

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 16, 1997

Mr. Richard Altman Uptime Cleaners 3013 Aventura Boulevard Aventura, Florida 33180

Re: Facility No.: 0250897

Dear Mr. Altman:

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"

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	\$ 0250897
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p13 7.	Odd Organization/Firm.
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PIG	dad fermit # s of flynds)
	(DEP issued sermity only)
	Odd permit #'s of permits) being surrendered. (DEP. issued permits only) Kesponsible Official sign and late for changes.
	late for charges.
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### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
		Optima Cleaners Inc Site Name (For example, plant name or number):
	2.	Site Name (For example, plant name or number):
		optima cleaners
	3.	Hazardous Waste Generator Identification Number:
		IW5-07985-97 DCSU UU
	4.	TW5-07985-97 DCSU CU Facility Location: Street Address: 3013 Aventure Bluk
	•	City: Delle Ruenture County: Dt.de Zip Code: 33180
	5.4	Facility Identification Number (DEP Use): 11-7-72-72-72-73-74-74-74-74-74-74-74-74-74-74-74-74-74-
		Berger 12 State of the Control of th
		Responsible Official
ı	6.	Name and Title of Responsible Official:
		Richard Alfman, President
	7.	Responsible Official Mailing Address:
		Organization/Firm: Street Address: 3013 Airenture Blue
		City: Brenture County: Dice Zip Code: 33/80
	8.	Responsible Official Telephone Number:  Telephone: (301) 937 - 2188 Fax: ( ) -
		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: County: Zip Code:
	11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
****		Telephone: ( ) - Fax: ( ) -

RECEIVED

NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Example  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	15-Dec-	Control Device Installed  12-NOV-93  93  Desc 93	#2	Machine Initially Purchased  08-DEC-91	Control Device Installed	\$ IE		Control Device Installed  02-MAR-9		
Example    Dry-to-Dry Unit   (1) w/ ref. condenser   (2) w/ carbon adsorber   (3) w/ no controls	D Purchased  11 03-OCT-93	Installed		Purchased	Installed	IC	Purchased	Installed		
Example    Dry-to-Dry Unit   (1) w/ ref. condenser   (2) w/ carbon adsorber   (3) w/ no controls	11 03-OCT-93									
Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber   (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	15-Dec-	12-NOV-93	#2	08-DEC-91		#3	3 02-MAR-92	02-MAR-5		
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls		93   Dec 93								
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls		Dec 93								
(2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls		V2C 13								
(3) w/ no controls  Washer Unit  (4) w/ ref. condenser  (5) w/ carbon adsorber  (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser  (8) w/ carbon adsorber  (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls										
Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls										
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls										
(5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls										
(6) w/ no controls  Dryer Unit  (7) w/ ref. condenser  (8) w/ carbon adsorber  (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls										
Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls						·				
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls						·   -				
(8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls						<u> </u>				
(9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls										
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls		<u>.</u>								
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	· · · · · · · · · · · · · · · · · · ·			<u> </u>		l				
(11) w/carbon adsorber (12) w/ no controls			· ·							
(12) w/ no controls		· · · · · · · · · · · · · · · · · · ·	•							
<u> </u>		3								
(b) Control devices are re										
(c) No control devices are 2.(a) What was the total quare [] ga (b) If less than 12 months Check why it is less than	e required to be antity of perchlallons s, how many? [	e installed [_loroethylene (] month	(perc	] ) purchased i				: []		
3. What is the facility's sour (Indicate with an "X". Se Existing small area Existing large area		fication only.	ew si	finitions foun mall area sou arge area sou	ırce [_	n (3) (	of Part II?			

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

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### Surrender of Existing Air Permit(s)

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  I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addresse this notification. I hereby certify, based on information and belief formed after reasonable inquiry, the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification for	ease indica	te with an "X" the appropriate selection:  I hereby surrender all existing air permits authorizing operation of the			
Responsible Official Certification  I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addresse this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to	facility indicated in this notification form; specifically, permit number(s)				
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this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to					
comply with all terms and conditions of this general permit as set forth in Part II of this notification for	this notij statemen maintain	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and In the air pollutant emissions units and air pollution control equipment described above so as to			
	comply v	vith all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will promptly notify the Department of any changes to the information contained in this notification.	I will pro	omptly notify the Department of any changes to the information contained in this notification.			
		Willes × 9/23/52			
Mille × 9/23/52	Signatur	Pate			

