

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. Armando Lopez LA Ciencia Quality Dry Cleaner, Inc. 201 Northwest 37 Avenue Miami, Florida 33125

Re: Facility No.: 0250922

Dear Mr. Lopez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 14, 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"



Department of **Environmental Protection**

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

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Dotty Diltz, Chief

Bureau of Air MonitoriRgE CEIVED

and Mobile Sources

DEC 2 9 1997

cc: - Mr. Ewart Anderson, Dade County

Bureau of Air Monitoring & Mobile Sources

0250922 6. add Title of Responsible official D.E.P. issued air permits only

Page Moleti

BEST AVAILABLE COPY

Facility Name and Location



Air Quality

Zip Code: 331代

Perchloroethylene Dry Cleaning Facility Notification NOV 0 4 1997

		- wanagement	Division
۱.	Facility Owner/Company Name (Name of corporation, agency, or individual own	ner):	1
	LA Ciencia Quality Day Cleaner	In	
2.	Site Name (For example, plant name or number):		
	Same		
3.	Hazardous Waste Generator Identification Number:		
	FLD.982174724	•	
4.	Facility Location: 201 NW 37AVE		
	Street Address:		_

BASE

County:

City: Mismi, IL.

Facility Identification Number (DEP/Use):

6. Name and Title of Responsible Official: ARMANDO COPEZ 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 201 NW 37 Care City: Mismi, Fac. County: Date. Zip Code: 33101 8. Responsible Official Telephone Number: Telephone: (301) 642-000/6420501

Responsible Official

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Cont	Name and Title of Facility Contact (For example, plant manager):						
10. Facility Contact Address:							
Street Address: City:	County:	Zip Code:					
11. Facility Contact Telephone Num	mber:	North Aller	· · · · · · · · · · · · · · · · · · ·				
Telephone: ()	- Fax: (ner (a) the second of the seco	/MY				

NOV 1 4 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			7.	$\overline{}$					
(1) w/ ref. condenser	Ť	4-15-40	4-18-90	1/-					
(2) w/ carbon adsorber	7	1	7	-(-					
(3) w/ no controls		 	 						
Washer Unit		- -				<u> </u>		1	<u></u>
(4) w/ ref. condenser		T -		1	I		T	T	
(5) w/ carbon adsorber		+				1			
(6) w/ no controls		17				 			
Dryer Unit	٠.	1 1,						1	<u> </u>
(7) w/ ref. condenser		1	i.	l I		1	Ţ	1	
(8) w/ carbon adsorber								+	
(9) w/ no controls		 		+-	 		+	+	
Reclaimer Unit		1	<u>.</u>					<u> </u>	
(10) w/ ref. condenser				.		1	1	1	1
(11) w/carbon adsorber			 	╁			+	1	
(12) w/ no controls		<u> </u>	 	 		-	1	1	+
(12) W no congois			_						
(b) Control devices are		uirad hut not	reat installed	ır	4				
(b) Control devices are	requ	iirea, but not	yet instance	· L_					
(c) No control devices	250 5	aquired to be	installed [X	. 1				
(c) No control devices	are r	equired to be	mstatied [<u>.</u>].				
2 (a) What was the total		itar af manah l	omo otherilano	(`	46 - 104004 1	2	4b. =0	,
2.(a) What was the total (quani galle		oroeuryiene (феге) purchased i	n me latest i	2 1110	nuist	•
	gane	ons							
(h) If less than 12	ala L	o r	1 41-	_					
(b) If less than 12 mon					1 M		l . . 1		
Check why it is less	s unar	1 12 monus:	new owner:		New store	s: [] Did	not	keep records:	
					•				
		•							
2 W/h-4 in the Contilled						4	(2) -	CD 110	
3. What is the facility's so					initions foun	a in section	(3) 01	Part II?	
(Indicate with an "X".	26160	ct one classif	ication only.)					•
Daviestin a. a. II							,		\
Existing small a	ea so	ource [· . N		mall area sou	rce		entre de la Companya	/:
D-21 1									: / ·
Existing large ar	ea so	urce [N	ew la	arge area sou	rce [_]		

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

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

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
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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.
[will pro	omptly notify the Department of any changes to the information contained in this notification.
4	Januari di Ofes x 10.30 97



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 5, 1998

Mr. Armando Lopez
LA Ciencia Quality Dry Cleaner, Inc. #6250922
201 Northwest 37 Avenue
Miami, Florida 33125

Dear Mr. Lopez:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2927) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sańdra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SB

LA CIENCIA QUALITY DRY CLEAN INC.

