

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. Diego Abren Top Service Cleaners, Inc. 3485 West Flagler Street Miami, Florida 33135

Re: Facility No.: 0250883

Dear Mr. Abren:

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"

Bowman, Sandy

Barros, Marcelo (DERM) [BarroM@miamidade.gov] From:

Wednesday, February 04, 2004 11:52 AM Sent:

Bowman, Sandy To:

Fernandez, Cynthia (DERM) Cc:

FW: ASGP/ARMS Database and Other DC issues Subject:

Hi Sandy:

Please take note of the issues that Cynthia (see her E-mail) has found related to dry cleaners. Regarding these issues, I just want to mention that on August 7, 2003, I sent you an E-mail requesting to inactivate New Cleaners ARMS # 0250883, which was inactivated, but unfortunately this facility was operating with two ARMS numbers and the # 0251019 was never inactivated.

In addition to Cynthia's comments, I want to inform you that this year several dry cleaning facilities called our office because they never received the Dry Cleaner Calendar. I already took care of them, but I think you need to know the names of those facilities in order to correct this problem for the next year.

Hotel Intercontinental ARMS 0250956

ARMS 0250979 Frit in willerlo W. 2) The Dry Cleaner

Mr. Clean DC 3) ARMS 0251038 4) Crest Quality Cleaners ARMS 0250694

Americano Cleaners 5) ARMS 0250964

Finally, be informed that Gilberto Rivera from The Dry Cleaner (see above ARMS #) reported that he has not received the annual bill for the year 2003 Title V Perc General Permit.

Regards,

Marcelo.

----Original Message----

Fernandez, Cynthia (DERM) Sent: Tuesday, February 03, 2004 1:45 PM

Barros, Marcelo (DERM) ASGP/ARMS Database Subject:

Hello Marcelo, as discussed here are some of the facilities that need to be checked:

- ARMS # 0251135 has a new name Soft Dry Cleaners, which is not in the ASGP database.
- ARMS# 0251019 New Cleaners appears active, but there is no record in ASGP.

As per the changes in ASGP, the ASGP home, where it indicates the number of inspections done for the past 6 months, is not recording the number of inspections completed.

Also, the annual certification always appears as IN even if it was saved with a MNC or SNC.

Thanks,

Cynthia V. Fernandez Air Facilities Section 305-372-6925

INTEROFFICE MEMORANDUM

Date:

18-Sep-2000 06:09pm

From:

Griner, Debbie

DERM)

(GrineD@co.miami-

dade.fl.us

Dept: Tel No:

To:

'Rick.Butler@dep.state.fl.us'

To:

'Sandy.Bowman@dep.state.fl.us'

CC:

Fannin, Ivan (DERM)

CC:

Barros, Marcelo (DERM)

(Rick.Butler@dep.state.fl.us)

(Sandy.Bowman@dep.state.fl.us)

(FanniI@co.miami-dade.fl.us)

(BarroM@co.miami-dade.fl.us)

Subject: New Cleaners, 0251019

Rick & Sandy-

0251019 New Cleaners was previously 0250883 Top Service Cleaners Inc. 0250883 was inspected in April of 2000, at which time a new application was obtained from the new owner. Should it be 0250883-02? Sorry for not making that clear when we submitted the new Initial Notification.

Thanks, Debbie Griner

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Ü	CH TOP SERVICES / NC. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	TOP SERVICE CLEANERS, INC.
3.	TOP SER VICE CEANORS, INC. Hazardous Waste Generator Identification Number:
	FL0982147829
4.	
	Street Address: 3485 W Flagler St City: Mianu County: Dade Zip Code: 33135
	City: Mianu County: Dade Zip Code: 33135
5.	Facility Identification Number (DEP Use):
	0250883
385033	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: Address: Address:
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (30,5541-747) Fax: () - None
	Facility Contact (If different from Responsible Official)
	Facility Contact (if different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Telephone: () - Fax: () RECEIVED