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250897

OPTIMA CLEANERS INC RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180 Bureau of Air Monitoring & Mobile Sources

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Do NOT Remove Label

Annual Reporting Period:	19 TO	19
	V general air permit, my facility has remained in compliance A.C.), during the period covered by this statement.	_
If NO, complete the following:		
#1. Term or condition of the general permit t	that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	No. 1997 Annual Contract of the Contract of th	
Method used to demonstrate compliance:	The second secon	·····
#2. Term or condition of the general permit t	that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
• •		
notification are true, accurate and complete. Fu	d on information and belief formed after reasonable inquiry, that a orther, my annual consumption of perchloroethylene solvent, based dry facilities or 1,800 gallons per year for transfer or combination	d upon purchase receipts,
RESPONSIBLE OFFICIAL:Rich.	e (Please Print)  Signature	5 2ho/cy Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

**BEST AVAILABLE COPY** 

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 2/5	TIME OUT: 29	AIRS ID#: 0757897	
TYPE OF FACILITY:	enc. Du (	1/2-20121	
FACILITY NAME:	Chorne 10%	DATE:	
FACILITY LOCATION:	303 AV2	Turk Plus	73
RESPONSIBLE OFFICIAL:	COMMP ACTI	PHONE NUMBER: 437-218	f-
الاستنا	the compliance requirements eval Rule 62-213.300, Florida Adminis	uated during this inspection, the facility is found to be in trative Code (F.A.C.).	
Based on the results of discrepancies were note	•	uated during this inspection, the following compliance	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	•		
	•		
			(
		<u> </u>	
		·	
		·	
	·		
	•		
COMMENTS: TACILITY	ty 15 m Co	npCANCE.	
The Annual Compliance Certific	cation form has been properly cer	tified and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTIO	DN: 1/12/12/19	79	
,	. (/	Approximate)	
INSPECTION CONDUCTED	BY: (17116 1/1	Please Print)	
			<b>(</b>
INSPECTOR'S SIGNATURE	: 199 g - 1	PHONE NUMBER: 276 (527	<b></b>
	Page	of . Revis	sed 10/96

### **BEST AVAILABLE COPY**

Revised 10/10/96

Ser 1

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Optima  FACILITY LOCATION: 30/3	Cleaniers		DATE	: 3-11-98
facility location: 30/3	AVENTURA	BIVD.		·
AVENTURA	/			
Annual Reporting Period:	<i>11-5</i> 19	<u>97</u> то	3-11	19 <u>98</u>
Based on each term or condition of the Title	V general air permit, my fa	cility has remained i	in compliance with I	DEP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during the period co	vered by this stateme	ent YES	□ио
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continu	ous compliance dur	ing the reporting pe	riod 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 contin	vous compliance du	ing the manting as	aind stated above:
#2. Term of continuon of the general permit	. that has not occur in contin	ious compnance du	ing the reporting pe	riod stated above.
Exact period of non-compliance: from		to	RECEI	VED
Action(s) taken to achieve compliance:			MAY 19 1	998
Method used to demonstrate compliance:			Bureau of Air M & Mobile So	lonitoring ources
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.  RESPONSIBLE OFFICIAL:	and complete. Further, my does not exceed 2,100 gall	annual consumption ons per year for dry	of perchloroethyles to dry facilities or l	ne solvent, based
Na .	me (Please Print)	Sig	mature	Date

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

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

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	Z COMPLAINT/DISCOVERY
RE-INSPECTION	о п
ne morbene	
42 - 6	
	78 time in: 2/5 time out: 245
FACILITY NAME: OPTIMA C	lenners
30:0	The DAM
FACILITY LOCATION: 30/3 4	MOV/4RA DIVD.
AVEN/A	IRA
RESPONSIBLE OFFICIAL: PLCHARED	AltMAN PHONE: 937-2188
	•
CONTACT NAME:	PHONE:
The state of the s	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup 🗆
2. Facility failed to notify DARM to use general pe	ermit 🗆
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	/
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
(constructed before 12/9/91)	(constructed on or after 12/9/91)
(constructed before 12/9/91)  3. Existing large area source	(constructed on or after 12/9/91)  4. New large area source
(constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	<ul> <li>(constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ul>
(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	(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
(constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	<ul> <li>(constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ul>
(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 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
<ul> <li>(constructed before 12/9/91)</li> <li>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)</li> <li>5. This is a correct facility classification</li> </ul>	(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 $12/9/91$ )  TY $\square N$ $\square$ Can not determine
<ul> <li>(constructed before 12/9/91)</li> <li>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)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classification</li> </ul>	(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 $12/9/91$ )  TAY $\square N$ $\square$ Can not determine cation:
(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 □ facility qualified for a ge	(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 $12/9/91$ )  TAY $\square N$ $\square$ Can not determine cation:
(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 □ facility qualified for a general facility exceeds above line	(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 $12/9/91$ )  The Can not determine cation: eneral permit as number above