201 N.W. 37TH AVENUE
MIAMI, FL 33125

PAY
TO THE ORDER OF DOPARTMENT OF CHUINON MENTAL PROTECTS 5000

Continental national bank of miami

continental national bank of miami main office miami, florida 33135

FOF

Gemando loges

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION ÇHECKLIST

RE-INSPECTION: ANNUAL	N D
AIRS ID#: 250922 DATE: 8-14-90 FACILITY NAME: LA CIENCIA GUALIT FACILITY LOCATION: 201 NW 37	' ^
MIAMI, 331 RESPONSIBLE OFFICIAL: ARMANDO LO CONTACT NAME: EMILIO HERNANDEZ	PEZ PHONE: 305-06-42-0500
PART 1: NOTIFICATION	<u> </u>
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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
1	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was WWK . gallons.	urchased within the preceding 12 months by this dry cleaning





PART III: GENERAL CONTROL REQUIREMENTS								
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A							
2. Examining the containers for leakage?	DY ON DINA							
3. Closing and securing machine doors except during loading/unloading?	אם צע							
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 DN EN/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).	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 condenser 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).	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?	OY ON							
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A							
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A							
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם							
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A							
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON							

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

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

PART	VI: LEAK DETECTION AND R	EPAIRS	•						
1. Does	the responsible official conduct a v	weekly (for small sources,	bi-weekly) leak detection an	d regair					
inspe	ection?			MA DN					
2. Has t	the facility maintained a leak log?			DY EN					
3. Does	s the responsible official check the f	following areas for leaks?							
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A					
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A					
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A					
	Pumps	DAY ON ON/A	Diverter valves	ZY ON ON/A					
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A					
	Water separators	CY ON ON/A							
4. Whi	ch method of detection is used by the	he responsible official?							
	Visual examination (condensed so	olvent on exterior surfaces))	d					
	Physical detection (airflow felt the	rough gaskets)							
	Odor (noticeable perc odor)			· 🗆					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)						
	Halogen leak detector								
	If using direct-reading instrumentation, is the equipment:								
l l	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and af	ter each use	OY ON					
	c. Inspected for leaks ar	nd obvious signs of wear or	n a weekly basis?	OY ON					
	d. Kept in a clean and se	ecure area when not in use	?	OY ON					
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N ·					
<u> </u>									
				:					
n	M. ENRIQUE FLORES 8.14.98								
	Inspector's Name (Please Pri	nt)	Date of Inspection						
	n Enigun Horas		8/99						
	Inspector's Signature		Approximate Date of	Next Inspection					

INSPECTION / RECORDER	EEPING	CALQUDAR	GIVEN	TO THE	RESPONSIBLE	E
OFFICIAL.				•/		
				•		

L GENEKAL PERMIT INSPECTION SUMMARY REPORT REST AVAILABLE COPY * ANNUAL 🗸 TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION 1350 TIME OUT: 1420 _AIRS ID#: 250922 TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: LA CIENCIA QUALITY DRY CLEANER INC FACILITY LOCATION: 201 NW 37 AVE MIAMI 14 35125 305-642.0500 ARMANDO COPEZ 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 FOLLOW-UP ACTION REQUIRED DID NOT MAINTAIN A ROLLING MONTHLY START KEEPING TRACK OF PERC TOTAL OF PERC CONSUMED LONSUMED START KEEPING I LOC POOK DOCUMENTING DID NOT MANTAIN & BI- WEEKLY LEAK INSPECTION LOG MIL B. WEEKLY INSPECTIONS. COMMENTS: EDUIPMENT IN SATISFACTORY OPENATING CONDITIONS. EXCELLENT HOUSE KEERING OF MACHINE AND ESTABLISHMENT IN GENERAL

