

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 15, 1997

Ms. Alexis Rodriquez Mr. Tony's Dry Cleaning & Laundry 4315 Northwest 7 Street, #9 Miami, Florida 33126

Re: Facility No.: 0250923

Dear Ms. Rodriquez:

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
Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

0250923

p14 16)	Should be marked.
	Not Required for Existing small sources. Mark out and initial.
,	add permit #'s of permits surrendered.
	(DEP issued air permits only)
11/21/97	Spoke to alexis fordiques and he stored that he has not purchased any "pere" in the past 12 months.

Perchloroethylene Dry Cleaning Facility Notifical

Facility Name and Location	A : A
<u> </u>	Air Quality
1. Facility Owner/Company Name (Name of corporation, agency, or individual ov	
2. Site Name (For example, plant name or number):	DRy Int.
MR. Tony's Dry Cleaning of L 3. Hazardous Waste Generator Identification Number:	NUNDRY
	. /
67AD 981 269 095 4. Facility Location: 4315 NW 757. #9 Street Address:	
4. Facility Location: 4315 NW 758. #9	
	Code: 33/26
5. Facility Identification Numbers (DEP Use): #	
	250923
Responsible Official	
6. Name and Title of Responsible Official:	
• •	
HLEXIS KODRIGUEZ, THE	35,
7. Responsible Official Mailing Address:	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: OFFICE Address: OFFICE Address: OFFICE Address: OFFICE ADDRIQUEZ OFFICE ADDRIANCE OFFICE ADDRIANCE OFFICE ADD	15
Street Address: City: County:	
City.	Zip Couc.
8. Responsible Official Telephone Number:	
Telephone: 805) 448 - 3809 Fax: ()	-
Facility Contact (If different from Responsible Officia	l)
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS Show	_
10. Facility Contact Address:	
Street Address:	
	Code:
Zip	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: ()	-

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
		lnitially	Device		lnitially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit						_			
(1) w/ ref. condenser		449 87	Aug 87						
(2) w/ carbon adsorber		/							
(3) w/ no controls									
Washer Unit		· · · · · ·		-				<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1,2.7							
(7) w/ ref. condenser						1			
(8) w/ carbon adsorber					_				
(9) w/ no controls									
Reclaimer Unit	w.i	i kompate yo			•				
(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 so (Indicate with an "X". Existing small ar Existing large ar	Selecter Selecter	ource [ication only.) ew si	initions foun nall area sou irge area sou	rce [[3) of	Part II?	

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

4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber	1	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required t	o be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent p	urchases		
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		\checkmark
(d) Carbon adsorber exhaust perc of	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n plan		

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:					
<u>''</u>	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. X_0-30-97 Date					

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250923

MR. TONY'S DRY CLEANING & LAUNDRY

INC

ALEXIS RODRIQUEZ

4315 NW 7TH STREET #9

MIAMI FL 33126

Do NOT Remove Label

Annual Reporting Period:	19 TO	19
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the		_
If NO, complete the following:		•
#1. Term or condition of the general permit that has not been	in continuous compliance during the re	porting 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 re	porting period stated above:
Exact period of non-compliance: from	to	JAN 26 199 PD
Action(s) taken to achieve compliance:	•	"e Source to re
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information a notification are true, accurate and complete. Further, my annual does not exceed 2,100 gallons per year for dry-to dry facilities or 1, RESPONSIBLE OFFICIAL: Name (Flease Print)	consumption of perchloroethylene solvent,	based upon purchase receipts,

^{*}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.

PERCALOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

COMPLAINT/DISCOVERY

Cleanup Section

RE-INSPECTION

AIRS ID#: <u>250923</u> DATE: <u>8 · // - 98</u> TIM	E IN: 1050 TIME OUT: 1/20
FACILITY NAME: MF. TONY'S DRY ULTANING	·K
FACILITY LOCATION: 4315 NW 7ST #9	
.miami 33126	E SU CO L
RESPONSIBLE OFFICIAL: ANTHONY ROSRIGUEZ	PHONE: 305 748-3808
CONTACT NAME:	PHONE: PHONE:
	8ureau of Waste Cleanup
PART I: NOTIFICATION	
(check appropriate box)	SET 25 1000
1. Now facility notified DARM 20 days prior to startup	Hazardous W

Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
☐ facility exceeds above lin	cation: Ineral permit as number above mits and is not eligible for a general permit 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 MY DINIA				
2. Examining the containers for leakage?	DY ON DNA				
3. Closing and securing machine doors except during loading/unloading?	MA □N				
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ŒN/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 refrigo (complete A below).	erated condenser				
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	DY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY □N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אוֹא ם אָם צם				
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?	D Y~	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	П	ΠN	□Ņ∖A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ИП	□ 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?	ΠY	ΠИ	D .4/A
l	Is the perc concentration equal to or less than 100 ppm?	ΩY	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	ПΝ	ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ИП	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ИП	UN/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY IN MINA 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A 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 DYNA and parts installed w/in 5 days of receipt? DY DN DAY/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN CYNA 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY DN WN/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN EN/A

PA	ART VI: LEAK DETECTION AND RI	EPAIRS					
ì.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			v y on			
2.	Has the facility maintained a leak log?			ØY □N			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	ארם אם Y	Muck cookers	MY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	AY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	COY ON ON/A	Diverter valves	DY/ON ON/A			
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	ZY ON ON/A			
	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			ر ۵			
	If using direct-reading instru	imentation, is the equipm	ient:	DAN/A			
	a. Capable of detecting p	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON			
	b. Calibrated against a standard gas prior to and after each use (P1D/F1D only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and secure area when not in use?			NO AO			
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON			

M. ENRIQUE FLORES	8-11-98		
Inspector's Name (Please Print)	Date of Inspection		
mEurque Horn	8/99		
Inspector's Signature	Approximate Date of Next Inspection		

AL	ADDITIONAL SITE INFORMATION:								
	NO	PERC	PURCHASED	IN THE	LAST	12	MONTHS;		
									•
								•	

ALL YOALLEY GENERAL PERMIT ECTION SUMMARY REPORT

BEST	avail	able	COPY
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TYPE OF INSPECTION: ANNUAL Z COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1050 TIME OUT: 1/20 TYPE OF FACILITY: PERC DRY ('LLANER	AIRS IDH: 250923
FACILITY NAME: MR. 70NY'S NKY CLEANING, FACILITY LOCATION: 4315 NW 7 ST # 9 MIAM1. 33126	DATE:
RESPONSIBLE OFFICIAL: PNTHONY KONRIGUEZ	PHONE NUMBER: 305-448 · 3808
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evaluate discrepancies were noted:	tive Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: EQUIPMENT IN SHIISFACTORY OPERA	TING AND HOUSE KEEPING CONDITIONS
The Annual Compliance Certification form has been properly/certification form has been properly/certification.	
INSPECTION CONDUCTED BY: M. ENRIUVE	oproximate) FLORES Jease Print)
INSPECTOR'S SIGNATURE: MEM CUN Florid	PHONE NUMBER: 305 449 3808
/ Page	of Revised 10/9

AIRS ID#: 250923

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MR. TONY'S DRY CLEAN!	NG DATE: 8-11-98
FACILITY LOCATION: 4315 NW 7 ST #9	
m1Am1 33126	
	7
Annual Reporting Period: 8/97	_19 TO
Based on each term or condition of the Title V general air permit, r 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ontinuous 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 or	ontinuous compliance during the reporting period-stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	SEP 2 8 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furthe upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	and belief formed after reasonable inquiry, that the statements r, my annual consumption of perchloroethylene solvent, based