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

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	• • •		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΠV	□N	□N/A
· · .	Is the perc concentration equal to or less than 100 ppm?			
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	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	_N □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠN	□N/A

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

,						
PART VI: LEAK DE	TECTION AND REP	AIRS				
1. Does the responsible	e official conduct a wee	kly (for	r small sources, b	i-weekly) leak detection ar	id rep	air
inspection?					ďΥ	ΩΝ
2. Has the facility main	ntained a leak log?				ØY	□N .
3. Does the responsible	e official check the follo	wing a	areas for leaks?			
Hose connection couplings, ar		אם צ	I □N/A	Muck cookers	ΠY	ON ONA
Door gaskets a	and seating	אם צ	I □N/A	Stills	ΣΥ	ON ON/A
Filter gaskets	and seating	Y ON	I □N/A	Exhaust dampers	σΥ	ON ON/A
Pumps	ď	Y ON	I □N/A	Diverter valves	ďΥ	ON ON/A
Solvent tanks	and containers	Y ON	I □N/A	Cartridge filter housings	₽Y	ON ON/A
Water separat	ors 12	Y ON	I □N/A			
4. Which method of de	etection is used by the r	esponsi	ible official?			,
Visual examination (condensed solvent on exterior surfaces)					Ø	
Physical detection (airflow felt through gaskets)					囡	
Odor (noticeal	Odor (noticeable perc odor)					·
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector				<b>3</b>		
If using direct-reading instrumentation, is the equipment:				ΠN	/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΟΥ	. □N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΟY	∩N

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

3-11-98 Date of Inspection

UY UN

DY DN  $\Box$ Y  $\Box$ N

MARCH 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	•
	A
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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: BOLS A	199 TIME IN: 930 TIME OUT: 9574 Cleanes Inc
	PHONE: 937-2188
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to state  2. Facility failed to notify DARM to use general pe	·
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)  A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	MY ON OCan not determine
If no, please check the appropriate classific for a ge facility exceeds above line	
B. The total quantity of perchloroethylene (perc) profacility was 120 gallons.	urchased within the preceding 12 months by this dry cleaning



Revised 9/15/97

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

B. Has the responsible official of an existing large or new large area sour	ce also:
1. Measured and recorded the exhaust temperature on the outlet side of the co	ondenser located
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. No see also described the condenses	
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream week	•
at the end of the final drying cycle while the machine is venting to the ads	
if machines are equipped with a carbon adsorber?	QY QN QN/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
<u> </u>	
4. Assured that the sampling port on the carbon adsorber exhaust for measur	_
perc concentrations is at least 8 duct diameters downstream of any bend, c	
or expansion; is at least 2 duct diameters upstream from any bend, contrac	
or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individ	dual
condenser coils?	
	= ; =; · =, · · · ·
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
` ` <u> </u>	••

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

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

Inspector's Name (Please Print)

Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

DY ON

ADDITIONAL SITE	INFORMATION:		
	٠		
		:	
5			

BEST AVAILABLE COPY

950	RE-INSPECTION
	VIIC 1011: 0723087.4
YPE OF FACILITY:	Dry Cleaner
ACILITY NAME: Optima Cle	DATE: 4/13/99
ACILITY LOCATION: 3613 AVE	ntura Brd
LESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra  Based on the results of the compliance requirements evaluate discrepancies were noted:	tive Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
***	
	·
COMMENTS:	<del></del>
•	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	7/2000
	oproximate) /
NSPECTION CONDUCTED BY:	LEO SMART
	case Print)
NSPECTOR'S SIGNATURE:	PHONE NUMBER: (35) 372-6

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

Revised 10/96

AIRS ID#: 17250397

Age

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

FACILITY NAME: OPT: ME Cleares inc. DATE: 4/13/99
FACILITY NAME: Opt: M= Cleders in C. DATE: 7//3/99 FACILITY LOCATION: 30(3 Avertura Blud.
Annual Reporting Period: 1998 TO 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
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: fromto
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  Date