The Annual Compliance Certification form has been properly certified and submitted to the inspector. ___ YES DATE OF NEXT INSPECTION:

M. ENRIQUE FLORTS

(Please Print)

M'auica Hora INSPECTOR'S SIGNATURE:

INSPECTION CONDUCTED BY:

_____PHONE NUMBER: 305.372.6925

Revised 10/96

ARCSIDII: 250922

PC Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

CIENCIA QUALITY DRY CLEANER, INC. DATE:
201 NW 37 AVE
MIAMI 33125
8/97 19 TO 8/98 19
ton of the Title V general air permit, my facility has remained in compliance with DEP Rule trative Code (F.A.C.), during the period covered by this statement. TYES WNO
y:
general permit that has not been in continuous compliance during the reporting period stated above:
IN A ROLLING MONTHLY TOTAL OF PERC CONSUMED
nce: from $8/97$ to $8/98$
mpliance: Stanet elsing - Impencion enla dise
compliance: RECEIVED
SEP 2 8 1998
general permit that has not been in continuous compliance during the reporting period-stated above:
Bureau of Air Monitoring Bureau of Air Monitoring Mobile Sources
nce: from 8/97 to 8/98
ompliance: 5 MANCT asing Impaices collendar
compliance:
hereby certify, based on information and belief formed after reasonable inquiry, that the statements true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based rechase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per stion facilities. L: Signature Date Date

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.

BEST AVAILABLE COPY

JUN 2 5 1999

-CEIVED

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL.	it of	COMPLÁINTYDISCO	VERY	Ü
	RE-INSPECTION	Ü			
		_			
AIRS ID#-0250977	DATE: 5/78/9	7 TIME IN:	Z38 Pm TIME	OUT: Z	7 8m
AIRS ID#:0250977 FACILITY NAME: /	1 (2 ()		-C-1 7ra	cla	
PACIEITY NAME:	Ciencia	_ Qu	20.79	CHANA	<u> </u>
FACILITY LOCATION:	201 NL	SE	z Ave.		
	Miami, FL				
RESPONSIBLE OFFICIAL :	ARMANDO	Lopes	PHONE: 642	-05	00
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to startup				
2. Facility failed to notify DAI	CM to use general permit				
·,					
PART II: CLASSIFICATIO	N				
Facility indicated on notificate	tion form that it is:		☐ No notification fo	rm	
(check appropriate box)			☐ Drop store/out of	business/pc	troleum
A.		New small a			
1. Existing small area sou dry-to-dry only, x < 140 ga			x < 140 gal/yr	C)	
transfer only, x < 200 gally	-	nsfer only, x	• .		
both types, $x < 140 \text{ gal/yr}$		th types, $x < 1$			
(constructed before 12/9/9	(co	onstructed on	or after 12/9/91)		
3. Existing large area sou	irce 🛭 4.	New large a	rea source		
dry-to-dry only, $140 \le x \le$		-	$140 \le x \le 2,100 \text{ gal/y}$		
transfer only, $200 \le x \le 1.8$			$00 \le x \le 1.800$ gal/yr		
both types, $140 \le x \le 1.800$			$\leq x \leq 1.800 \text{ gal/yr}$		•
(constructed before 12/9/9	1) (c	onstructed on	or after 12/9/91)		
5. This is a correct facility	classification [2]	у ОИ	□Can not determin	c	
If no, please check th	ae appropriate classificatio	on:			
	ility qualified for a genera		imber abov	ve .	
☐ fac	ifity exceeds above limits	and is not eli-	tible for a general per	mit	
II.	inty exceeds noove mints		3		