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

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

PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: AT	ANUAL.	, Ø	OWLYINLADIZCOZ	ÆRY 🗓
RI	EINSPECTION	ប		
			0.00	935
AIRS ID#: 0750923 DATE	: 5/20/99	TIME IN:	902m TIME	gur: 7 14
FACILITY NAME TORY	(5 Dm	\sim	leens 8	real
23	15 Nw	7+4	1 15 00 5	of Z
FACILITY LOCATION: 43	1020) +	4	
				No. 198
A	2 11.	1	~ -	Color 2000
RESPONSIBLE OFFICIAL:	saprand By	المعاددوس	HONE: C305	2808 - 3808
CONTACT NAME:	•	P	PHONE:	0-
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 d	avs prior to startup)		
· · · · · · · · · · · · · · · · · · ·				
2. Facility failed to notify DARM to	use general permi			
PART II: CLASSIFICATION				
Facility indicated on notification for	orm that it is:		☐ No notification for	n
(check appropriate box)			☐ Drop store/out of b	usiness/petroleum
A.				_
1. Existing small area source	•	l. New small ar		
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr		lry-to-dry only, : ransfer only, x <		
both types, x < 140 gal/yr		both types, $x < 1$		
(constructed before 12/9/91)		constructed on o	-	
3. Existing large area source		1. New large ar		
dry-to-dry only, $140 \le x \le 2,100$			$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ ga}$			$0 \le x \le 1.800 \text{ gal/yr}$	
both types, $140 \le x \le 1.800$ gal/y			≤ x ≤ 1,800 gal/yr	
(constructed before 12/9/91)				
(**************************************	((constructed on t	or after 12/9/91)	
5. This is a correct facility classi		(constructed on a	or after 12/9/91) Can not determine	
5. This is a correct facility classi	fication	NO N		
5. This is a correct facility classi	fication	ion:	□Can not determine	
5. This is a correct facility classi If no, please check the app facility q	fication ropriate classificat	ion:	□Can not determine	
5. This is a correct facility classi If no, please check the app facility q	fication ropriate classificat ualified for a gene xceeds above limi	ion: eral permit as not ts and is not elig	Can not determine mber above ible for a general pern	iit
5. This is a correct facility classi If no, please check the app facility q facility e B. The total quantity of perchloroe facility was 25 eatlors	fication ropriate classificat ualified for a gene xceeds above limi	ion: eral permit as not ts and is not elig	Can not determine mber above ible for a general pern	iit

Revised 9/15/97

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PART THE GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ONIA		
2. Examining the containers for leakage?	מואס אם צם		
3. Closing and securing machine doors except during loading/unloading?	EY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON ON ON/A		
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/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	crated 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 refrig (complete A and B below).	erated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	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?	OY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the			

condenses exceeded 45° F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

DY DN DNA

DY ON

13.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜY (ЭΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY (DN (_ ∧\и⊆
	Is the temperature differential equal to or greater than 20° F?	OY (DN (DN/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?	\Box Y	DИ (⊃N/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	□N I	NINC
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΟY	ÜИ	V/N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ОN	□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: DY ON ONA 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 and parts installed w/in 5 days of receipt? DY DN QNI DY ON DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DNA 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? CY ON DIN OY ON XIN Problem corrected? 8. Maintained compliance plan, if applicable? DY ÜN KÜNIA

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PΛ	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?					
2.	Has the facility maintained a leak log?					
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves AY DN DN/A Muck cookers DY DN DN/A	<u> </u>				
	Door gaskets and scating DY DN ON/A Stills DY DN ON/A	A				
	Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN DN/	Λ				
	Pumps DY DN DN/A Diverter valves DY ON DN/	A				
	Solvent tanks and containers OY ON ON/A Cartridge filter housings OY ON ON/	A				
	Water separators DY ON ON/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:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

EO SMART
Inspector's Name (Please Print)

EO MART

APO MART

Inspector's Signature

5/20/99 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL CITE INCODMATION.	 		
ADDITIONAL SITE INFORMATION:	 		
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AIRS 1D#: <u>0250923</u>



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jong's Dry Clean	DATE: 5/20/99
FACILITY LOCATION: 4515 NW 744 S	
Annual Reporting Period:	MAY 19.99
Based on each term or condition of the Title V general air permit, my facility has remain 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: fromto)
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	e during the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed aft made in this notification are true, accurate and complete. Further, my annual consumupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Mond Reduced Print	ption of perchloroethylene solvent, based

^{*}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 COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 900 TIME OUT: 935	M AIRS ID#: 0250-923
TYPE OF FACILITY: Perc Dry	Cleane
FACILITY NAME: Comy'S Ding	Clanes DATE:
FACILITY LOCATION: 4375 NW 7	3+
RESPONSIBLE OFFICIAL: Anthony Rodogue	PHONE NUMBER: (305) 448-3808
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
	• • • • • • • • • • • • • • • • • • •
·	
COMMENTS: Sat = factor	3
complia	· L
Compl.A	······································
The Annual Compliance Certification form has been properly certified	and submitted to the inspector.
DATE OF NEXT INSPECTION: 5/2	200
 	oximate)
INSPECTION CONDUCTED BY:	DMART
2 (Pleas	e Print) PHONE NUMBER: (305) 372-6922

