Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	KEY COLONEY DRY CLEANERS, INC.					
2.	Site Name (For example, plant name or number):					
	- SAME-					
3.	Hazardous Waste Generator Identification Number:					
	FLR000011064					
4.	Facility Location: KEY COLONEY DRY CLEANERS, INC. Street Address: 180, CRANDON BLVD. # 106					
	City: Mi Ami, County: DADE Zip Code: 33149					
.5.	Facility Identification Number (DEP Use):					
	D250886					
State:	在一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种的一种,我们就是一种的一种, 第一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	SHERALI VIRANI (COMP. SEC.)					
7.	Responsible Official Mailing Address:					
	Organization/Firm: Street Address:					
	City: Zip Code:					
8.	Responsible Official Telephone Number:					
	Telephone: (305) 365- 1/35 Fax: () SAME-					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
"	Name and Thie of Facility Contact (For example, plant manager).					
10						
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
	DECEIVED					

RECEIVED

NOV 5, 1997

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Bureau of Air Monitoring & Mobile Sources

11/17/97	Spoke to Sherali Virani and he stated he is the secretary for Key Coloney Dry Cleanes, Inc.
	stated he is the secretary for
	Key Coloney Dry Cleanes, Inc.
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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device ;		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-M149	4 014	44	4				
(2) w/ carbon adsorber				',					
(3) w/ no controls									
Washer Unit					•	·		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		<u> </u>							
Dryer Unit	1			1.				L	
(7) w/ ref. condenser			Ι -						
(8) w/ carbon adsorber							 		
(9) w/ no controls									
Reclaimer Unit	4	1.17			L	l			
(10) w/ ref. condenser				T		T			
(11) w/carbon adsorber									
(12) w/ no controls			_	 			1		
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are r quant gallo	equired to be ity of perchlons ow many? [_	installed [_oroethylene (] months	(perc)]) purchased i				
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec ea so	et one classif	ication only.)	ew sr	initions foun nall area sou rge area sou	rce 💟	3) of]]	Part II?	

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of F	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 []		7
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site.	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		\checkmark
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[]

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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)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notif 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.					

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PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST RECEIVED

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	G	COMPLAINT	Oliros	OCT 2 7 1998 u of Air Monitoring
AIRS 10#: 250884	DATE: 9-30-9	TIME II	· . /600	TIME OUT:	u of Air Monitoring Mobile Sources 1630
FACILITY NAME: KE	EY COLONY DRY	CLEANERS			
FACILITY LOCATION:	180 CRANDON E	BLVD. #	± 106		
	KEY BISCAYNE,	33149			
RESPONSIBLE OFFICIAL	: SHERALI VIRI	4 <i>N</i> /	PHONE: <u>38</u>	15-365-11	35
CONTACT NAME:	11		PHONE:	/1	
PART 1: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to starti	ib	,		ο,
2. Facility failed to notify DA	ARM to use general penn	nit .			
PART II: CLASSIFICATION	N	×			
Facility indicated on notification			☐ No notific	ation form	
(check appropriate box)	ation for in that it is.			e/out of busines	s/petroleum
λ.			,	/	
1. Existing small area so		2. New small		2	
dry-to-dry only, $x < 140 g$	-		y, x < 140 gal/y	r	
transfer only, x < 200 gal/ both types, x < 140 gal/yr		transfer only, both types, x			1
(constructed before 12/9/9			n or after 12/9/9	11)	
(30/12/10/00/00/00/01/01/01/01/01/01/01/01/01/	•••	(,	
3. Existing large area so	ource 🗅	4. New large			
dry-10-dry only, $140 \le x$	≤2,100 gal/yr		$y, 140 \le x \le 2,1$		
transfer only, $200 \le x \le 1$			$200 \le x \le 1,800$		
both types, $140 \le x \le 1.8$			$g 008, 1 \ge x \ge 0$		
(constructed before 12/9/	91)	(constructed of	on or after 12/9/9	91)	
5. This is a correct facilit	y classification	OY ON	Can not o	letermine	
	the appropriate classifica				
	ncility qualified for a ger			above	
O fa	acility exceeds above lim	nits and is not e	ligible for a ger	ieral permit	
B. The total quantity of perfacility was BNK gall-		rchased within	the preceding l	2 months by th	is dry cleaning