NOV 5, 1997

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device -	ļ	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	1	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		24-TUN-91	24JUN96						
(2) w/ carbon adsorber		1-4-10				_			
(3) w/ no controls						-			
Washer Unit		-,*	•		•	•		•	_
(4) w/ ref. condenser									
(5) w/ carbon adsorber								1	
(6) w/ no controls									
Dryer Unit		14,000		1.	•	•		•	
(7) w/ ref. condenser	_		I				Ĭ -		1
(8) w/ carbon adsorber	_			 -					
(9) w/ no controls									
Reclaimer Unit						·			-!
(10) w/ ref. condenser									1
(11) w/carbon adsorber									
(12) w/ no controls				 					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene ([perc]) purchased i				
3. What is the facility's so (Indicate with an "X". Existing small an	urce Selec	classificatior ct one classif	n based on thi	e def		nd in section (3) of	·	
Existing large ar	ea so	urce []	No	ew la	rge area sou	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment to than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	[X]
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\bowtie

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)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	ersigned, 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 s 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 9-23-97

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	TOP SERVICES CLEANER DIEGO ABREN 3485 W FLAGLER STREET MIAMI FL 33135 Do NOT		FEB 1 6 1998 Bureau of Air Monitoring Mobile Scurces	FCEIVE	
	. ,		oring	O	≯C.
Annual Reporting Period:	V CR3	19 <u>96</u> то	DE MI	bec 1991	<u></u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (FI If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the period	d covered by this stat	ement. YES	□no	
Exact period of non-compliance: from	,	to_			
Action(s) taken to achieve compliance:	•	_	· <u> </u>		
Method used to demonstrate compliance:			·	· .	
#2. Term or condition of the general permit	that has not been in con	tinuous compliance	during the reportir	ng period stated above:	•
Exact period of non-compliance: from	u.	to	•	· · ·	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:		1			
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consun	nption of perchloroeth	ylene solvent, based	l upon purchase receipts	
RESPONSIBLE OFFICIAL: Nan	ne (Please Print)	10hus	Signature	<u> </u>	<u>B</u>

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

PERCHLOROETHYLENE DRY CLEANERS ECEIVED

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISC	CO OOF 27 Ureau of Air N & Mobile-So	•
AIRS ID#: 02 SO 883 IFACILITY NAME:	Service C	le anes Tagler 33135 Teu	9:45 angin 5 Inc. 5+. PHONE: (305)	ие оит: <u>//</u>	:10 am
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR					
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	on form that it is: ce	ansfer only, x oth types, x <	, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		roleum
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91) 5. This is a correct facility of the formula of	100 gal/yr d 0 gal/yr tr gal/yr b (assification	ry-to-dry only ransfer only, 2 oth types, 140 constructed or \times \ Y \times \ \times \ Y \times \ \times	$x, 140 \le x \le 2,100 \text{ gal/y}, 140 \le x \le 1,800 \text{ gal/y}, 100 \le x \le 1,800 \text{ gal/y}, 100 gal$	Nyr r	

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PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	·
1. Storing perchloroethylene in tightly scaled and impervious containers?	ON ON XVIV
2. Examining the containers for leakage?	. ОЛ ОН ЖИУ ОЛ ОН ЖИУ
3. Closing and securing machine doors except during loading/unloading?	XXY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AA ON CINVA
5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	אס עם אם "X//
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber in prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sourc (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	XY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	X on onv
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	M ON ONIA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	, XY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	חא שא אייע
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Y ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ב/אם אם צם
Is the temperature differential equal to or greater than 20° F?	UY UN UN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	on. Oy On On/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	. DA DW DN/Y
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	$ ot\!$
2. Maintained rolling monthly total of perc consumption?	DY XN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	ay an day
b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt?	ys
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

