

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Amin Lalji French Quality Cleaners 16465 West Dixie Highway, #204 North Miami Beach, Florida 33360

Re: Facility No.: 0250901

Dear Mr. Lalji:

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"

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FACILITY LOCATION: 121	Quality	Chenwers	DAT	E:2-17.	-98
FACILITY LOCATION: 121	PA LOCKA	3/10		_	
	cks				
Annual Reporting Period:	11-5	1997 то	2-17	7	1995
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•		DEP Rule	
If NO, complete the following:	·				
#1. Term or condition of the general permit **NO PERM TIVE TIVE TIVE TIVE TIVE TIVE TIVE TIVE	Thon on 1 11-5-	Temp. Plan 97 to TMMTH	2-17-	93	above:
#2. Term or condition of the general permi	,		luring the reporting p	eriod stated	above:
Exact period of non-compliance: from		to		Mobile Mobile	≅ () □ m
Action(s) taken to achieve compliance:				ir Mo	0 -
Method used to demonstrate compliance:			 	Monitoring	
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. Furthe	r, my annual consumpt gallons per year for d	ion of perchloroethyle	ene solvent,	based

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

^{*}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.

0250901 P16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

•••	·
١.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PAK-FIDAS ENT. INC.
2.	Site Name (For example, plant name or number):
	PAK—FIDAS ENT. TNC. Site Name (For example, plant name or number): FRENCH BUALITY CLEANERS. Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 121 OPALOCKA BLVD. City: SPATOCKA County: FL Zip Code: 33054
5.	Facility Identification Number (DEP Use):
	025090/
10,000000	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Responsible Official Mailing Address:
7.	responsible strong runing runing
	Organization/Firm: Street Address: IGAGE W. DIXIE HWY # 204
	City: Zip Code:
	Street Address: 16465 W. DIXIE HWY # 204 City: County: Zip Code: No MH MIAMI BEACH FL- 33/60
8.	Responsible Official Telephone Number:
	Telephone: (305) 947 - 2819 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Some of Anove
10.	Facility Contact Address:
	Street Address: Same AS anove
	City: County: Zip Code:
11	Facility Contact Telephone Number:
' ' '	Telephone: () - Fax: () -
	DECENSOR

RECEIVED

NOV 5, 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

		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 3	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1	129 197	•						
(1) w/ ref. condenser			1/29/95	}					
(2) w/ carbon adsorber			1 - 1 ·/·						
(3) w/ no controls									
Washer Unit			•	•	•	1		-1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•	•		•	
(7) w/ ref. condenser								1	
(8) w/ carbon adsorber					1				
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber				†***			-	1	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (are requant	equired to be ity of perchlons (60) ow many?	oroethylene ((perc)	purchased i				⋰
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	et one classif	ication only.)	initions foun nall area sou	/	(3) of	Part II?	
Existing large ar	ea so	urce []	N	ew la	rge area soui	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	Ę.
New large area source Refrigerated condenser []	
S. A facility which contains any avament amissions	units shall not be cligible to use the general permit nursuant
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	<u>✓</u>
(c) Refrigerated condenser temperature monitoring	\checkmark
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Instrument calibration	nitoring []
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

	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
I, the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statemer maintair	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 i 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.
statemer maintair	nts 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 i

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

BEST AVAILABLE COPY TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY **RE-INSPECTION** AIRS ID#: 025 TIME OUT: TIME IN: 634NGK TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: PHONE NUMBER: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM h onthy averages 02 lenc COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ПОИ DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER:

Page__

of

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

facility was gallons.

