



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 2, 1997

Mr. Shabbir Hussain  
Pail Cleaners  
13800 Southwest 88 Street  
Miami, Florida 33186

Re: Facility No.: 0250917

Dear Mr. Hussain:

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"*

# 0250917

p14 1(c) Should not be marked. Work out  
and initial.

p16 Responsible Official sign and  
date for changes

RECEIVED

DATE OF RECEIPT

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SUPARI CORPORATION.		
2. Site Name (For example, plant name or number):	DRY CLEANERS.		
3. Hazardous Waste Generator Identification Number:	FLD CESQG.		
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33186	13800 SW 88th.		
5. Facility Identification Number (DEP Use):	0250917		

## Responsible Official

6. Name and Title of Responsible Official:	SHARIL MURKIN. PRESIDENT		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Same.		
8. Responsible Official Telephone Number: Telephone: (305) 387-2352 Fax: ( )			

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARIA SILVA. (MGR)		
10. Facility Contact Address: Street Address: City: County: Zip Code:	Same.		
11. Facility Contact Telephone Number: Telephone: (305) 387-2352 Fax: ( )			

RECEIVED

NOV 5 1997

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	8-NOV-96	15-NOV-96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
 (Indicate with an "X".)

- Existing large area source  
 Carbon adsorber       Refrigerated condenser
- New small area source  
 Refrigerated condenser
- New large area source  
 Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

- All steam and hot water generating units exempt   
 No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate 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

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

*Shabbir Hussain*

Date

*9-8-97*

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
FEB 22 1999  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0250917 DATE: 1/27/99 TIME IN: 12:40pm TIME OUT: 1:30pm  
 FACILITY NAME: Pak Cleaners  
 FACILITY LOCATION: 13800 SW 88 St  
Miami, FL 33180  
 RESPONSIBLE OFFICIAL: Shabbir Hussain PHONE: (305) 387-2352  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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**

Facility indicated on notification form that it is:  
 (check appropriate box)

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source 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) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 117 gallons.

ARMS  
2/3/99  
DS

ME  
1/29/99

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



**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
     Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream 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?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N  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  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
  - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*Deborah Griner*

Inspector's Name (Please Print)

*11/27/99*

Date of Inspection

*Deborah Griner*

Inspector's Signature

*1/2000*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine : Aerotech USA  
ES 2000

0,7 loads/day

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

RECEIVED  
FEB 22 1999  
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:40pm TIME OUT: 1:30pm AIRS ID#: 02500417

TYPE OF FACILITY: Perc Dry Cleaner

FACILITY NAME: Pak Cleaners DATE: 1/27/99

FACILITY LOCATION: 13800 SW 88 ST  
Miami, FL 33186

RESPONSIBLE OFFICIAL: Shabbir Hussain PHONE NUMBER: (305) 387-2352

- 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	FOLLOW-UP ACTION REQUIRED
No monitoring or record of refrig. Condensers temp (outlet stream) on a weekly basis.	Begin monitoring + keeping records in calendar provided.
No bi-weekly leak inspection detection log.	Begin keeping record of leak inspections in calendar provided.
No 12 month rolling log of perc consumption.	Begin keeping record in calendar provided.

COMMENTS: Equipment Satisfactory. RO. was instructed to have records available at all times, regardless of his presence.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6925

AIR\$ ID#: 0250917

ALL

RECEIVED  
Revised 10/10/96  
FEB 22 1999

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources  
DATE: 1/19/99

FACILITY NAME: Pak Cleaners  
FACILITY LOCATION: 13800 Sw 88 St  
Miami, Fz 33186

Annual Reporting Period: 1 1998 TO 1 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

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:

No monitoring of temp. of the outlet stream of ref. condensor on a weekly basis

Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Will begin monitoring temp.