OY ON MINIA

OY ON XN/A

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PA	RT VI: LEAK DETECTION AND I	REPAIRS)			
1.	Does the responsible official conduct a	weckly (1	for small sources, bi	-weekly) leak detection an	d repa	iir]
	inspection?				XY	ПN
2.	Has the facility maintained a leak log?				XY	ÜИ
3.	Does the responsible official check the	following	g areas for leaks?			
	Hose connections, fittings, couplings, and valves	ØY E	IN □N/A	Muck cookers	XY	ON ON/A
	Door gaskets and scating	ZW C	אואם אנ	Stills	XV	מאם אם
	Filter gaskets and seating) X Y C	אומם אנ	Exhaust dampers	SA.	ON ON/A
	Pumps	79KY E	AND NO	Diverter valves	X	ON ON/A
	Solvent tanks and containers	DAY C	IN DN/A	Cartridge filter housings	SX.	אואם אם
	Water separators	XYY C	IN DN/A			,
4.	Which method of detection is used by	the respon	nsible official?			
	Visual examination (condensed	solvent on	exterior surfaces)		X	
	Physical detection (airflow felt t	through ga	skets)		XXX	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrument	tation (FII	D/PID/calorimetric t	tubes)	'n	
	Halogen leak detector				O	
	If using direct-reading inst	trumentat	ion, is the equipme	ent:	XV	/A
	a. Capable of detecting	g perc vap	or concentrations in	a range of 0-500 ppm?	´ 🗆 Y	ON
	b. Calibrated against a (PID/FID only)?	standard	gas prior to and afte	er each use	ΩY	ΠN
1	c. Inspected for leaks	and obvio	us signs of wear on	a weekly basis?	ΟY	ON
i i	d. Kept in a clean and	secure are	ea when not in use?		ΟY	ΠN
1	e. Verified for accurac	cy by use o	of duplicate samples	s (calorimetric only)?	ΩY	□ N
	•					

Inspector's Name (Please Print)

Inspector's Signature

9/30/9 8

Date of Inspection

Approximate Date of Next Inspection

Provided FDEP Calendar during inspection.

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 am TIME OUT: 10:10	an AIRS ID#: 0250883
TYPE OF FACILITY: Perc Dry Clean	
FACILITY NAME: Top Services Clear	DATE: 9/30/98
FACILITY LOCATION: 3485 W Flagler	
Miani, FL 33935	
RESPONSIBLE OFFICIAL: Diego Abrew	PHONE NUMBER: (305)541-7472
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No 12 month rolling log of perc	Begin keeping 108.
purchases.	50gm 100gm
Missing a few vetrie andones	Region recording all land
Missing a tew retrial condensor temp. recordings + leak inspection loas.	Begin recording all temp. monitoring + leak inspections.
1005.	monitoring + leakinspections.
	<u> </u>
· ·	
COMMENTS:	1 2 1 6
Good housekeeping	ient satisfactory.
Grad language as 'oc	Que abrigan
good nonserceping	practices
	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The Annual Compliance Certification form has been properly certi-	fied and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION: 999	
	pgroximate)
INSPECTION CONDUCTED BY: Jebora	Tring
	lease Print)
INSPECTOR'S SIGNATURE: DOCK	PHONE NUMBER: (305)372-1192
MSI BETOK SSIGNATURE.	I I I I I I I I I I I I I I I I I I I
Page_i	of