		V2N
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE V	CYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY	<u></u>
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	٥'
·	98 time in: 2/5 time out: 300	
FACILITY NAME: FICENICH CO	LUNGITY CLEANERS	
FACILITY LOCATION: 121 OPA	LOCKA BIVD.	
Opa	Locks	
RESPONSIBLE OFFICIAL: Amin C	11/11 PHONE: 681 4555	
CONTACT NAME:	PHONE:	
	<u></u>	
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: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility classification	✓Y □N □Can not determine	
	cation: cneral permit as number above	
	nits and is not eligible for a general permit	

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 WN/A
2. Examining the containers for leakage?	חלאט מם עם
3. Closing and securing machine doors except during loading/unloading?	ØY □N
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?	DY ON MON/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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)	
1. Equipped all machines with the appropriate vent controls?	MA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY MN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON WINIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ON CAD

B. Has the	responsible official of an existing large or new large area source also:	7.		
	ed and recorded the exhaust temperature on the outlet side of the condenser located o-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
ll .	ed and recorded the washer exhaust temperature at the condenser d outlet weekly?	ΠY	ПИ	□n/a
Is	the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
at the er	ed and recorded the perc concentration in the exhaust stream weekly and of the final drying cycle while the machine is venting to the adsorber, these are equipped with a carbon adsorber?	ПY	□N	□N/A
Is	the perc concentration equal to or less than 100 ppm?	ПY	ΩИ	□N/A
perc cor or expar	that the sampling port on the carbon adsorber exhaust for measuring accentrations is at least 8 duct diameters downstream of any bend, contraction, assion; is at least 2 duct diameters upstream from any bend, contraction, assion; and downstream from no other inlet?	ПY	□и	□N/A
_				
	ed transfer machines (dryers, reclaimers, and washers) with individual er coils?	ПY	ПN	□N/A
6. Routed	airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
Maintained receipts for perc purchased?	KY UN						
2. Maintained rolling monthly averages of perc consumption?	DY QN						
3. Maintained leak detection inspection and repair reports for the following:							
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?	. OY ON ON/A						
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A						
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN WN/A						
6. Maintained startup/shutdown/malfunction plan?	MA ON						
7. Maintained deviation reports?	DY DN DN/A						
Problem corrected? 🐫	אאע מם אם						
8. Maintained compliance plan, if applicable?	אועם אם אם						

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			MC N		
2.	Has the facility maintained a leak log	?	•	DY NA		
3.	Does the responsible official check th					
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	AY ON ON/A	Stills	אוחם אם אואם		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	מאם אם אמם		
	Pumps	AND NO YE	Diverter valves	אומם מם אים		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	OY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	es)	a ,			
	Physical detection (airflow felt		ख			
	Odor (noticeable perc odor)		E			
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector					
	If using direct-reading ins	trumentation, is the equi	pment:	□N/A		
	a. Capable of detecting	g perc vapor concentration	is in a range of 0-500 ppm?	NO YO		
	b. Calibrated against a (PID/FID only)?	ОУ ОИ				
	c. Inspected for leaks	on a weekly basis?	DY DN			
	d. Kept in a clean and	se?	DY DN			
	e. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

Z-/7-98
Date of Inspection

Reb 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	·
ı	
,	
·	
·	
\$	

PERCHLOROETHYLENE DRY CLEANER ECEIVED

COMPLIANCE INSPECTION CHECKLIST JUN 2 5 1999 COMPLAINT/DISCOVERY TYPE OF INSPECTION: ANNUAL. Bureau of Air Monitoring RE-INSPECTION \Box & Mobile Sources AIRS ID#: 0250901 DATE: TIME IN: 4 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: PHONE: PHONE: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) \Box 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gallyr both types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 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 < x < 2,100 gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) \Box Y ΠN Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: \Box facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit

> Review 18/14/99

facility was UNK gallons.