Best available copy

PART III: GENERAL CONTROL REQUIREMENTS

E STATE OF THE PROPERTY OF THE		-	the Landson of Maries a State of State		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
(creek appropriate ouxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?		ON,			
2. Examining the containers for leakage?					
3. Closing and securing machine doors except during loading/unloading?	ΩÝ	ΩИ			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ΟY	Dи	DNIA		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ÚY	NO	ZN/A		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification I has been checked, no controls are required. Proceed to Part V.			•		
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated	cond	enser		
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	l cond	enser		
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?	ΩY	DИ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΟY	ON	טאיא		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΟY	′ □N	DN/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΟY	′ 🗆 N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ום	/ ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after	יח	/ []N	1		

В.	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			į
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ערו	ΩN I	
	include office weekly.	٠.	C114 1	
	Is the temperature differential equal to or greater than 20° F?	ΟY	□N I	□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,			
ŀ	,	ΩY	מם	□NI/A
	if machines are equipped with a carbon adsorber?	ЦY	UN	AWIL
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ПN	DN/A
l	та та размания в прина			
۱,	Assured that the sampling port on the carbon adsorber exhaust for measuring			
١٠.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction.			
1	·			
l	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
l	or expansion; and downstream from no other inlet?	$\Box Y$	DИ	UNIV
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	OΥ	DИ	
6	Routed airflow to the carbon adsorber (if used) at all times?	Пν	ПN	ON/A
∥ ິ.	Trouted any now to the carbon adsorber (ii used) at an times.	<u> </u>	314	J1111

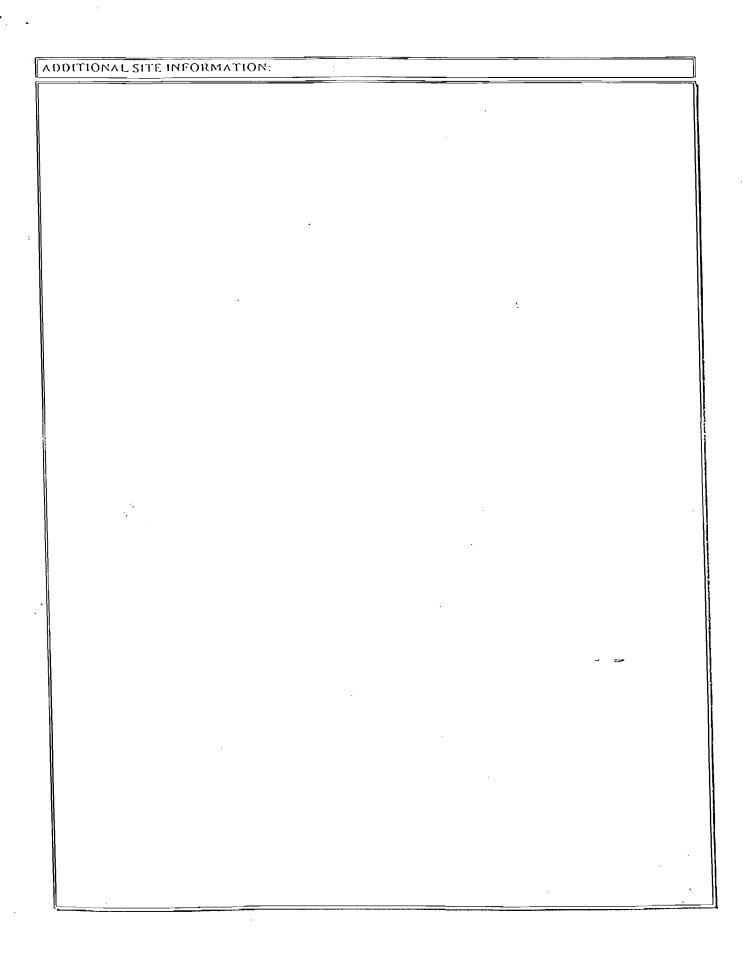
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DNIA a. documentation of leaks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