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				·	
FACILITY NAME: TOP SERV	ices Clean	NOV 5	x	DATE: 9/36/96	8
FACILITY LOCATION: 3485	W Flagle	r St			
Miam	i, FL 33	135			_
Annual Reporting Period:	7	1997 то		9 19	78
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.	• •	•	Ċ	\forall	
If NO, complete the following:				,	
#1. Term or condition of the general permit	that has not been in co	ntinuous complian∝ d	uring the reporti	ng period stated above:	•
No 12 month ro	lling loc				
Exact period of non-compliance: from	0 0	9/97 to	9/98	ECEIVEI	D.
Action(s) taken to achieve compliance:	Will begin	keepins	100		
Method used to demonstrate compliance:	Incalen	dar	\bigcirc	OCT 2 7 1998	
#2. Term or condition of the general permit	that has not been in ∞	ontinuous compliance d		reau of Air Monitorin & Mobile Sources ing period-stated above	•
Missing some	1005				
Exact period of non-compliance: from		997 to	9 98		
Action(s) taken to achieve compliance:	In Cale	ndan Wi	11 begin	keeping all	reco
Method used to demonstrate compliance:	In calen	day			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further	, my annual consumpti	ion of perchloro	ethylene solvent, based	<i>t</i>
RESPONSIBLE OFFICIAL:	o Abreu	* Du	Dune	- 9/30/9	18
Na	me (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.

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

JUN 2 5 1999

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

X

Bureau of Air Monitoring

COMPLAINT/DISCOVER& Mobile Sources

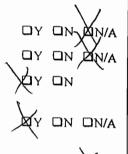
AIRS ID#:0250883 DATE: (0/11	199 TIME IN:10:35 TIME OUT: 11:55
FACILITY NAME: Top Servi	
FACILITY LOCATION: 3485 W	Flagler St
	, Fl 33135
RESPONSIBLE OFFICIAL: Diego	Abreu PHONE: (305)541-7472
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
THAT III OBLIGOTI TOTALION	
Facility indicated on notification form that it is:	☐ No notification form
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: (check appropriate box) A.	
Facility indicated on notification form that it is: (check appropriate box) A.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, 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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
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	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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
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	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
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	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 \le x \le 2,100 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	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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 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 \le x \le 2,100 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 \le x \le 2,100 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, $140 \le x \le 2,100$ 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
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 (constructed before 12/9/91)	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, $140 \le x \le 2,100$ 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) Y $\square N$ \square Can not determine
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 (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	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, $140 \le x \le 2,100$ 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 $12/9/91$) Y \square N \square Can not determine station: neral permit as number above
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 (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	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, $140 \le x \le 2,100$ 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 $12/9/91$) Y \square N \square Can not determine sation:

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?
- 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.

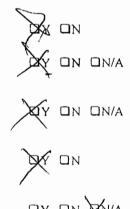
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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?
- 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?



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?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩИ	□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	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	□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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? OY ON 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? ПN 7. Maintained deviation reports? DY DN XN/A DY DN Problem corrected? $\Box Y \Box N$ 8. Maintained compliance plan, if applicable?

F		
	PART VI: LEAK DETECTION AND REPAIRS	
	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak de	tection and repair
ľ	inspection?	ď√r □n
	2. Has the facility maintained a leak log?	XX ON
	3. Does the responsible official check the following areas for leaks?	$\int_{-\infty}^{\infty}$
	Hose connections, fittings, couplings, and valves	OY ON MIN/A
	Door gaskets and seating DN/A Stills	Y ON ON/A
	Filter gaskets and seating DY DN DN/A Exhaust dampers	S DY ON ON/A
	Pumps Diverter valves	AV ON ON/A
	Solvent tanks and containers DY DN DN/A Cartridge filter h	ousings Y ON ON/A
l	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)	Þ
	Odor (noticeable perc odor)	X
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	Halogen leak detector	٦٥
	If using direct-reading instrumentation, is the equipment:	Q/N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 p	opm? OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?	תם י ם י
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? 🔲 Y 🗆 N
1		

Inspector's Name (Please Print)