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?	חואם אם אם				
2. Examining the containers for leakage?	DY ON ONIA				
3. Closing and securing machine doors except during loading/unloading?	ØY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 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 refrigerated condenser (complete A below).					
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 mulprior to September 22, 1993	•				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:				
1. Equipped all machines with the appropriate vent controls?	DY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מיו סא סאי				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ONIA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY DN				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מואס אם צם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY CN				

Β.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	Dи	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	מם	□N/∧
	Is the temperature differential equal to or greater than 20° F?	ПΥ	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	ОΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŨΥ	ŪИ	\square N/ \wedge
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	Ωи	□n/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

to the state of th

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

PART VI: LEAK DETECTION A	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			DY QN			
2. Has the facility maintained a leak	log?		DY WN			
3. Does the responsible official chec	ck the following areas for leaks?					
Hose connections, fittings, couplings, and valves	DY WN DN/A	Muck cookers	DY ON DN/A			
Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	OY ON ONIA	Exhaust dampers	DY WN DN/A			
Pumps	DY ON DNA	Diverter valves	DY WN DN/A			
Solvent tanks and containe	ers OY ON ON/A	Cartridge filter housings	DY ON DNA			
Water separators	DY WN DN/A					
4. Which method of detection is us	ed by the responsible official?					
Visual examination (conde	ensed solvent on exterior surface	es)				
Physical detection (airflow	v felt through gaskets)		0			
Odor (noticeable perc odo	0					
Use of direct-reading instr	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector						
If using direct-reading	DINIA					
a. Capable of de	steeting perc vapor concentration	ns in a range of 0-500 ppm?	OY ON			
b. Calibrated ag (PID/FID onl	ainst a standard gas prior to and y)?	after each use	OY ON			
c. Inspected for	leaks and obvious signs of wear	on a weekly basis?	OY UN			
d. Kept in a clea	an and secure area when not in u	ise?	OY ON			
e. Verified for a	accuracy by use of duplicate san	nples (calorimetric only)?	DY ON			
<u> </u>						
M. ENRIQUE FLORE. Inspector's Name (P		9-30- Date of Inspection	78			
mspector's rame (r	·	Date of inspection				
Manique Flores	U	OCT,	99			
Inspector's Sign	ature	Approximate Date of	of Next Inspection			

ADDITIONAL SITE INFORMATION:

- I NO RECORDS OF REQUIRED PERC USAGE, INSPECTIONS, RECEIPTS KEPT.
- PROPERLY FILL IT OUT WERE GIVEN TO MR. VIRANI SO THAT HE CAN BE IN COMPLIANCE ON HIS NEXT INSPECTION.
- DERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS WAS ALSO GIVEN TO MR. VIRANI.

ANNUAL OF

CALE OF INSLECTION: YMMONG A COW	PLAIN INDISCOVERY RE-INSPECTION
TIME IN: 1600 TIME OUT: 1630	AIRS 10#: 250886
TYPE OF FACILITY: PCKC DRY CIFANCE	
FACILITY NAME: KIY COLLAY DRY CLEANERS	DATE: 9-30-98
FACILITY LOCATION: 180 (RANDON BLUD. 41 10)	
KET BISCHYNE, 33149	
RESPONSIBLE OFFICIAL: SHEZALI VIRANI	PHONE NUMBER: 365 365. 1135
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NI RECEIPTS LE PERC PLRCHASES EN SITE	WILL KIEP RECEIPTS ON SITE
NO RULLING LUG OF PERCY-CAPILLING- USED	WILL KEEP TRACK OF PERC GALLONS - USED
NO CONDERSEL TEMP. READINGS LOG	A LOG WILL BE STAKTED FOR TEMP. KEADINGS
NE TEAK INSPECTION RECERDS.	A LEAK-INSPECTION LUG WILL BE STARTED
·	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS: NOU PERC MACHINE IN FU	OD UPFRATING IUNDITIONS.
CLEAN SHOP.	
(he Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION:	DFT 1999 Approximate)
NSPECTION CONDUCTED BY:	FNK IQUE FLORES Please Print)
MSPECTOR'S SIGNATURE: Milmigue Hirm	PHONE NUMBER: 305 - 372. 6925
Page	of Davided 10/06