BEST AVAILABLE COPY

Ρ,	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			128	ON_	
2.	Has the facility maintained a leak log?			ΟY	ND	
3.	Does the responsible official check the	following areas for leaks?	?			
	Hose connections, fittings, couplings, and valves	אואם אם אפ	Muck cookers	DY 0	AV. B NC	
	Door gaskets and seating	מאס אס אמ	Stills	ØY (אוס אכ	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	040	אאם אכ	
	Pumps	DY ON ON/A	Diverter valves	ØY (אואם אם	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY (איים אם	
	Water separators	DY ON ON/A			•	
4	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 inst	rumentation, is the equi	pment:	ON/	٨	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	ΟY	UN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				ÜМ	
	d. Kept in a clean and secure area when not in use?				ПN	
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	ΟY	UN	
	· ·					

Inspector's Signature

5/28 199
Date of Inspection



BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

RFC

INSPECTION SUM	IWARY REPORT
	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 238 Am TIME OUT: 248	AmAIRS ID#: 0250922
TYPE OF FACILITY: Pec Dry	Clearer
FACILITY NAME: LA Ciencia Que	Sity Dry Clean DATE: 5/28/99
FACILITY LOCATION: ZOI NO 37+	Avei
	· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: ARMANDO Lege	PHONE NUMBER: 642-0500
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No monthly total of Per consumption	rolling mutily total of Per Consumption
no leak log	need leak ly.
	·
COMMENTS:	<u> </u>
Non- Co	turalga
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	5/2000
150	proximate)
INSPECTION CONDUCTED BY: (Pic	ease Print),
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372 -6922

Revised 10/96

Revised 10/10/96

JUL 27 1999 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Vianagement Division
FACILITY NAME: La Ciencia Quality Dry Cleanes DATE: 7/22/99
FACILITY LOCATION: 201 NW 37 Que
MINN: FLorida 33125 &
Annual Reporting Period: MAY 1997 TO 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No Monthly Perc Consumption 100
Exact period of non-compliance: from May 1998 to May 1999
Action(s) taken to achieve compliance: Keep Setter records
Method used to demonstrate compliance: FDED Colendar
#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 1998 to May 1999
Action(s) taken to achieve compliance: Keep bette record
Method used to demonstrate compliance: FD = P CA leader
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.

1

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY		
AIRS ID#: <u>025093</u> 2 DATE: <u>3/7/0</u>	0 TIME IN: 0955 TIME OUT: 1025		
FACILITY NAME: La Cienci	a Quality Dry Cleaners		
FACILITY LOCATION: 201 A	IW 37 Ave.		
FACILITY NAME: La Cienci	FL SAPR		
RESPONSIBLE OFFICIAL: Armanda	Lupez PHONE: 305-642-8500		
	PHONE: 305 - 647 - 6500		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	rtup		
2. Facility failed to notify DARM to use general pe	rmit		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box) A.	☐ Drop store/out of bus/ness/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. Ivew 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		
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) pufacility was 60 gallons.	rehased within the preceding 12 months by this dry cleaning		

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĮΩΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	υY	ПΝ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PART	VI: LEAK DETECTION AND R	EPAH	RS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	ection?				OY	
2. Has	the facility maintained a leak log?				ΠY	P N
3. Doe	s the responsible official check the f	followi	ng areas for leaks?			
	Hose connections, fittings, couplings, and valves	₫\	ON ON/A	Muck cookers	ΩY	ON ON/A
	Door gaskets and seating	T Y	□N □N/A	Stills	ØÝ	□N □N/A
	Filter gaskets and seating	₫ Y	□N □N/A	Exhaust dampers	ΔY	□N □N/A
	Pumps	Ø Y	□N □N/A	Diverter valves	₫Y	□N □N/A
	Solvent tanks and containers	OY !	ON ON/A	Cartridge filter housings	Y	ם א\ת ח
	Water separators	OY 1	□N □N/A			
4. Whic	ch method of detection is used by th	e respo	onsible official?			
	Visual examination (condensed sol	lvent o	n exterior surfaces)		o	
Í	Physical detection (airflow felt thro	ough ga	askets)			
Odor (noticeable perc odor)				T		
	Use of direct-reading instrumentati	ion (FII	D/PID/calorimetric to	ubes)		
	Halogen leak detector					
	If using direct-reading instru	mentat	tion, is the equipme	nt:	ONIA	Ą
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				\Box Y	ロN	
	b. Calibrated against a state(PID/FID only)?	indard ;	gas prior to and after	each use	□Y	□N
	c. Inspected for leaks and	obvio	us signs of wear on a	weekly basis?	\Box Y	ΠN
	d. Kept in a clean and sec	cure are	ea when not in use?		$\Box Y^{\overline{}}$	ΩN
	e. Verified for accuracy b	y use c	of duplicate samples	(calorimetric only)?	ΩY	ПИ
	Ivan Fannin	;		3/7/00		
	Inspector's Name (Please Print))		Date of Inspection		
				3/11		
	Inspector's Signature			Approximate Date of N	lext In	spection