10MS 615 £ \$1 5/25/9

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

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

13.	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?	ÜY	Oи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	IJΥ	Ωи	□N/∧
	Is the temperature differential equal to or greater than 20° F?	ΟY	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?	ΩY	Ωи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ÜN	□N/∧
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	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

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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				
	inspection?			DN DN	
2.	Has the facility maintained a leak log?			DV ON	
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ØNA	
	Door gaskets and seating	אואם אם עק	Stills	ZY ON ON/A	
	Filter gaskets and seating	אוחם אם אם	Exhaust dampers	DY DN DN/A	
	Pumps	DY ON ON/A	Diverter valves	מאס אס אס	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AY ON ON/A	
	Water separators	Y ON ONA			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)		
	Physical detection (airflow felt th	hrough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equi	pment:	ØN/A	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	אט עם	
	d. Kept in a clean and	secure area when not in u	se?	אם עם	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ÜN	

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

S/17/99 Perc Defected in Secondary

Containment A.O. Claims it fell

when cleaning 5till, I told Ro

to Clean up spill

6/7/99 French Cleanours

the R.O. was not present but I

spoke with Store extendant. I state

my purpose + reasons C. Follow up inspection

I then took pictures the facility had

Cleaned up 11 > a ct.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 204Pm TIME OUT: 245Pm TYPE OF FACILITY: Perchange FACILITY NAME: Teach Perchange FACILITY LOCATION: 121 Ope Teach Perchange FACILITY LOCATION: 1	AIRS ID#: 0250901 Cleane DATE: 5/14/99 OCK - Blud.
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 631-4555
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
A.c. failed to measure & record the temp. A will outlet enhance stream of the reference etated condenses on a weekly to wanty besis.	the temperature of therefrigate and record week by 161 weeking basis.
R.O. failed to maintain reciept for Per purchased + per consumption Log.	for Pec purchased + pec Cons-
	-
RO. did not have records	I in secondary Consolments
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/2005	
INSPECTION CONDUCTED BY: (PIC	proximate) MART ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6922

DRY CLEANER AIR QUALITY GENERAL PERMIT E / VED ANNUAL COMPLIANCE CERTIFICATION FORM

JUN 2 F (co
FACILITY NAME: Rench Quelity Constants: 5/14/99 FACILITY LOCATION: 121 Ope Cocke Sources
· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: 1998 TO MAJ 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
f 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:
Measure and record the temperature of the refrigerated Condian
Exact period of non-compliance: from May 98 to May 29 Action(s) taken to achieve compliance: Maintein records
Action(s) taken to achieve compliance: Main Lein recold
Method used to demonstrate compliance: FDER CAlendar
2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
exact period of non-compliance: from May 98 to May 99
Action(s) taken to achieve compliance: MAINTESN TECONS
Method used to demonstrate compliance: FDEB (alendar
Is the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements nade 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. Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: A	NNUAL	()	COMPLAINT/DI	SCOVERY	
R	E-INSPECTION		. Bu	1	
· ·			% S. S.		
AIRS ID#: <u>D35050\</u> DAT	E: 5/15/00	TIME I	N: /345 TH	IME OUT:	1430
FACILITY NAME: Free	rch Qualit	Cleans	Som Con	3 <u> </u>	
FACILITY NAME:	Open Lo	cka D	Nir Monitoring		
0	pa locka,	FL	<u> </u>		
responsible official: A	non balji	•	PHONE: 305-	-681-455	5
CONTACT NAME:			PHONE:	· · · · · · · · · · · · · · · · · · ·	
<u>L</u>	-				ļ
PART I: NOTIFICATION	·				
(check appropriate box)					
1. New facility notified DARM 30 da	ys prior to startup				
2. Facility failed to notify DARM to	use general permit				
	·	,	 	<u> </u>	
PART II: CLASSIFICATION					
Facility indicated on notification for	m that it is:		☐ No notification	form	
(check appropriate box)			☐ Drop store/out o		oleum
A. 1 5 : (i		1 11		m)	·
1. Existing small area source dry-to-dry only, x < 140 gal/yr		ivew small a z-to-dry only	, x < 140 gal/yr	叉	
transfer only, x < 200 gal/yr		nsfer only, x			
both types, $x < 140$ gal/yr		th types, x <	~ .	•	
(constructed before 12/9/91)	(cc	enstructed on	or after 12/9/91)		
3. Existing large area source	□ 4.	New large a	rea cource		
dry-to-dry only, $140 \le x \le 2{,}100 \text{ g}$		•	$140 \le x \le 2,100 \text{ gal}$		
transfer only, $200 \le x \le 1,800 \text{ gal/}$			$0.0 \le x \le 1,800 \text{ gal/yr}$	-	
both types, $140 \le x \le 1,800 \text{ gal/yr}$			$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(co	enstructed on	or after 12/9/91)		
5. This is a correct facility classific	cation 🛭 🛱	Y 🗆 N	□Can not determin	ne	
If no, please check the appro	priate classification	ı:			
,	Hified for a general		mber abo	ve	(
☐ facility exc	eeds above limits a	ınd is not eliş	gible for a general per	rmit	
B. The total quantity of perchloroethy	vlene (perc) purcha	sed within th	e preceding 12 month	hs by this dry c	leaning
facility was <u></u> gallons.	cars - 1		7/2.1	•	
	5XV \3	,	ノノマソノへ、		

