

## 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. Jesus Lorenzo-Castro Jordy's Cleaners 4994 East 4th Avenue Hialeah, Florida 33112

Facility No.: 0250910

Dear Mr. Lorenzo-Castro:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.



## Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

April 13, 2000

David B. Struhs
Secretary

Bureau of Air Mobile Sources foring

Mr. Jesus Lorenzo-Castro 4994 East Fourth Avenue Hialeah, Florida 33112

Dear Mr. Castro:

Thank you for your note informing the Department that Jordy's Cleaners has been closed since November 28, 1999. We received your written notice on April 7 and the Department has inactivated Jordy's Cleaners in our database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states that an annual operation fee in the amount of \$50.00 is due and payable annually between January 15 and March 1 for the **preceding year** which the facility was in operation and subject to the requirement of the Title V general permit. Our records indicate that Jordy's Cleaners was in operation in 1999. Therefore, the annual operation fee is now due.

Penalty notices to facilities not yet paying the 1999 annual operation fee were mailed March 31. A penalty notice was mailed to Jordy's Cleaners. If you have any questions concerning the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB\

cc: Debbie Griner, Miami-Dade County



Governor

## Department of Environmental Protection

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

David B. Struhs Secretary

April 13, 2000

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Sincerely,

Sandra Bowman

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cc: Debbie Griner, Miami-Dade County



## Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

February 25, 2000

## FINAL NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year 1999 you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1999. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not postmarked by March 1, 2000, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may cal Rick Butler at 850/921-9586 or Sandra Bowman at

850/921-9583 Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Enclosure: Invoice Form

Hore closed 11/27/99

.

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Jesus Lorenzo Castro - Bless. Us Inc.  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
<u> </u>
Jordy's Cleaners.  3. Hazardous Waste Generator Identification Number:
tending
Pending  4. Facility Location: 4994 E.4th Arenue Street Address:
$\mathcal{T}_{i}$
City: Healeah County: Datase Zip Code: 38112
5. Facility Identification Number (DEP Use): 1777 1777 1777 1777 1777 1777 1777 17
02509/0
Responsible Official
6. Name and Title of Responsible Official:
Jesus Lorenzo-Castro, owner-  7. Responsible Official Mailing Address: Organization/Firm: Same as above.
7. Responsible Official Mailing Address:
Organization/Firm: To Same as above.
Street Address: City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (305) 821 - 6639 Fax: ( ) -
Facility Contact (If different from Responsible Official)
O News and Tible of Facility Contact (Facility C
9. Name and Title of Facility Contact (For example, plant manager):
Jesus Lorenzo-Castro
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) ~ Same Fax: ( ) -
RECEIVED
K T 1 F 1 V F 1 1

NOV

Bureau of Air Monitoring & Mobile Sources

#0250910 P14 Kc) Should not be marked Mark t please mur 916 Responsible Official signand date

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## RECEIVED

NOV 1 9 1997

#### Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring. & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PADE 2 PAFE INC.
2. Site Name (For example, plant name or number):
Dry clean U.S.A
3. Hazardous Waste Generator Identification Number:
FID 98425 7766
4. Facility Location: 42 76 Worth 1848 blues
Street Address: 4276 Wurth Ishe blver City: PAlm beach Carolys & Im Beach Zip Code: 334/8
5 Facility Identification Number (DEP Use):
0990626
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official:  Squer A PHHE President
Organization/Firm: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Street Address: 74000 County: Zip Code:
Skeyn & County. Zip code.
8. Responsible Official Telephone Number:
Telephone: (54) 624- 0847 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contract Address:
10. Facility Contact Address:
Street Address:
City: Saml County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - \( \sqrt{n} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

#### Facility Information

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

		Machine Initially	Control Device	,,,	Machine Initially	Control Device	,,,	Machine Initially	Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit							•		
(1) w/ ref. condenser		June 43	_			ļ ·			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	L	-		,					
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		<u></u>	٠,				l		
Dryer Unit									
(7) w/ ref. condenser					l				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser					1		<u> </u>		
(11) w/carbon adsorter									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are r quant gaild	equired to be ity of perchlons ow many? [_	installed [ proethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".					initions found	l in section (2	3) of	Part II?	
Existing small ar					nall area sour	ce [L	_		
Existing large are	a so	игсе []	Ne	w la	rge area sour	e []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this n	otification form?
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 to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	hot water generating units on-site meet	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by naduring which propane or fuel oil containing no more	atural gas except for periods of natural g	
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Information	
Check all logs which are required to be kept on-site	n accordance with the requirements of th	is general permit:
(a) Purchase receipts and solvent purchases	$\bowtie$	
(b) Leak detection inspection and repair	ĹŽĮ.	
(c) Refrigerated condenser temperature monitoring	$\mathcal{A}$	
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan	(X)	