Inspector's Signature

Lel 2000

Approximate Date of Next Inspection

Some temp. monitoring + Irak inspection results were missing. Directed Mr. Abren to be more consistent with record keeping. AIRS 1D#: 0250883

per

DRY CLEANER AIR QUALITY GENERAL PERMITY E D ANNUAL COMPLIANCE CERTIFICATION FORM JUN 2 5 1999

FACILITY NAME: Top Service Cleaners Great of Air Monthstring 1/11/99
FACILITY LOCATION: 3485 W Flagler St. Mobile Sources MIAMU, FL 33135
Annual Reporting Period:
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL CON	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:35 TYPE OF FACILITY: Performed Performance Topo Facility Name: Topo Facility Location: 34 RESPONSIBLE OFFICIAL: 100	TIME OUT: //: Service S5 W, F16 ami, FL 20 Abrew	AIRS ID#: 62 Eleaners I ASSISS PHONE NUMBER:	250883 DATE: <u>CP/11/99</u> 305)541-747]
compliance with DEP Rule 6 Based on the results of the co	2-213.300, Florida Administr	ated during this inspection, the facility ative Code (F.A.C.). ated during this inspection, the follow	
discrepancies were noted: COMPLIANCE REQUIRI	EMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			·
· .	•		
comments: Directed With re Practice	Mr. Abreu cord Keepin 2S	to be more a g. Good Hous	onsistent ekeeping
The Annual Compliance Certification	form has been properly certif	ied and submitted to the inspector.	YES NO
INSPECTION'S SIGNATURE:	Debor	proximate) case Print) PHONE NUMBER:	305) 372-6934 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECT	COMPLAINT/DISCOVERY C
FACILITY NAME: Day Clas	
RESPONSIBLE OFFICIAL: Gurtaro CONTACT NAME:	Gutterney PHONE: 3053 547 - 5472
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to see the second	startun
2. Facility failed to notify DARM to use general	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box) A.	S: ☐ 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	2. Ivew 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)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
both types, x < 140 gal/yr	both types, x < 140 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	both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classi Gacility qualified for a	both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
Storing perchloroethylene in tightly sealed and impervious containers?	ПΥ	ПΝ	ØN/A
2. Examining the containers for leakage?	ΠY	Ωи	ØN/A
3. Closing and securing machine doors except during loading/unloading?	ØΥ	ПN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ŹY	ΩΝ	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	□и	ØN/A
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
In Part II-A:			
If classification I has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated	conde	enser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated	conde	enser
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?	ØΥ	ПΝ	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Ø Y	ΠN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØΥ	ПΝ	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØΥ	ПΝ	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	ΠN	Ø N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	9 1Y	ΠN	

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?	ΩY	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?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	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	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official:							
(check appropriate boxes)							
I. Maintained receipts for perc purchased?	ØY ON						
2. Maintained rolling monthly total of perc consumption?	AN ON						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ZIN/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 DIN/A						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON Ú n/a						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA						
6. Maintained startup/shutdown/malfunction plan?	ØY ON						
7. Maintained deviation reports?	OY ON PIN/A						
Problem corrected?	OY ON DINIA						
8. Maintained compliance plan, if applicable?	אועם עוֹם אם						

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?		•	ØY □N				
2. Has the facility maintained a leak log	??		QTY □N				
3. Does the responsible official check the	ne following areas for leaks	s?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ØN/A				
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A				
Filter gaskets and seating	QIY ON ON/A	Exhaust dampers	QÍY ON ON/A				
Pumps	DY ON ONA	Diverter valves	DY ON ON/A				
Solvent tanks and containers	ФУ 🗆 И ПМ/А	Cartridge filter housings	DY ON ON/A				
Water separators	ØY ON ON/A						
4. Which method of detection is used by	y the responsible official?						
Visual examination (condensed	solvent on exterior surface	es)	Ø				
Physical detection (airflow felt	through gaskets)		đ				
Odor (noticeable perc odor)	Ø						
Use of direct-reading instrumer							
Halogen leak detector							
If using direct-reading ins	ØN/A						
a. Capable of detectin	g perc vapor concentration.	s in a range of 0-500 ppm?	OY ON				
b. Calibrated against a (PID/FID only)?	a standard gas prior to and a	after each use	OY ON				
	and obvious signs of wear	on a weekly basis?	OY. ON				
i ·	secure area when not in us		OY ON				
•	cy by use of duplicate samp		DY QN				
Tran Famin		4/20/00					
Inspector's Name (Please P							
		ula	NP.				
Inspector Signature		Approximate Date of 1	Next Inspection				