1 61 5

Revised 9/15/97

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?	□Y □N ØN/A		
2. Examining the containers for leakage?	□Y □N ĐN/A		
3. Closing and securing machine doors except during loading/unloading?	PAY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY DW ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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?	ØY □N		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY □N □N/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y Ø W		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ZIN/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 🙉		

r				
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?	ΟY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	$\square N$	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□n/a
				
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	□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?	□Y	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПП	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩN	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			

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

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and	
1. 2 3 3 1.0 1 3 point is official conduct a workly (101 small sources, of weekly) loak detection and	d repair
inspection?	DAY ON
2. Has the facility maintained a leak log?	OY DA
3. Does the responsible official check the following areas for leaks?	
Hose connections, fittings, couplings, and valves	OY ON DIN/A
Door gaskets and seating Door gaskets and seating Door Gaskets and seating	DY ON ONA
Filter gaskets and seating DY ON ON/A Exhaust dampers	TY ON ON/A
Pumps ØY ON ON/A Diverter valves (DY ON ON/A
Solvent tanks and containers YY ON ON/A Cartridge filter housings	DY ON ON/A
Water separators IT IN IN/A	
4. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	7 2
Physical detection (airflow felt through gaskets)	/
Odor (noticeable perc odor)	7
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
Halogen leak detector	- .
If using direct-reading instrumentation, is the equipment:	⊅N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם צב
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	אם עב
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?	אם ֿץכ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ND YC
Ivan Fannin 5/15/00 Inspector's Name (Please Print) Date of Inspection	
Inspector's Signature Approximate Date of Ne	out Ingo action

ADDITIONAL SITE INFORMATION:

NOV - R.O. not manitaming records onsite.

- Need to drain controlly filters
for atleast 24 hrs.

NOV - Not maintaining recorpits onsite

5/00 Pere receipts received

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: /	1430 AIRS ID#: 0250901
TYPE OF FACILITY: Perc Dry Cleaner	
FACILITY NAME: French Quality Class	ners DATE: stostoo
FACILITY LOCATION: 121 Open Locked Sho	
Open locka	
RESPONSIBLE OFFICIAL: Ama Lali	PHONE NUMBER: 305 - 681-4875
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not mantaining records onsite	Must maintain records onsite available for impaction for minimin of five year period.
Not maintaining receipts of	
pere pundoses	must be kypt onsite for
Not allowing cantudje filters	Juie year mining
to drain for atlant 24 hrs.	Outridge felters shall drain for
· . · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED BY:	Fanna
INSPECTOR'S SIGNATURE:	Lease Print

Page___of___.