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	. На	COMPLAINT/D	NSCOVERY	
AIRS ID#: <u>0250897</u> D.					
FACILITY NAME:	Optima !	Cleaners			
FACILITY NAME:(	3013	Avento	ra Blud	. •	
	<u>v.</u>	Mian,	F-(		· · ·
responsible official : [	Z.chard P	Hanan	PHONE: <u>3<i>05</i></u>	- 937	-2188
CONTACT NAME:			•	· .	<u>.:</u> .
			Q // 1/2		
PART I: NOTIFICATION		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	lires 🚆 (	<u>)</u>	
(check appropriate box)	<del>.</del>	· · · · · · · · · · · · · · · · · · ·	2 2 7 F		
1. New facility notified DARM 30	) days prior to star	tup	Nobile Nobile	L	
2. Facility failed to notify DARM	to use general per	•	Source Monit	M	
<u></u>			Solin		
PART II: CLASSIFICATION			<del>- 64</del>		
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification☐ Drop store/out		etroleum
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)	۵	2. Ivew small are dry-to-dry only, x transfer only, x < both types, x < 14 (constructed on or	< 140 gal/yr 200 gal/yr 0 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	gal/yr	4. New large are dry-to-dry only, 1 transfer only, 200 both types, 140 \(\leq\) (constructed on or	$40 \le x \le 2,100 \text{ ga}$ $\le x \le 1,800 \text{ gal/y}$ $x \le 1,800 \text{ gal/yr}$		
5. This is a correct facility class	ification	DY ON	□Can not determ	nine	
-	qualified for a gen	ation: teral permit as num tits and is not eligib		oove ermit	
B. The total quantity of perchlorod facility was 130 gallons.	ethylene (perc) pur	rchased within the I	preceding 12 mor	nths by this dry	cleaning
		$\sim$	0		

Revised 9/15/97

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

В.	Has the responsible official of an existing large or new large area source also:			
l.	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	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<u>.</u> □Y	UИ	□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,	<b>5</b> 14	<b>-</b>	
	if machines are equipped with a carbon adsorber?	ПΥ	ЦN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	υY	UN	□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?	ΩY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	QI. ON
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	םע טא טאים
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY ON DN/A
8. Maintained compliance plan, if applicable?	DY DN ØN/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?				CY ON	
2. Has the facility m	aintained a leak log?			OY ON	
3. Does the responsi	ble official check the fo	ollowing areas for leaks?			
Hose connec couplings,	ctions, fittings, and valves	ØÝ ON ON/A	Muck cookers	OY ON ØN/A	
Door gasket	s and seating	DA ON ONIY	Stills	ØY ON ON/A	
Filter gasket	s and seating	DY ON ON/A	Exhaust dampers	A/NO NO YE	
Pumps	•	MY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tank	s and containers	DY ON ONIA	Cartridge filter housings	MY ON ON/A	
Water separa	ators	DY ON ON/A			
4. Which method of	detection is used by the	responsible official?			
Visual exam	ination (condensed sol	vent on exterior surfaces)		Ø	
Physical dete					
Odor (notice	9				
Use of direct	`o				
Halogen leal	<b>D</b>				
If using	□ <del>M</del> /A				
a. (	אם צם				
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?					
d. Kept in a clean and secure area when not in use?			אם אם		
e. \	Verified for accuracy by	y use of duplicate samples	(calorimetric only)?	□Y □N	
				, , , , , , , , , , , , , , , , , , ,	
Ivan Fannin 2/4/00					
Inspector	's Name (Please Print)		Date of Inspection	<u></u>	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
G001)	Record Keeping		
Machi	re in operation - no adors		
	· · · · · · · · · · · · · · · · · · ·		

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	СОМ	PLAINT/DISCO	VERY	RE-INSPECT	ION
TIME IN: 0950	TIME OUT:_		)o .	AIRS ID#:	50897	
TYPE OF FACILITY:	Parc Dry	Clea	ner			1
FACILITY NAME:	Optima	Clean	(e / s		DATE: 2/4	1/00
FACILITY LOCATION:	3013 Av					
	W. Miga.	FL				
RESPONSIBLE OFFICIAL:	Richard Alta	nan	РНС	ONE NUMBER:_	305-937	-3188
	the compliance requirer Rule 62-213.300, Florid		_		ity is found to be in	n
Based on the results of discrepancies were not	the compliance requirered:	ments evalua	ted during this ins	spection, the follo	wing compliance	
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FOLLO	W-UP ACTIO	ON REQUIRE	D
				/		
	/					
	$\wedge$			,		
;			•			
			,			
COMMENTS:						<del></del>
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO						
DATE OF NEXT INSPECTIO	ON:	2/01 (Ap)	proximate)			
INSPECTION CONDUCTED	BY:	ian ,	Fannin			
INSPECTABLE SIGNATURE		(Ple	ease Print)	NIC NUMBER	3006373	-/835
INSPECTOR'S SIGNATURE: PHONE NUMBER: 305-372-6925						