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: KEY C FACILITY LOCATION: 180 KE		. # 106		DATI	9-30-98
Annual Reporting Period:	SEPT. 97	19	то	SEPT. 98	19
Based on each term or condition of 62-213.300, Florida Administrative	_		-	<u>.</u>	DEP RUK DNO
If NO, complete the following: #1. Term or condition of the gene	ral permit that has not b	een in continuo	us complianœ	during the reporting pe	eriod stated above:
NO PERC USAGE /condsum	TION RECORDS, D	EAK INSPECT	IONS, CON	DENSER TEMP. R	CADING S.
Exact period of non-compliance:	9			SEPT. 198	
Action(s) taken to achieve compliant Method used to demonstrate comp	ABOVE R	equired it		S INSPECTION I	MENDAR WITH
#2. Term or condition of the gene	eral permit that has not	beca in continuo	ous compliance	e during the reporting p	eriod-stated above:
Exact period of non-compliance:	from		toto		
Action(s) taken to achieve compli	ance:				
Method used to demonstrate com	pliance:				
			• .		
As the responsible official, I here made in this notification are true upon rolling averages of purchas year for transfer or combination	, accurate and complete se receipts, does not exc	. Further, my o	nnual consum	ption of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL: _	SHERAU Name (Please P	NIRANI rint)		Signature	00/30/9

^{*}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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

JUN 2 5 1999

TYPE OF INSPECTION:

ANNUAL

X

HECKLIST

Bureau of Air Monitoring

COMPLAINT/DISCOVER Mobile Sources

RE-INSPECTION

	99 TIME IN: 2:57 pm. TIME OUT: 3:25 pm		
FACILITY NAME: Key Colony	<i>V</i> '		
FACILITY LOCATION: 180 Crandon Blud, #106			
Key Biocayne FL 33149			
RESPONSIBLE OFFICIAL: Shorali	Verani PHONE: (205) 365-1135		
CONTACT NAME: Same	<u>e</u> 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			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	Drop store/out of business/petroleum		
Α.	. .		
1 Existing small area source	2 New small area source		
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/vr		
 Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		
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-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)		
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, 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, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)		
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	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		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	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		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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, $140 \le x \le 1,800 \text{ gal/yr}$		
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	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 $12/9/91$) \square		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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 $12/9/91$) Can not determine		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a gen	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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 $12/9/91$) Can not determine		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific ☐ facility qualified for a gen ☐ facility exceeds above line	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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 $12/9/91$) \square		

Review + ARMS 10/18/99 DCG

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ZINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON DAVA 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 TAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXIA 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B	Has the responsible official of an existing large or new large area source also:			
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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□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?	ΘY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПΥ	□м	□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?	ΠY	Πи	□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 DY DN CON/A and parts installed w/in 5 days of receipt? DY DN DEN 4. Maintained calibration data? (for applicable direct reading instruments) ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? ΠN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DNA Problem corrected? DY DN UNA 8. Maintained compliance plan, if applicable? DY DN DYN/A

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					ΠY	Į	DV.
2.	Has the facility maintained a leak log?					ΠY	(ZW
3.	Does the responsible official check the	followir	ng are	as for leaks?				
	Hose connections, fittings, couplings, and valves	MY	□и∣	□N/A	Muck cookers	ΠY	□N	DN/A
	Door gaskets and seating	ďγ	□и∣	□N/A	Stills		N	□N/A
	Filter gaskets and seating	MY (ו אם	□N/A	Exhaust dampers	MY	□и	□N/A
	Pumps	ďY I	ן אם	□N/A	Diverter valves	. 13 Y	ПN	□N/A
	Solvent tanks and containers	VY (□N (TIN/A	Cartridge filter housings	ΉY	ПN	□N/A
	Water separators	ØY 1	□и□	□N/A				
4.	Which method of detection is used by t	he respo	nsibl	e official?		,	,	
	Visual examination (condensed solvent on exterior surfaces)			ø/				
	Physical detection (airflow felt through gaskets)			Ċ				
	Odor (noticeable perc odor)					U		
	Use of direct-reading instrumenta	tion (FI	D/PII	D/calorimetric to	ıbes)			
	Halogen leak detector					\Box		
	If using direct-reading instr	umenta	tion,	is the equipme	nt:	IZN/	Ά	
	a. Capable of detecting p	perc vap	or co	ncentrations in	a range of 0-500 ppm?	ΠY	□N	
	b. Calibrated against a si (PID/FID only)?	tandard	gas p	rior to and after	each use	ΩY	ПN	
	c. Inspected for leaks an	d obvio	us sig	ns of wear on a	weekly basis?	ΩY	ПN	
	d. Kept in a clean and se	ecure are	a wh	en not in use?		ΠΫ́	ПN	
	e. Verified for accuracy	by use o	of dup	olicate samples	(calorimetric only)?	ΠY	ПN	