Revised 10/96

METROPOLITAN DADE COUNTY, FLORIDA



Date: __



NOTICE OF VIOLATION

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

TO: Amin balji
ADDRESS: 121 Opa Locka Blud., Opa Locka Fl
SOURCE/LOCATION: French Quality Cleaners
YOU ARE HEREBY NOTIFIED that on s// s/o the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.
Operating without an Air Permit Excessive Visible Emissions
Uncontrolled fugitive particulates Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery OTHER
Specifically: Not in compliance with Title Viennal Min Permit Part III (6 /a /1): Record heeping Requirements, purchase receipts
of perchloroethylane shall be hopt onsite for 5 year ninimum.
In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:
Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s). Within days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. Within days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
☐ Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.
For further information regarding the above, please contact the Air Section of this office at 372-6925.
Sincerely,
John W. Renfrow, P.E. Director
Received by: By: By:
Title: Sore Maneger Signature: Signature:

Section:

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

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

TO: Amin balu	
ADDRESS: 121 Open Locke	Blud. Open Losches FC
SOURCE/LOCATION: French Quality	
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER
Specifically: Not in compliance in the Cola : Record Keeping Requirement maintain seconds and loss on site	Title V Command Air Parant Part II
(6)(a): Record Keeping Requirement	5; responsible official shall
maintain records and logs on site	e for minimum of five years.
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Ord	granted to me by Sections 24-54 and 24-5(15)a,
□ Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or liviolation(s).
you have taken to ensure that no furt	FICE, submit to this office in writing the steps which her violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NC 372-6925 to discuss air permit requirem	OTICE, contact the Air Section of this Department at ents.
□ Within days of receipt of this NC discuss other Departmental permitting re	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 ar	n in violation of Chapter 24 shall subject you to the nd 24-56, Metropolitan Dade County Code.
For further information regarding the above, please conta	act the Air Section of this office at 372-6925.
	Sincerely,
	John W. Renfrow, P.E.
A. Xar	Director
Received by:	By: Ivan tannin
Title: _ Son Munagon	Signature:
Date: 5/25/00	Section: Dir Facilities

ID#: 0150901

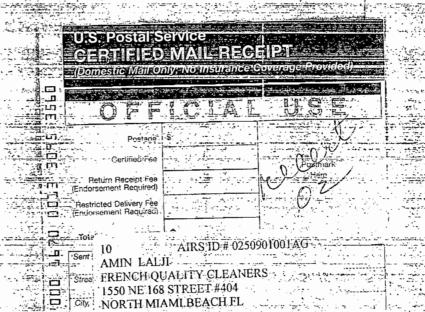
MAY 2 5 2000

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE GENERAL PERMIT

TACTI TO NAME.
FACILITY NAME: French Quality Classes DATE: 5/15/00
FACILITY LOCATION: 121 Open Coock on Blood
Open Locken, Fl
Annual Reporting Period: 1999 TO Nay 1920
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
and the control of th
Not maintaining receipts of pero purchases or recordbegging consider
Exact period of non-compliance: from May 99 to May (x)
Action(s) taken to achieve compliance: Maintain reends onsite
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:
Not maintaining a allowing cartudge filters to drain for 24 hrs
Exact period of non-compliance: from May 99 to May 00
Action(s) taken to achieve compliance: Sam fillers for alleast 34 hrs.
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

^{*}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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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