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)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
-	
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
,	
-	0 A 1121

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			<del></del>		<del>-</del> ,				
(1) w/ ref. condenser	1	10-94	10-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		<del></del>				_			
(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					1				
(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [] gallons  (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's source classification based on the definitions found in section (3) of Part II?  (Indicate with an "X". Select one classification only.)  Existing small area source [] New small area source []  Existing large area source [] New large area source []									
5 9 "		•			_	L	•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines purs (Indicate with an "X".)	quant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Re	frigerated condenser []
New small area source Refrigerated condenser	·
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more that	al gas except for periods of natural gas curtailment
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 a	ccordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	$(\times)$
(c) Refrigerated condenser temperature monitoring	[ ]
(d) Carbon adsorber exhaust perc concentration monitor	ing []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Importly notify the Department of any changes to the information contained in this notification.

Jesus lorezo-Castro.

8-26-97



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

AIRS ID#0250910 **BLESS US INC (JESUS LORENZO-CASTRO)** JESUS LORENZO-CASTRO 4994 E 4TH AVENUE HIALEAH FL 33112

	Do <u>NOT</u> Re	move Label	
Annual Reporting Period: No very	<u>, 5</u> 19	97 то	19 <i>_98</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		· · · · · · · · · · · · · · · · · · ·	
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in contin	uous compliance during the repo	orting period stated above:
Exact period of non-compliance: from		<b>7</b>	wary
Action(s) taken to achieve compliance:	· -	eau of & Mobi	Mar 2
Method used to demonstrate compliance:		R 2 4 1991 of Air Mon tobile Source	R()0) R()0)
#2. Term or condition of the general permit	that has not been in contin	uous complianced uring the repo	
Exact period of non-compliance: from		to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:		·	
Method used to demonstrate compliance:		·	
As the responsible official, I hereby certify, base notification are true, accurate and complete. Finders not exceed 2,100 gallons per year for dry-to-	urther, my annual consumpti	on of perchloroethylene solvent, b	used upon purchase receipts,
RESPONSIBLE OFFICIAL: <u>desús</u> Nam	. Lorenzo (astro ne (Please Print)	Signature Signature	Date
	* * * * * * * * * * * * * * * * * * * *		na in an e

11/06/97

<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 CLEARER CEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v □	COMPLAINT/D B	ISCOVERY ureau of Air Monitoring & Mobile Sources
AIRS ID#: 0256910 I	DATE: 09/30	198 TIM	2:45pm	гіме оит: <u>3:30 рм</u>
FACILITY NAME:	ay's cle	aners		
FACILITY NAME:	994 E	. 4tt	Ave.	·
RESPONSIBLE OFFICIAL :	Jesus Lor	en zo-C	PHONE: BOS	821-6639
CONTACT NAME:	Same		(PHONE: (305)	889-2090
PART I: NOTIFICATION	-			
(check appropriate box)				
New facility notified DARM	30 days prior to star	tun		0
2. Facility failed to notify DARM	•	•		
2. Pachity falled to floury DARG	vi to use general per	mut		
Thirm IV. Cr. Loomi Gimion				
PART II: CLASSIFICATION				
Facility indicated on notification	on form that it is:		☐ No notification	on form at of business/petroleum
(check appropriate box)  A.			L Drop store/ou	n of ousiness/petroleum
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dry of transfer only both types,	Il area source nly, x < 140 gal/yr , x < 200 gal/yr < < 140 gal/yr on or after 12/9/91)	<b>*</b>
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	100 gal/уг 0 gal/ут	dry-to-dry o transfer only both types,	ge area source hly, $140 \le x \le 2,100$ g $x, 200 \le x \le 1,800$ gal $x \le 1,800$ gal/yr on or after $12/9/91$ )	/yr
5. This is a correct facility cl	assification	מם צם	I □Can not deter	mine
	ty qualified for a ge	neral permit a	s number; cligible for a general	above permit

rolistas

Revised 8/11/97

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

facility was 50 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	אומעל מם צם				
2. Examining the containers for leakage?	OY ON XIN/A				
3. Closing and securing machine doors except during loading/unloading?	<b>X</b> Y □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	X ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SONA				
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 refrience (complete A below).	gerated 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 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?	AA □N				
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?	AVO NO VÀ				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□X <b>X</b> √1				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואלא מם צם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XX ON				