Good Housekeeping

Machine in operation during impaction

- no odors detected

Not maintaining leak log or

rolling monthly log.

* Explained and illustrated proper

maintainine of PISET calendar.

(Owner should be aware for next

inspection) no excess.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0955 TIME OUT:	1025AIRS ID#:
TYPE OF FACILITY: Porc Dry Cl.	eaner
FACILITY NAME: La Ciencia O	vality Dry Clasna DATE: 3/7/00
FACILITY LOCATION: 201 A1W 3	7 Ave
RESPONSIBLE OFFICIAL: Armando Lopez	
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining leak log	Vse FDEP calender
	to maintain lask log
Not maintaining rolling log	Ver FDEP calader to
of parc purchases	mantain rolling by france
COMMENTS: Goo's Housekeeping	
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	(Approximate)
INSPECTION CONDUCTED BY: Ivan	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-\$72-691
Page	e of Revised 10/96

AIRS ID#: 0250922

Kag

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	La Ciencia	Quality	Dry (Cleaners DA	re: <u>3/7/00</u>
FACILITY LOCATION: _	201 NW	37 A	ve.		
	Miam.	FL			
_		,			
Annual Reporting Period:	March	19 <u>9</u>	<u>у</u> то _	March	12-05
Based on each term or conditi 62-213.300, Florida Administ				_	DEP Rule
If NO, complete the following	;;				
#1. Term or condition of the	general permit that has not l	been in continuc	us complian	ce during the reporting p	period stated above:
Not maitain	ing lead los	and	rolling	ley of perc.	purchases
Not mentain Exact period of non-complian	ce: from	planch	99	to Murch	ু ৩৩
Action(s) taken to achieve cor	mpliance:			·	
Method used to demonstrate of	compliance:	SEP Cal	ender		
#2. Term or condition of the	general permit that has not l	been in continuc	us complian	ce during the reporting p	period stated above:
Exact period of non-complian	ce: from		to		
Action(s) taken to achieve cor	mpliance:	_	r		
Method used to demonstrate of	compliance:				
			_		
As the responsible official, I hade in this notification are upon rolling averages of purcyear for transfer or combinate RESPONSIBLE OFFICIAL	rue, accurate and complete. chase receipts, does not exceion facilities.	. Further, my ai	inual consun	ption of perchloroethyle	ene solvent, based
	<u>_</u>				

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

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Page	ot
1 420	O1

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
4PES	OFFICIAL USE		
3108	Postage \$ Certified Fee		
ETOO	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
2000 1670	10 AIRS ID # 0250922001AG ARMANDO LOPEZ LA CIENCIA QUALITY DRY CLEANER 201 NW 37TH AVE MIAMI FL 33125		

PLACE STICKER AT TOP OF ENVEL TO THE RICHT OF RETURN ADDING	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) B. Date of Delivery 2902 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes	
1. Article Addressed to: 10 AIRS ID # 0250922001AG ARMANDO LOPEZ LA CIENCIA QUALITY DRY CLEANER	☐ YES, enter delivery address below: ☐ No	
DI NW 37TH AVE IIAMI FL 3125	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 700016700	01331087394	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01		