Method used to demonstrate compliance: Calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No logs (leak inspection, ref. condensor temp, +12 month perc purchase)

Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Begin keeping logs

Method used to demonstrate compliance: Calendar

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: SHARON HUSKIN [Signature] 1/27/99  
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: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0250917 DATE: 3/23/00 TIME IN: 1:37pm TIME OUT: 2:10pm  
 FACILITY NAME: Pak Cleaners  
 FACILITY LOCATION: 13800 SW 88 St  
Miami, FL 33180  
 RESPONSIBLE OFFICIAL: Shabbir Hussain PHONE: (305)387-2352  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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

Bureau of Air Monitoring  
 & Mobile Sources  
 APR 10 2000  
 10:00

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |   |                          |   |                                     |
|---|--------------------------|---|-------------------------------------|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | <input type="checkbox"/> | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   | <input checked="" type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/>            |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 137 gallons.

3/28/00  
ARMS

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

**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?  Y  N
  
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
     Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
  
3. Measured and recorded the perc concentration in the exhaust stream 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?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N  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  N  N/A
  
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
  
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves

Y  N  N/A

Muck cookers

Y  N  N/A

Door gaskets and seating

Y  N  N/A

Stills

Y  N  N/A

Filter gaskets and seating

Y  N  N/A

Exhaust dampers

Y  N  N/A

Pumps

Y  N  N/A

Diverter valves

Y  N  N/A

Solvent tanks and containers

Y  N  N/A

Cartridge filter housings <sup>Dist</sup>

Y  N  N/A

Water separators

Y  N  N/A

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?

Y  N

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

Y  N

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

Y  N

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

Y  N

*Deborah Griner*

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Leak detected in window area of still.  
(Halogen leak detector) Directed RO to  
repair leak according to permit  
condition II(n)d. Provided him  
with a copy of permit. He called  
the mechanic in my presence. The  
mechanic will repair it tomorrow  
morning. RO will fax me receipts  
of part and labor.

3/27 Received fax of repair receipt

*ACE*

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

FACILITY NAME: <u>Pak Cleaners</u>	DATE: <u>3/23/00</u>
FACILITY LOCATION: <u>13800 SW 88 St</u>	
<u>Miami, FL 33186</u>	

Annual Reporting Period: 3 19 99 TO 3 2000

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  NO

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 \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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, 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: *S. HARRIS* *[Signature]* 3/24/00  
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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:37 pm TIME OUT: 2:10 pm AIRS ID#: 0250917  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Pak Cleaners DATE: 3/23/00  
 FACILITY LOCATION: 13800 SW 88 St.  
Miami, FL 33180  
 RESPONSIBLE OFFICIAL: Shabbir Hussain PHONE NUMBER: (305) 387-2352

- 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	FOLLOW-UP ACTION REQUIRED

COMMENTS: Good Housekeeping / Record keeping.  
Leak detected from window of still. RO will ~~not~~ pay me receipts for parts + labor according to FDEP Permit for perc dry cleaners Part II (7)(d.)

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/01  
 (Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-4936



BEST AVAILABLE COPY

# STEINER-ATLANTIC CORP.

P.O. BOX 380678 • MIAMI, FLORIDA 33238-0578

DADE: (305) 754-4551 • TOLL FREE: 1-800-333-8883 • FAX: (305) 751-8390

OFFICE AND SHOWROOM  
290 N.E. 68th STREET  
MIAMI, FLORIDA 33138-55

SHIP TO

BILL TO ▶

PAK CLEANERS  
13800 SW 88 STREET  
MIAMI FL. 33186

PAK CLEANERS  
13800 SW 88 STREET  
MIAMI FL. 33186

INVOICE NO.	DATE	ORDER NO.	DATE	CUSTOMER NO.	CUSTOMER P.O. NO.	TERMS	SALESMAN
5439-1	03/27/00	544794	03/27/00	2215		DD - TERMS UPS - COLLECT	24

STOCK NO.	DESCRIPTION	U/M	QUANTITY	UNIT PRICE	AMOUNT
PN2 MI4088	GASKET, O.D. = 6-1/4"	EA	2	12.500	25.00
	Subtotal				25.00
	Sales Tax				1.63
	Total Due				26.63
				<i>Less</i>	<i>40.00</i>
					<u>66.63</u>