KRISTAL YIPON	06/17/99
Inspector's Name (Please Print)	Date of Inspection
Knistal Gipon Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
		•
	•	
		•
, °		
		-
		Y
	•	
		,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TYPE OF FACILITY: PERC DRY CLEANS FACILITY NAME: Key Colony DRY FACILITY LOCATION: 1800 Crandon B Key Riscayne	Cleaners. DATE: 06/17/99 Plud., #106 - Plus P1 33/49.
RESPONSIBLE OFFICIAL: Sherale Var	200 PHONE NUMBER: (305)365-(135-
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Records of maintenance log and condenser temperature log were not available	naintenance and monitoring of condensertemp
comments: Machine in good wor is clean but records	king condition, shop area
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 06/2000	proximate)
INSPECTION CONDUCTED BY: KRISTAL	case Print)
INSPECTOR'S SIGNATURE: Kristal Gr	pon phone number: (365)372-6925-
Page	_of Revised 10/96

AIRS 1D#: 25 0886

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFIGATION FORM

FACILITY NAME: Ke	y Colonez	Dry	Bureau of	Air Monitoring	DATE: _06/	17/99
FACILITY LOCATION:		ndon	Bwel	. # 106		
Ke	y Biocay	no, M	Mani	F1. 331	49.	
Annual Reporting Period:	9/30	19	<u>¶8</u> то _	06/17		_1949
Based on each term or condition of 62-213.300, Florida Administrativ	_	-	-		A~	; O
If NO, complete the following:					,	
#1. Term or condition of the gene	eral permit that has no	t been in conti	nuous compliai	nce during the rep	orting period state	d above:
Record keeping Exact period of non-compliance: Action(s) taken to achieve compliance	of temp. of	conder	vser con	d mainle	wante un	5/-
Exact period of non-compliance:	from Oq.	130/98	<u>}</u>	to 06/	17/99	
Action(s) taken to achieve compliant	ance: Begin P	logs for	or Cond	yper and	mainte	nonte
Method used to demonstrate comp		-				
#2. Term or condition of the gene	eral permit that has no	t been in conti	nuous complia	nce during the rep	orting period state	d above:
Exact period of non-compliance:	from		to			
Action(s) taken to achieve compli	ance:					
Method used to demonstrate comp	oliance:					•
As the responsible official, I herei made in this notification are true, upon rolling averages of purchase year for transfer or combination J	accurate and complete receipts, does not exc	e. Further, my	y annual consu	mption of perchlor	roethylene solvent	, based
RESPONSIBLE OFFICIAL:	SHERAL Name (Please F	Print)	M)	Signature	06	/7/99 Date
	`	·		. .		

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

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON	
	TIME IN: 1000 TIME OUT: 4 1036	
FACILITY NAME: Kay Cokney	Cleaners	
FACILITY LOCATION: 180 Crand	Cleaners Pon Blad., # 106	
Key Biscayne	e, A	
RESPONSIBLE OFFICIAL: Sheral;	PHONE: (305) 365-1135	
CONTACT NAME:	•	
	79	
PART I: NOTIFICATION	B FT	
(check appropriate box)		
New facility notified DARM 30 days prior to sta	irtup occ	
2. Facility failed to notify DARM to use general permit Solution		
	nito	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
A	. 54	
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. Ivew small area source 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 (constructed before 12/9/91)	both types, x < 140 gal/yr (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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ 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 before 12/9/91)	(constructed on or after 12/9/91)	
5. This is a correct facility classification '	∞ Y □N □Can not determine	
If no, please check the appropriate classific	cation:	
_	neral permit as number above	
facility exceeds above lin	nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) put facility was	irchased within the preceding 12 months by this dry cleaning	
	NO. 465180	

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

ſ				
B	. Has the responsible official of an existing large or new large area source also:			
1				
1.	. Measured and recorded the exhaust temperature on the outlet side of the condenser located			
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	$\square N$	
			4	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
()	•		_	_
ļ	Is the temperature differential equal to or greater than 20° F?	\Box Y	$\Box N$	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
İ	at the end of the final drying cycle while the machine is venting to the adsorber,			
l	if machines are equipped with a carbon adsorber?	\Box Y	ПИ	□N/A
ſ				
ļ	Is the perc concentration equal to or less than 100 ppm?	ЦΥ	ПN	□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,			
ŀ	or expansion; and downstream from no other inlet?	\Box Y	ПN	□N/A
1				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	\Box Y	\square N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ΩИ	□N/A
	, , , , , , , , , , , , , , , , , , , ,			