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ΠИ	□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?	DY	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XX □N			
2. Maintained rolling monthly averages of perc consumption?	DN ⊅ <b>⊄</b>			
3. Maintained leak detection inspection and repair reports for the following:	·			
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YO			
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 DE VA			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA <b>X</b> NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYVA			
6. Maintained startup/shutdown/malfunction plan?	MO YK			
7. Maintained deviation reports?	AVA <b>X</b> NO YO			
Problem corrected?	OY ON LYNA			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XX □N	
2.	Has the facility maintained a leak log?	?		DY 🔊	
3.	Does the responsible official check the	c following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	DE ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	ALA ON ONIV	
	Filter gaskets and seating	AND NO TO	Exhaust dampers	AND NO YA	
	Pumps	PRY ON ONIA	Diverter valves	ANO NO VA	
	Solvent tanks and containers	DAY ON ONIA	Cartridge filter housings	DAY ON ON/A	
	Water separators	AVO NO YE			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfa-	ces)	<b>X</b>	
	Physical detection (airflow felt t	through gaskets)			
	Odor (noticeable perc odor)			X.	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			XINIA	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			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 wea	r on a weekly basis?	OY ON	
	d. Kept in a clean and	l secure area when not in	use?	OY ON	
	e. Verified for accurac	cy by use of duplicate san	nples (calorimetric only)?	DY DN	
_	Inspector's Name (Please Print)  O9/30/98,  Date of Inspection			pection	
	Kustal Gipor 09/99 Inspector's Signature Approximate Date of Next Inspection				
	Inspector's Signature Approximate Date of Next Inspection				

A D.E.P. Calender for recording keeping was given to employee on duty at time of inspection.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	VNNNV 🔀	COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:45pm	тіме оцт: 37	3 D	AIRS ID#: 0:	250910
TYPE OF FACILITY: <u>Ne</u>	w small ar	er:	source Dry clea	ner.
FACILITY NAME: JOLO	my's cleaner	5		DATE:
ACILITY LOCATION: 40		Av	2	
	Maini F	<u>L</u>	331(2.	6
RESPONSIBLE OFFICIAL:			PHONE NUMBER	305)821-6639
	the compliance requirement Rule 62-213.300, Florida A		ed during this inspection, the factive Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were not		its evaluai	ed during this inspection, the foll	lowing compliance
COMPLIANCE REQ	UIREMENTAROBL	EM	FOLLOW-UP ACTI	
No records of	temperature		Facility owner	must begin
No records of Cheeking / logs No records of on inspection			record beeping	must begin for temperature
No records of	s leaks deter	ction	Begin record leak detection	keeping of
on inspection			leak delection	
·				
	•			
• • • •				1224
			,	
COMMENTS:				
COMMENTS.				
		;		
The Annual Compliance Certi	fication form has been prop	erly certif	fied and submitted to the inspecto	or. YES NOX
DATE OF NEXT INSPECT	ION: 09/90	(A.	oproximate)	
INSPECTION CONDUCTE	DBY: KRI	` '	,	
INSPECTOR'S SIGNATUR	E: Kristal	Typo	PHONE NUMBE	R(305) 372-692

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

Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jordy's Cleaners DECEPTREPATE: 09/30/98
FACILITY LOCATION: 4994 E. 4th Brenne Bull Strain
Mimi FL 33/12, NOV 10 1998
Air Quality
Annual Reporting Period: November, 3 1997 Managerlago Division 1998
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. TYES
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 We check but never to record writing on logs.
Action(s) taken to achieve compliance: Start recording temperature every week.
Method used to demonstrate compliance: Check door, hoses, Sobreut touk, much cooker for leaks
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
- No. K.
Exact period of non-compliance: from to to
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.  Jebus Journal Cook Journal Signature  Name (Please Print)  Signature  Date

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

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INS	SPECTION   COMPLAIN I/DISCOVERY  COMPLAIN I/DISCOVERY  COMPLAIN I/DISCOVERY
AIRS ID#: 0250910 DATE:  FACILITY NAME: Tordus  FACILITY LOCATION: 4994  RESPONSIBLE OFFICIAL:	E. 4th Ave Bureau of A
CONTACT NAME:	PHONE: Tree of the phone of the
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days pri	or to startup
2. Facility failed to notify DARM to use ge	neral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that	et it is:
(check appropriate box)	Drop store/out of business/petroleum
· · · · · · · · · · · · · · · · · · ·	☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate facility qualified	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Description:

ARMS \$ 1001.199 1 of 5 0(1)

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

_				
B.	. Has the responsible official of an existing large or new large area source also:			
١	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
<b>,</b> .	•		<b></b>	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	UN	
∥2.	Measured and recorded the washer exhaust temperature at the condenser			
ľ	inlet and outlet weekly?	ΠY	DΝ	□N/A
İ				
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПИ	□N/A
	,			
2	Measured and recorded the perc concentration in the exhaust stream weekly			
٦.	· · · · · · · · · · · · · · · · · · ·			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	$\square N$	□N/A
		<b></b>		
ł	Is the perc concentration equal to or less than 100 ppm?	ЦY	ЦN	□N/A
ł				
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,			
	·		<b>-</b>	
	or expansion; and downstream from no other inlet?	UY	ИIJ	□N/A
l				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ПΥ	ΠN	□N/A
	controlled cons.		,	
_			<b>~</b>	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	UИ	□N/A
	· · · · · · · · · · · · · · · · · · ·			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DA DN
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;	אואבן אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY DN DNIA
4. Maintained calibration data? (for applicable direct reading instruments)	בואם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DANA
6. Maintained startup/shutdown/malfunction plan?	MY N
7. Maintained deviation reports?	DY DN ZNA
Problem corrected?	DY DN PRYM
8. Maintained compliance plan, if applicable?	OY ON DANA

PA	PART VI: LEAK DETECTION AND REPAIRS					
١.	Does the responsible official conduct a v	weekly (for small sources, I	bi-weekly) leak detection ar	nd repair		
	inspection?			QY ON		
2.	Has the facility maintained a leak log?			ON DN		
3.	Does the responsible official check the fe	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON DY/A		
	Door gaskets and seating	QY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY DN ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY DN DN/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A		,		
4.	Which method of detection is used by the	e responsible official?				
	Visual examination (condensed sol	a				
	Physical detection (airflow felt thro					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentati	ion (FID/PID/calorimetric t	tubes)			
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipme	ent:	ØN/A		
	a. Capable of detecting pe	erc vapor concentrations in	ra range of 0-500 ppm?	□У □И.		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON		
	c. Inspected for leaks and	l obvious signs of wear on a	a weekly basis?	מט עם		
	d. Kept in a clean and sec	cure area when not in use?		OY ON		
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	מם עם		

LEO SMUNT	
Inspector's Name (Please Print)	
As Al L	
Inchactor's Signature	

Date of Inspection

Solve Date of Next Inspection

DDITIONAL SITE INFO			
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AIRS ID#: 0250 900

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

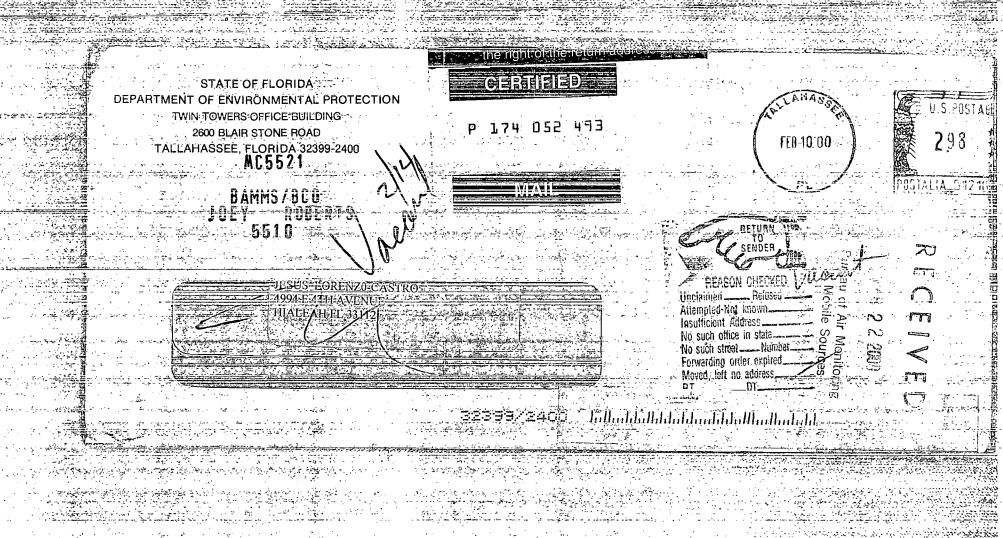
FACILITY NAME:	Tordy's /	Jeone	\$	DATE:	5/26/99
FACILITY LOCATION:	994 E 4th	Ave			
Annual Reporting Period:	- May	19 <u>98</u>	то	A 1,	19 <u>79</u>
Based on each term or condition of 62-213.300, Florida Administration			· —	<b>'</b>	Rule INO
If NO, complete the following:					
#1. Term or condition of the gene	eral permit that has not been i	•	ompliance during the r		stated above:
Exact period of non-compliance:	from	<u> </u>	to		
Action(s) taken to achieve compli	ance:	<del></del>	·	,	
Method used to demonstrate comp	oliance:				
#2. Term or condition of the gene	eral permit that has not been	in continuous c	ompliance during the r	eporting period s	stated above:
Exact period of non-compliance:	from		_to		
Action(s) taken to achieve compli	ance:		·		
Method used to demonstrate comp	oliance:				
P					
As the responsible official, I here made in this notification are true, upon rolling averages of purchastyear for transfer or combination j	accurate and complete. Fur ereceipts, does not exceed 2,	ther, my annua	l consumption of perch	loroethylene sol	vent, based
RESPONSIBLE OFFICIAL: _	Name (Please Print)	o-Castro	Discos Lourge Signature	,-Castro	S-2699 Date
· .					