Department of **Environmental Protection**

Jeb Bush 240 - 1250 The Governor 2012 of the First St. 1948 is

Twin Towers Office Building Tallahassee, Florida 32399-2400 THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412177 DEC24 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

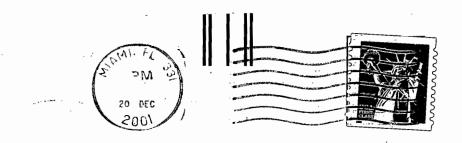
AIRS ID # 0250922 LA CIENCIA QUALITY DRY CLEANER ARMANDO LOPEZ 201 NW 37TH AVE MIAMI FL 33125

FOR GOVERNMENT USE ONLY

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

Obj.: 002273





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

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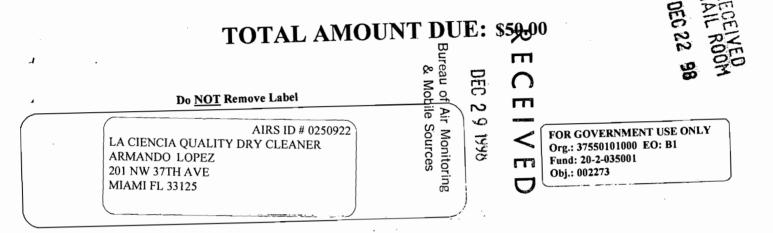
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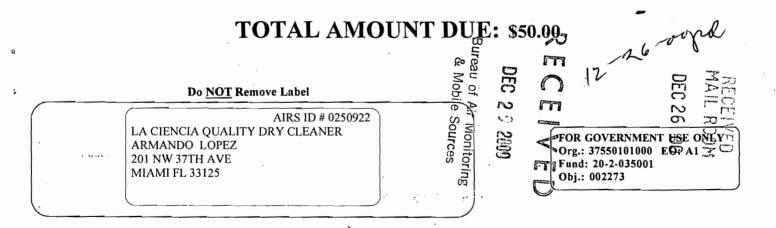
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



400912

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





Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250922 LA CIENCIA QUALITY DRY CLEANER ARMANDO LOPEZ 201 NW 37TH AVE MIAMI FL 33125

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

BAMMS/BCO JOEY ROBERTS 5510 Solucionio Solucioni Solucioni





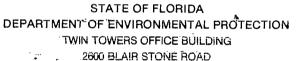
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POSTAGE REQUIRED

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



2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

> BAMMS/BCO JOEY ROBERTS 5510

AIRS ID# 0250994 SIR GALLOWAY DRY CLEANERS INC

MARK D MILLS 9720 SW 184 STREET **MIAMI FL 33157**

D

LING FUNTION MUST BE ATTACHED TO REMITITANCE FUR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250922 LA CIENCIA QUALITY DRY CLEANER ARMANDO LOPEZ 201 NW 37TH AVE MIAMI FL 33125

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

3,00324

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

JAW 20 98

Do NOT Remove Label

LA CIENCIA QUALITY DRY CLEANER INC ARMANDO LOPEZ 201 NW 37TH AVE **MIAMI FL 33125**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оыј.: 002273

	P 174 05a	. это ^V ° ₉			
	US Postal Service , Receipt for Certified Mail				
ARN 201	CIENCIA QUALITY I MANDO LOPEZ NW 37TH AVE MI FL 33125	AIRS ID # 0250922 DRY CLEANER			
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800,	TOTAL Postage & Fees	\$			
PS Form 3800 , April 1995	Postmark or Date				

SENDER: COM Of adolaying to dol tayo a				
 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. Article Addressed to: 	A. Received by (Please Print Glearly). B. Date of Delivery C. Signature X			
AIRS ID # 0250922 LA CIENCIA QUALITY DRY CLEANER ARMANDO LOPEZ 201 NW 37TH AVE MIAMI FL 33125	3. Service Type Certified Mail			
. <u> </u>	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789			