*S.H.*  
*3/27/00*

WE APPRECIATE YOUR BUSINESS

## PARTS INVOICE

P 174 052 170

1999

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID # 0250917

PAIL CLEANERS  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**PAK**  
PAIL CLEANERS  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

AIRS ID # 0250917

4a. Article Number

**P 174 052 170**

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

**2/27/99**

5. Received By: (Print Name)

**SHABBIR HUSSAIN**

6. Signature: (Addressee or Agent)

**X** *Shabbir Hussain*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0250917

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 # 0250917
PAIL (PAK) CLEANERS SHABBIR HUSSAIN 13800 SW 88TH STREET MIAMI FL 33186

Bureau of Air  
& Mobile Sources

FFR 2

RECEIVED

RECEIVED  
MAIL ROOM  
JAN 31 00

FOR GOVERNMENT USE ONLY  
Off: 37550101000 EO: B1  
Field: 20-2-035004  
Off: 002273

Z 333 613 375

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0250917

SUPARI CORP  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUPARI CORP  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

AIRS ID 0250917

4a. Article Number

Z 333 613 375

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

2/14

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓303089

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

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00**

FEB 20 98

Do **NOT** Remove Label

AIRS ID 0250917

SUPARI CORP  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj.: 002273**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 1670 0013 3095 3416

OFFICIAL USE

Postage	\$	<i>Receipt</i> <small>Postmark Here</small> <i>02</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>	<b>10</b>	
Sent To: <b>10 AIRS ID # 0250917001AG</b> <b>SHABBIR HUSSAIN</b> Street: <b>PAIL (PAK) CLEANERS</b> <b>13800 SW 88TH STREET</b> City, St: <b>MIAMI FL</b> <b>33186</b>		
PS Form		Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

10 AIRS ID # 0250917001AG  
 SHABBIR HUSSAIN  
 PAIL (PAK) CLEANERS  
 13800 SW 88TH STREET  
 MIAMI FL  
 33186

2. Article Number  
 (Transfer from service label) *7000 1670 0013 3095-3416*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Gladys Roig</i>	B. Date of Delivery <i>7/29/02</i>
C. Signature <i>Gladys Roig</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type.

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403124

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**

1-18-01PQ

RECEIVED  
MAIL ROOM  
JAN 18 01

Do **NOT** Remove Label

AIRS ID # 0250917
PAIL (PAK) CLEANERS SHABBIR HUSSAIN 13800 SW 88TH STREET MIAMI FL 33186

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

412416 DEC31 2001

X

Do **NOT** Remove Label

AIRS ID # 0250917
PAIL (PAK) CLEANERS SHABBIR HUSSAIN 13800 SW 88TH STREET MIAMI FL 33186

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

Z 333 660 582

1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0250917

PAIL CLEANERS  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for addit.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250917

PAIL CLEANERS  
SHABBIR HUSSAIN  
13800 SW 88TH STREET  
MIAMI FL 33186

4a. Article Number

Z 333 660 582

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

SHABBIR HUSSAIN

6. Signature: (Addressee or Agent)

X

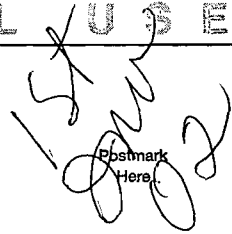
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7027 5395

**O F F I C I A L U S E**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0250917

**Total Post** PAIL (PAK) CLEANERS

**Sent To** SHABBIR HUSSAIN

13800 SW 88TH STREET

**Street, Apt** MIAMI FL

33186

**City, State,**

PS Form 3800, May 2000

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

AIRS ID#0250917

PAIL (PAK) CLEANERS  
 SHABBIR HUSSAIN  
 13800 SW 88TH STREET  
 MIAMI FL  
 33186

2. Article Number  
 (Transfer from service label)

7000 2870 0000 7027 5395

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

FEB 27 08

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitor  
& Mobile Sources

FEB 10 2003

RECEIVED