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

3 of 5

Revised 9/1590

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?			ÆΊΥ	ΠN
2. 1	las the facility maintained a leak log	?		Ø Y	DΝ
3. 1	Does the responsible official check th	e following areas for leaks	?	•	
	Hose connections, fittings, couplings, and valves	AT ON ON/A	Muck cookers		I ON/A
	Door gaskets and seating	ØY ON ON/A	Stills	GIY ON	N/A
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	gy on	I □N/A
	Pumps	AY ON ON/A	Diverter valves	DAY ON	I □N/A
	Solvent tanks and containers	AND NO YO	Cartridge filter housings	q y av	I □N/A
	Water separators	DIY ON ONA			
4. \	Which method of detection is used by	the responsible official?			
Visual examination (condensed solvent on exterior surfaces)				F	
Physical detection (airflow felt through gaskets)				\triangleright	
Odor (noticeable perc odor)				⊄ i	
	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	ment:	MN/A	
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	OY ON	!
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and secure area when not in use?				OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Inspector's Name (Please Print)

Date of Inspection

nspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INF	ORMATION:
	Good Recordkeaping
-4	Machine in operation - no oders.
	· · · · · · · · · · · · · · · · · · ·

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	AL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /000 T TYPE OF FACILITY: Perc	IME OUT:	1030 AIRS ID#	0920296
FACILITY NAME: Kay	Coloney Cla	an en	DATE: 4/13/00
FACILITY LOCATION: 180		ud.	77.27.30
Key	Biscame	H	
RESPONSIBLE OFFICIAL: Sheral	li Virani	PHONE NUM	BER: 305 - 365 - 1/35
Based on the results of the complication compliance with DEP Rule 62-21			ne facility is found to be in
Based on the results of the compli discrepancies were noted:	ance requirements evalua	ated during this inspection, t	ne following compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP A	ACTION REQUIRED
		·	
			· · · .
COMMENTS:	inctory Re	and Keeping /	Housekeping
The Annual Compliance Certification form	has been properly certif	ied and submitted to the insp	pector. YES NO
DATE OF NEXT INSPECTION:	4/01	proximate)	·
INSPECTION CONDUCTED BY:	Ivan F	ease Print)	
INSPECTOR'S SIGNATURE:	av Jana.	PHONE NUM	BER: <u>305- 372-652</u> 1
	Page_	of	Revised 10/96

AIRS ID#: <u>6250886</u>

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Ley Coloney C	legneur	DATI	: 4/13/00
FACILITY LOCATION:	180 Cambon	Blud.		, •.
	Key Buscine	Fl	· •	
			•	
Annual Reporting Period:	April	_19 <u>_9</u> 7 TO	April	19200
Based on each term or condition of 62-213.300, Florida Administrative	<u> </u>			DEP Rule
If NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not been in c	ontinuous compliance du	aring the reporting per	iod stated above:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve complia	ınce:		·	·
Method used to demonstrate comp	liance:			
#2. Term or condition of the gene	ral permit that has not been in c	ontinuous compliance du	iring the reporting per	iod stated above:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve complia	ance:		·.	
Method used to demonstrate comp	liance:			1. j
As the responsible official, I hereber made in this notification are true, upon rolling averages of purchase year for transfer or combination for the RESPONSIBLE OFFICIAL:	accurate and complete. Further receipts, does not exceed 2,100 accilities.	r, my annual consumptio	n of perchloroethylen	e solvent, based
	Name (Please Print)	Si	gnature	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.