ADDITIONAL SITE INFORMATIO	N:
	Good recordkaging horachaeping Machine not in use during impaction

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 0350883
TYPE OF FACILITY: Pare Dry Clasers	
FACILITY NAME: De Deur Come	DATE: 4/2/100
FACILITY LOCATION: 3485 W. FL	le st
Mani FL	
RESPONSIBLE OFFICIAL: Gustava Gustierrey	PHONE NUMBER: 305 - 541 - 7472
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: Good Records Houseke	seeping.
The Annual Compliance Certification form has been properly certific	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/01 (Ap	proximate)
INSPECTION CONDUCTED BY: Ivan Fan	~. ~!^
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-373-6922
Page	of Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	na Ne	v Clea	ners		DATE:	4/21/00
FACILITY LOCATION:	3485	W. E	(agla	<u>d</u> .	· · · · · · · · · · · · · · · · · · ·	•
: 	Nim	FL			· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	MA	RCU	<u>19200</u> .	то	A	19 <u>360</u>
Based on each term or conditi 62-213.300, Florida Administ	=	=	-			Rule DNO
If NO, complete the following	:				er.	
#1. Term or condition of the	general permit that	has not been in	n continuous	compliance duri	ng the reporting period	stated above:
Exact period of non-complian	ce: from			to		
Action(s) taken to achieve con	npliance:					
Method used to demonstrate c	ompliance:			/_	·	·
#2. Term or condition of the	general permit that	has not been in	n continuous	compliance duri	ng the reporting period	stated above:
	•			·		
Exact period of non-complian	ce: from			to		
Action(s) taken to achieve cor	npliance:					
Method used to demonstrate e	ompliance:					
				 .		
As the responsible official, I h made in this notification are t upon rolling averages of purc year for transfer or combinati	rue, accurate and c hase receipts, does on facilities.	omplete. Furt	her, my annu	al consumption o	of perchloroethylene so	lvent, based
RESPONSIBLE OFFICIAL		lease Print)	TERREZ. (/ YUY(JU)	ature /	7 4 1 2000 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.

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MS/8510-37550-304000

2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400

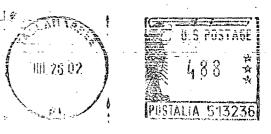
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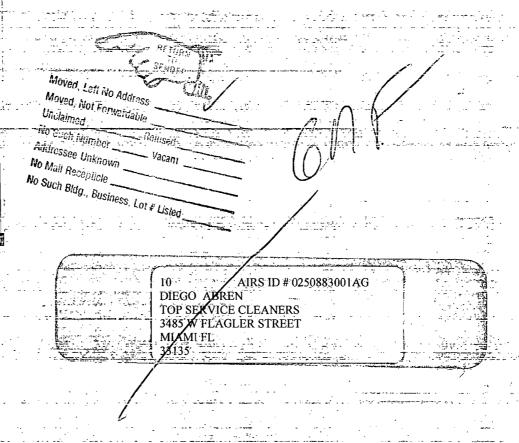
Rureau of Air Normons

Bureau of Air Normons

Bureau of Air Normons







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

TOTAL AMOUNT DUE: \$50.00 FEB 13 98

Do NOT Remove Label

AIRS ID#0250883

TOP SERVICES CLEANERS INC DIEGO ABREN 3485 W FLAGLER STREET MIAMI FL 33135

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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TOP SERVICE CLEANERS DIEGO ABREN 3485 W FLAGLER STREET MIAMI FL 33135 BIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