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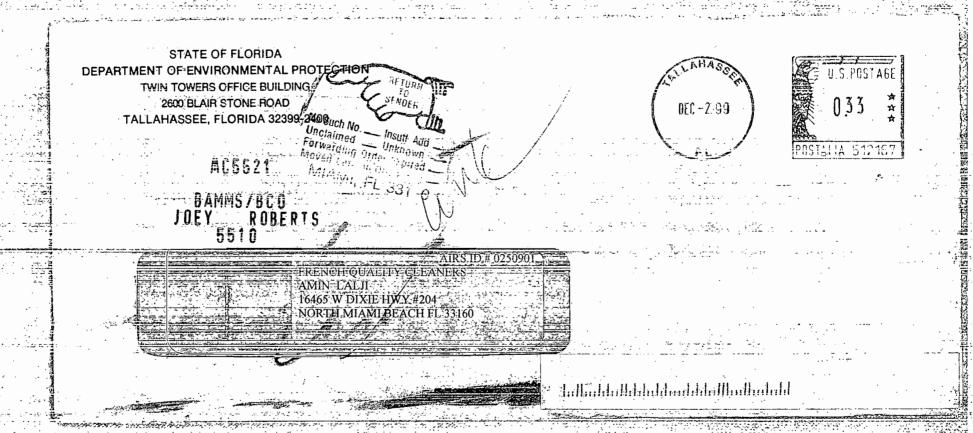
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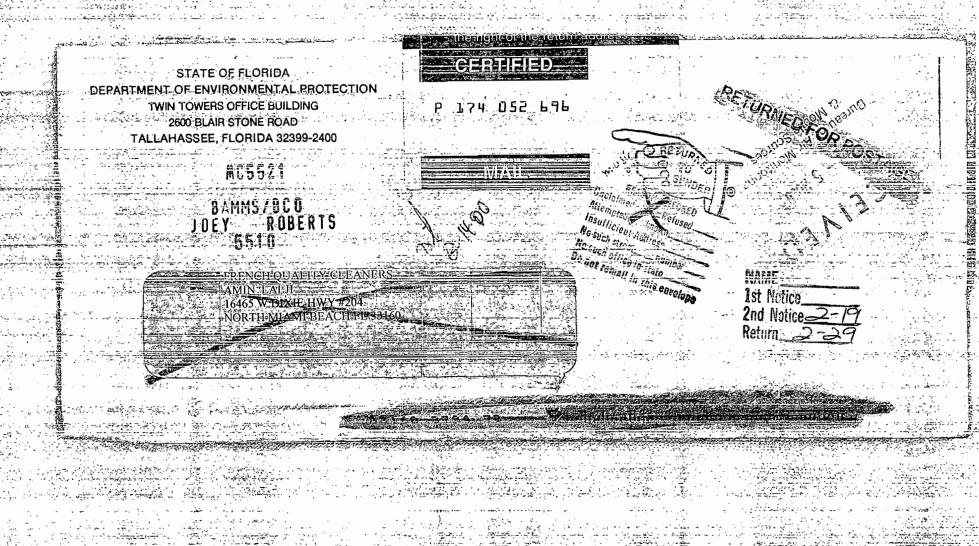
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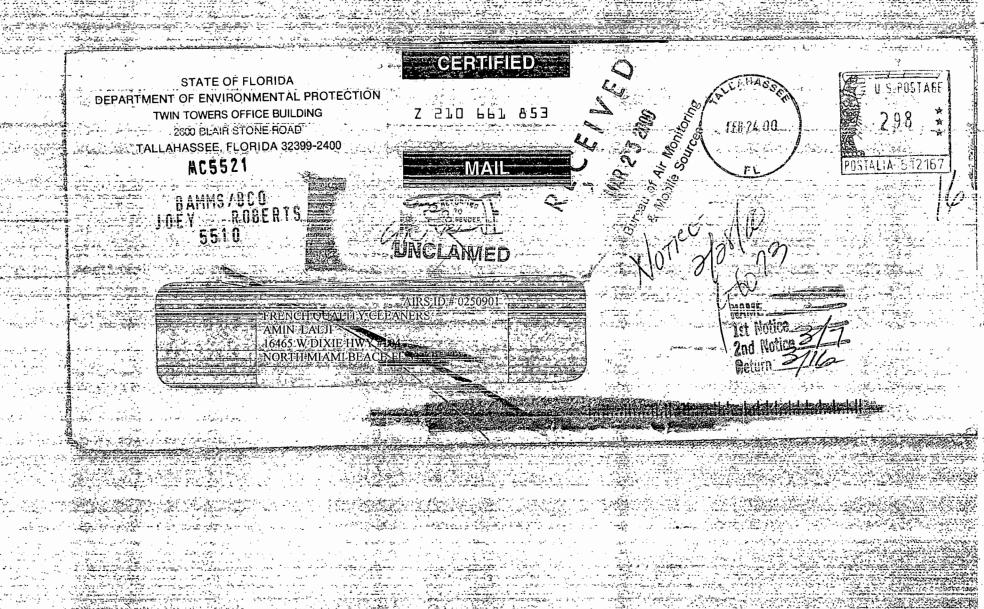
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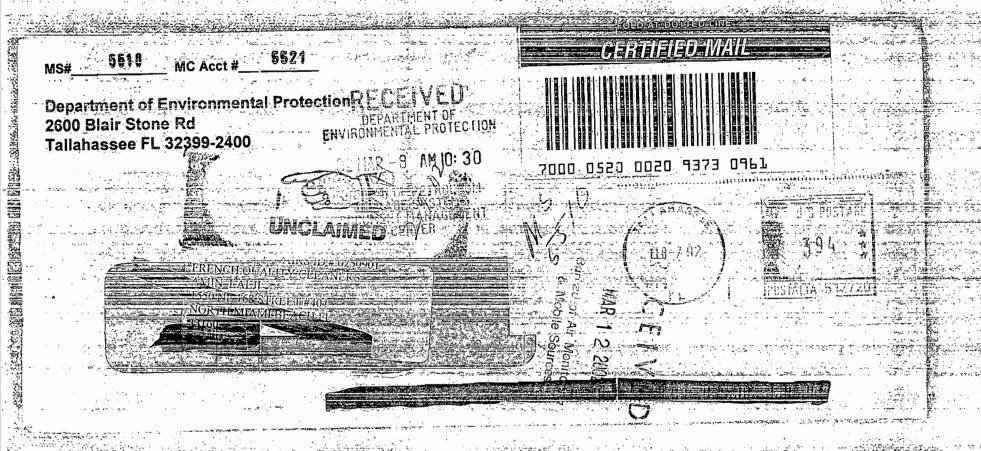