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

Revised 10/96

Acc

. AIRS·ID#: 0150897

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Optima	Cleaners		DATE:	2/4/00
FACILITY LOCATION:					
		ura FL			
		1			
Annual Reporting Period:	Feb	19 <u>9</u>	9 то	Feb	79 Leve
Based on each term or condition 62-213.300, Florida Administra	_	• •	•	$\dot{}$	P Rule NO
If NO, complete the following:	:				
#1. Term or condition of the g	general permit that l	has not been in continuou	s compliance durin	g the reporting period	i stated above:
Exact period of non-compliance	ce: from		to		
Action(s) taken to achieve con	npliance:				<del> </del>
Method used to demonstrate co	ompliance:				
#2. Term or condition of the g	general permit that	has not been in continuou	us compliance durin	g the reporting period	i stated above:
Exact period of non-compliance	ce: from		to		
Action(s) taken to achieve con	npliance:				·
Method used to demonstrate co	ompliance;				
As the responsible official, I h made in this notification are to upon rolling averages of purci year for transfer or combination	rue, accurate and co hase receipts, does	omplete. Further, my ani	nual consumption of per year for dry-to	f perchloroethylene s dry facilities or 1,80	olvent, based
	Name (P)	lease Print)	Signa	ture	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.

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Page	ot
1 426	U1

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write *Return Receipt Requested* on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ceipt Service.	
N ADDRESS completed	3. Article Addressed to:  OPTIMA CLEANERS INC RICHARD AHMEN 3043 AVENTURE BLVD AVENTURE FL 33180	4b. Service 1 ☐ Registere ☐ Express I	Type ed	you for using Return Re
Is your RETUR	E Richard Altman		e's Address (Only if requested paid)  Domestic Return Receipt	Thank

.

	Z ∃∃∃ US Postal Service		
	Receipt for Cer OPTIMA CLEANERS IN RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180	AII	<b>Mail</b> RS ID 0250897
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address		
ğ	TOTAL Postage & Fees	\$	
PS Form 3800, April 1995	Postmark or Date		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provi	ded)
36.76	OFFICIAL HS	
0013 3095	Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	J
0007	Total Partners Total	neticulions.

No Maracello elementes.	
SENDER: COMPLETE THIS SECTION	ETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0250862001AG SOLOMON HASHIM PARISIAN CUSTOM CLEANERS	
13170 BISCAYNE BLVD NORTH MIAMI FL 33181	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 4000 /640	0013 3095 3898
PS Form 3811, March 2001 Domestic Retu	



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

First-Clast Postage & USPS Permit No.

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

\*\*Regular Mobile Source Control Dept. Of Environment\*

MAIL STATION 56\*\*

2500 BLAIT

TATION 56\*\*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  7-29-02  C. Signature  Addressee  D. Is delivery address different from item 1?   Yes			
1. Article Addressed to:	If YES, enter delivery address below:			
10 AIRS ID # 0250897001AG RICHARD AHMEN OPTIMA CLEANERS				
3013 AVENTURE BLVD	3. Service Type			
AVENTURE FL	☐ Certified Mail ☐ Express Mail			
33180	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
·	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Transfer from service label) 7000 1670 0013 3095 3676				
PS Form 3811, March 2001 Domestic Ret	rurn Receipt 102595-01-M-1424			

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390377

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 # 0250897

OPTIMA CLEANERS RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

RECEIVED

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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356838

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 # 0250897

OPTIMA CLEANERS RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180 FOR GOVERNMENT USE ON THE CORG.: 37550101000 EO: BI-Fund: 20-2-035001 Obj.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTA. . E 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** 

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Do NOT Remove Label

OPTIMA CLEANERS INC

RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180 B 24

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 (cut here)

### This portion must be attached to remittance for proper handling 400071

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 # 0250897

OPTIMA CLEANERS RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180

FOR OVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

DObj.: 002273

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#### 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**

X

412403 DEC31 2001

Do NOT Remove Label

AIRS ID # 0250897

OPTIMA CLEANERS RICHARD AHMEN 3013 AVENTURE BLVD AVENTURE FL 33180 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273