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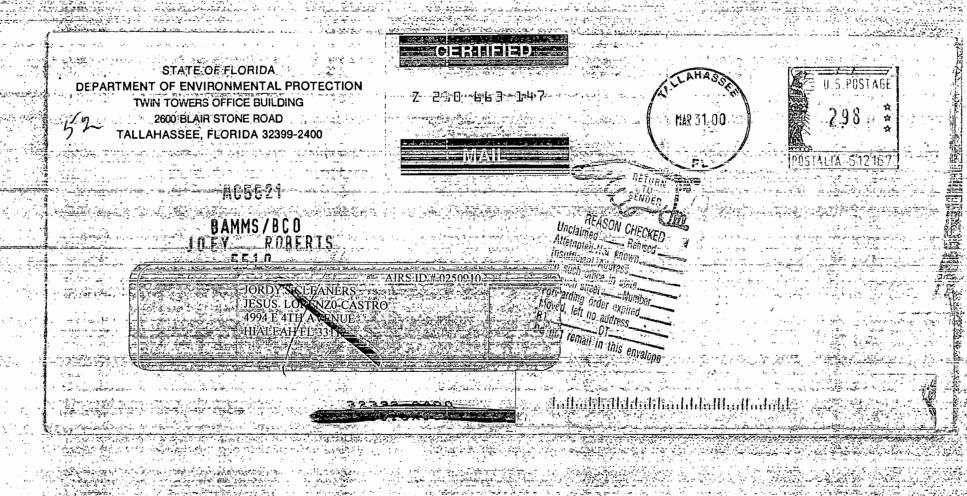
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COL	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11 554m TIME OUT: 12414	DMAIRS ID#:
TYPE OF FACILITY: LEVE Day Cle	eens
FACILITY NAME: Loody Cleone	DATE: 5/26/99
FACILITY LOCATION: 49974 E 4th Ave	
	<u> </u>
RESPONSIBLE OFFICIAL: Legas Lovenso - C	PHONE NUMBER: 82( -6689
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
-	-
	•
COMMENTS: SAA: Sfactor	~
Pacility Found do	
TACILITY Found do	be compliant
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/7	200 narayimata)
1-	pproximate)
INSPECTION CONDUCTED BY: (P	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-692
Page	of Revised 10/96



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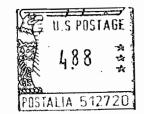
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		■ Complete items 1, 2, and 3. Also complete	. A. Received by (Please Print Clearly) B. D.	Date of Delivery
		Item 4 if Restricted <u>Delivery is desired</u> : <u>Print your name and address</u> on the reverse	C. Signature	
		so that we can return the card to you.	X	☐ Agent
	-	or on the front if space permits.  1. Article Addressed to	D. Is delivery address different from item 1?	☐ Addressee ☐ Yes
		1. Article Addressed to:	If YES, enter delivery address below:	□ No
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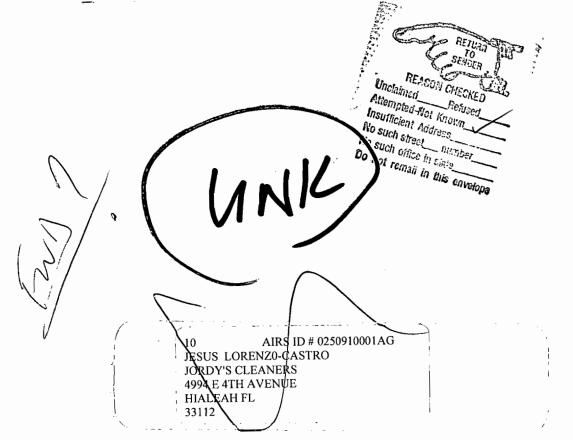
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



