. Soe not have startypy Shuddown / welfending plan on	/ it	- 10	named replacement
Smitgown / westernesser larger as		provided at	time of impection.
COMMENTS: Mr. Kalanal will ganga is reading or	call of	enie provide to	o verily temperature
The Annual Compliance Certification form has been p	roperly certifi	ed and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:	2001	proximate)	
INSPECTION CONDUCTED BY:	_	FANNIN	
		ease Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBE	R: <u>305 - 371 - 691</u> 1
	ر Page	_of	Revised 10/96

AIRS ID#: 0250879

# pro

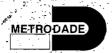
## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ivy French Cleaners DATE: 1/5/00
FACILITY LOCATION: 20340 Now 2 Duc.
M. imi PC
Annual Reporting Period: 1999 TO January 1999 TO
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
R.O. is not monitaring recepts of perc purchases or rolling log
Exact period of non-compliance: from San 1999 to San 2000
Action(s) taken to achieve compliance: Keep records updated + receipts orsite
Method used to demonstrate compliance: use FDEP Calcular
#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 Nov. 1997 to San 2000
Action(s) taken to achieve compliance: Waintain nound replacement purill.
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Kanamali 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.

Page	of	
rage	01	

## METROPOLITAN DADE COUNTY, FLORIDA







## **NOTICE OF VIOLATION**

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

TO MR. KARAMALI SAFFERBHOY
ADDRESS: 30340 NO 2 NVe.
SOURCE/LOCATION: Ivy French Clemens
YOU ARE HEREBY NOTIFIED that on the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.
Operating without an Air Permit Excessive Visible Emissions
Uncontrolled fugitive particulates Improper handling/removal of asbestos
Non-compliance with Non-compliance with CFC regulations
Stage II Vapor Recovery  OTHER
Specifically: Not in compliance with FAEP Dry Cleaner Ain
Quality General Parent. 2.0. is not maintaining perc receipto
maile for minimum of 5 years.
In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:
Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
Within days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.
<ul> <li>Within days of receipt of this NOTICE, contact the Air Section of this Department at</li> <li>372-6925 to discuss air permit requirements.</li> </ul>
☐ Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.
For further information regarding the above, please contact the Air Section of this office at 372-6925.
Sincerely,
John W. Renfrow, P.E.
Director
Received by: Trans Fanning
Title: Signature: Signature:
Date: 1/5/00 Section: An Fraction

0309705

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

**TOTAL AMOUNT DUE: \$50.00** 

APR -2 98

Do NOT Remove Label

D.M.J. CLEANERS INC JAFFERBHY KARAMALI 20340 NW 2ND AVENUE

MIAMI FL 33169

AIRS ID 0250879

FOR GOVERNMENT USE Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

380043

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: 10099

Do NOT Remove Label

AIRS ID # 0250879

IVY FRENCH CLEANERS JAFFERBHY KARAMALI 20340 NW 2ND AVENUE MIAMI FL 33169

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0390839

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 # 0250879

IVY FRENCH CLEANERS JAFFERBHY KARAMALI 20340 NW 2ND AVENUE MIAMI FL 33169 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

RECEIVED MAIL ROOM

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 # 0250879

IVY FRENCH CLEANERS JAFFERBHY KARAMALI 20340 NW 2ND AVENUE **MIAMI FL 33169** 

FOR GOVERNMENT SE OF ORG.: 37550101000 EO: A16 Fund: 20-2-035001 Obj.: 002273



414458 FEB252002

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 # 0250879 IVY FRENCH CLEANERS JAFFERBHY KARAMALI 20340 NW 2ND AVENUE MIAMI FL 33169

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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7000	<b>c</b> 33169		****************
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PERSONAL OF THE PROPERTY ADDRESS.	
NOLITIES STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
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  2-//- 0 2
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  Agent  Addressee  D. Is delivery address different from item 12. Yes
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
AIRS ID # 0250879 IVY FRENCH CLEANERS JAFFERBHY KARAMALI	
20340 NW 2ND AVENUE MIAMI FL 33169	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 373/10	74: 1 par habata
PS Form 3811, July 1999 Domestic Re	•

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM

DEPT. OF ENVIRONMENTAL PROTECTION OF MAIL STATION 5510
2600 PLAIR STOLE ROAD
TALLAHASSES, FLORIDA 22399-2400

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