0358316

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 # 0250886 KEY COLONEY DRY CLEANERS SHERALI VIRANI 180 CRANDON BLVD #106 **MIAMI FL 33149**

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 Jali 16 93

Do NOT Remove Label

AIRS ID#0250886 KEY COLONEY DRY CLEANERS INC SHERALI VIRANI 180 CRANDON BLVD #106 MIAMI FL 33149

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
5531	OFF		No.	A		JU	S	Œ.
7027	Postage Certified Fee	\$					7	
0000	Return Receipt Fee (Endorsement Required)				_ \		tmark Fre	
吕	Restricted Delivery Fee (Endorsement				 AIR	∫ () S ID#025	₩	
2870	Total Postal KEY COLONEY DRY CLEANERS SHERALI VIRANI Sent To SHERALI VIRANI							
2000	Street, Apt. 1 33149	FL						
70	City, State, Zh PS Form 3800, May 20	000			See R	everse fo	r Instru	uctions





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

422899 FEB132003

Do NOT Remove Label

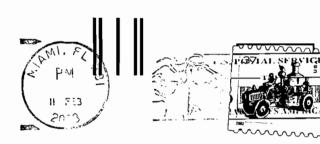
AIRS ID#0250886 KEY COLONEY DRY CLEANERS SHERALI VIRANI 180 CRANDON BLVD #106 MIAMI FL 33149

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Cleaners 15300 SW 145 Ct. Miami FL 33177



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
530							
<u></u>	OFFICIAL USE						
8	Postage \$						
3308	Certified Fee Return Receipt Fee Here						
m	Return Receipt Fee (Endorsement Required)						
0013	Restricted Delivery Fee (Endorsement Required)						
	Total Posta 10 AIRS 1D # 0250886001AG						
1670	Sent To SHERALI VIRANI						
Ţ	KEY COLONEY DRY CLEANERS						
	Street, Apt. N 180 CRANDON BLVD #106 MIAMI FL City, State, Zi 33149						
7000							
	PS Form 3800, May 2000 See Reverse for Instructions						
77							

POLD AT DOTTED LINE TO THE RIGHT OF RETURN ADDRESS. TO THE RIGHT OF RETURN ADDRESS.	HIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee					
1. Article Addressed to: 10 AIRS ID # 0250886001AG SHERALI VIRANI KEY COLONEY DRY CLEANERS	D. Is delvery address different from item 1? ☐ Yes If Y#S enter delivery address below: ☐ No					
180 CRANDON BLVD #106 MIAMI FL 33149	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.					
	4. Restricted Delivery? (Extra Fee)					
2. Article Number (Transfer from service label) 1000 1670 00133108 1530						
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424					



408277 MAY 3 2001

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 # 0250888

MARS DELUXE CLEANERS ALEX PIQUERAS 7020-22 SW 87TH AVENUE MIAMI FL 33173

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

402638

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 # 0250886

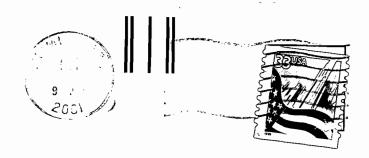
KEY COLONEY DRY CLEANERS SHERALI VIRANI 180 CRANDON BLVD #106 MIAMI FL 33149 MAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Keys 15300 Sw 145 CT MANN FL 33177



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



412993 JAN14 2002

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



TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

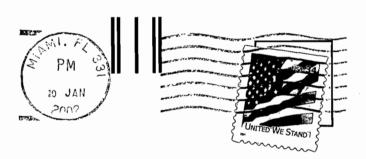
AIRS ID # 0250886
KEY COLONEY DRY CLEANERS
SHERALI V[RANI
180 CRANDON BLVD #106
MIAMI FL
33149

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Cleaners 15300 SW 145-Ct. Miami FL 331.77



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



389627

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 # 0250886

KEY COLONEY DRY CLEANERS SHERALI VIRANI 180 CRANDON BLVD #106 MIAMI FL 33149 MAIL ROOM
DEC 17 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all)

AIRS ID#0250886 KEY COLONEY DRY CLEANERS INC SHERALI VIRANI 180 CRANDON BLVD #106 MIAMI FL 33149

Do NOT Remove Label

Annual Reporting Period:	-	_19 -18 TO	12-1-	1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•		ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ntinuous complia	nce during the reporting	; period stated above:
Exact period of non-compliance: from			_ to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ntinuous complia	nce during the reporting	period stated above:
Exact period of non-compliance: from			to RECEL	V E D
Action(s) taken to achieve compliance:			. 1831 (0.4)	
Method used to demonstrate compliance:	<u> </u>	_	JAN 2 1	
	· 		Bureau of Air N & Mobile So	-
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	further, my annual consu	mption of perchlor	oethylene solvent, based i	upon purchase receipts,
RESPONSIBLE OFFICIAL: Fam	jal Sidelide	- San	jal Sidhoni	1-13-88
Nai	ne (Please Print) SI DOLOKA	Y.	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.