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### RECEIVED

AUG 1 2 2001

Bureau of Air Monitoring & Mobile Sources

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> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	X ☐ Agent ☐ Addressee ☐ D. Is delivery address different from item 1? ☐ Yes
10 AIRS ID # 0250910001AG JESUS LORENZO-CASTRO	If YES, enter delivery address below:   No
JORDY'S CLEANERS 4994 E 4TH AVENUE HIALEAH FL 33112	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7000 1670 (	4. Restricted Delivery? (Extra Fee)

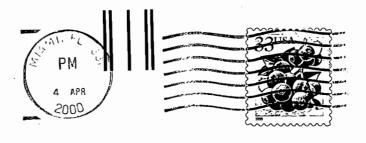
PS Form 3811, March 2001

Domestic Return Receipt

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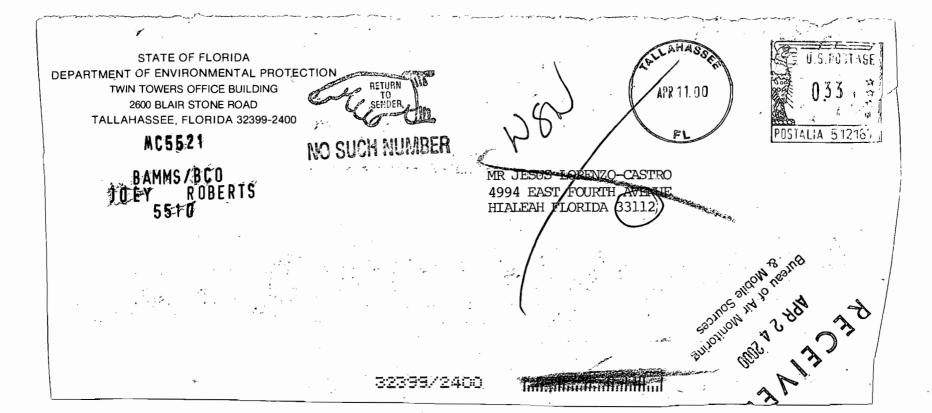
APR 07 2000

BUREAU OF AIR REGULATION

TIPLE V - Gene al Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 AR

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permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered an delivered.  A Article Addressed to:	d the date	Addressee's Address     Restricted Delivery     Consult postmaster for fee.  umber	leceipt Service.
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# US Postal Service Receipt for Certified Mail Alc Insurance Coverage Provided. AIRS ID # 0250910 JORDY'S CLEANERS JESUS LORENZO-CASTRO 4994 E 4TH AVENUE HIALEAH FL 33112 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. int 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.  1. Article Addressed to:  AIRS ID # 0250910  ORDY'S CLEANERS ESUS LORENZO-CASTRO 994 E 4TH AVENUE HIALEAH FL 33112	A. Received by (Please Print Clearly)  B. Date of Delive B. Carlotte B. Date of Delive B. Carlotte B.
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PS Form <b>3800</b> , April 1995	Postmark or Date				

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se 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	can return this	following services extra fee):	
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ls your <u>RETUR</u>	5. Received By: (Print Name)  6. Signifure: (Addressee or Agent)  PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only paid)  Domestic Ret	

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

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0250910

BLESS US INC (JESUS LORENZO-CASTRO)

JESUS LORENZO-CASTRO

4994 E 4TH AVENUE

HIALEAH FL 33112

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273



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 # 0250910

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FOR GOVERNMENT USE ONLY

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#### **TOTAL AMOUNT DUE: \$50.00**

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FOR GOVERNMENT USE ONLY

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

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250910

JORDY'S CLEANERS
JESUS LORENZO-CASTRO
4994 E 4TH AVENUE
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FOR GOVERNMENT USE ONLY

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