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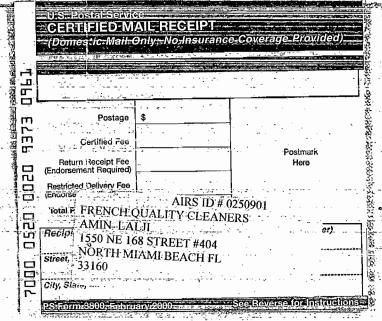


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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?
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FRENCH QUALITY CLEANERS

AMIN LALJI
16465 W DIXIE HWY #204

NORTH MIAMI BEACH FL 33160

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N ADDRESS completed	3. Article Addressed to: AIRS ID 0250901 PAK-FIDALENT INC AMIN LALJI 16465 W DIXIE HWY #204 NORTH MIAMI BEACH FL 33160	4a. Article N 4b. Service Registere Express I Return Red 7. Date of De	Type ad	you for using Return R
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date of Delivery Y-Y-U C. Signature X
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Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent) PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you

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Receipt for Certified Mail

AIRS ID # 0250901

FRENCH QUALITY CLEANERS

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16465 W DIXIE HWY #204

NORTH MIAMI BEACH FL 33160

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-7	Sent to AMIN LALJI Street Act Mr 1550 NE 168 STREET #404		
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7000	City, State, Zii 33160		
	PS Form 3800; May 2000.		

SENDER: COMPLETE THIS SECTION	40N ON DELIVERY		
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FRENCH QUALITY CLEANERS AMIN LALJI 1550 NE 168 STREET #404 NORTH MIAMI BEACH FL 33160

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