Page / of /

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 0250923 DATE: 3/24/ FACILITY NAME: Tony's Dn FACILITY LOCATION: 4315 No Alexis RESPONSIBLE OFFICIAL: ATTOMIC, CONTACT NAME:	W 7 St SI
ì	
PART I: NOTIFICATION	
(check appropriate box)	/
1. New facility notified DARM 30 days prior to sta	urtup 🗆
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
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 DN DCan not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	
B. The total quantity of perchloroethylene (perc) per facility was 70 gallons.	archased within the preceding 12 months by this dry cleaning

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?	DY DN DNA
2. Examining the containers for leakage?	OY ON DON/A
3. Closing and securing machine doors except during loading/unloading?	XY DN'
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN XWIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu. prior to September 22, 1993	a refrigerated ist have been installed
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	i:
1. Equipped all machines with the appropriate vent controls?	□Y □N
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?	OY ON
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

B.	Has the responsible official of an existing large or new large area source also:			
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ЦY	ЦN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□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?	ΠY	ПN	□N/A
l	Is the perc concentration equal to or less than 100 ppm?	ΠY	Ωи	□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?	ŪΥ	ΠИ	□N/A
_				
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	Ον.		
	condenser coils?	ΩY	ПN	□N/A
_	Douted sirfleys to the carbon advarbar (if used) at all times?	ΠY	□N.	□N/A
υ.	Routed airflow to the carbon adsorber (if used) at all times?	1	J IN	UIVA -

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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DXN/A ANNES NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? MD YEA 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY ON XIN/A DY DN MINIA Problem corrected? A/M/X NO YO 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repair
	inspection?			χήγ ο _N
2.	Has the facility maintained a leak log	?		XY DN
3.	Does the responsible official check the	e following areas for leak	s?	•
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY DN DANA
	Door gaskets and seating	Y ON ON/A	Stills	DAY ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	OY ON DOWA
	Solvent tanks and containers	Y ON TINIA	Cartridge filter housings	AY ON ON/A
	Water separators	XY ON ON/A		,
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	Å,
	Physical detection (airflow felt t	hrough gaskets)		X
	Odor (noticeable perc odor)			X
	Use of direct-reading instrument	ric tubes)		
	Halogen leak detector	·		
	If using direct-reading inst	pment:	MN/A	
	a. Capable of detecting	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	after each use	OY ON	
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON .
	d. Kept in a clean and	OYON		
	e. Verified for accurac	y by use of duplicate samp	ples (calorimetric only)?	DY ON

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

3/0

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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AIRS 1D#: 0250923

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tony 13 Dry Cleaner DATE: 3/24/00
FACILITY LOCATION: 4315 NW 7 ST
Mani, FZ 33124
Annual Reporting Period: 3 1999 TO 3 60t
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Name (Please Print)

^{*}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 💢	СОМР	LAINT/DISCOVE	RY 🗌	RE-INSPECTI	ON
TIME IN: 2:35 pm	TIME OUT:	2:50	pm_air	RS ID#: 02	5092	3
TYPE OF FACILITY: Per		mer	<i>J</i>		·	
FACILITY NAME: 10	ny's Dry	Clei	aner	D	ате: <u>3/2</u>	4/00
FACILITY LOCATION:	1315 NW 7	156	2.0/0		· . •	
	Miame, Fl	<u> </u>	3124		2 - 2/1/10	2000
RESPONSIBLE OFFICIAL:	lexis Koar	gue	PHONI	E NUMBER:	3051448-	3808
12_3	ne compliance requiremen		-	ction, the facility	is found to be in	
· •	ule 62-213.300, Florida A			ation the fallowi	li	
discrepancies were noted	he compliance requiremend:	nts evaluate	a auring this inspe	ction, the followi	ng compliance	
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW	-UP ACTION	N REQUIREI)
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COMMENTS		· :	<u>, , , , , , , , , , , , , , , , , , , </u>	·		14
COMMENTS: EXCEL	lent Re	COV	^y Keepi	ng		
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·	·	_		_	•	
The Annual Compliance Certifica	ation form has been prope	erly certified	d and submitted to	the inspector.	YEST 1	10
DATE OF NEXT INSPECTION	N: 3/0	0/			7	_
	Doh	(Appr	oximate)			
INSPECTION CONDUCTED I	BX: LDO	(Dice	se Print)	<i>Y</i>		
INSPECTOR'S SIGNATURE:	1) bonde	7 (Flea		NUMBER	105)372-	6936
-	VVVV	/				

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#0250923
MR TONY'S DRY CLEANING & LAUNDRY
INC
ALE(IS RODRIOUEZ

Ü

4315 NW 7TH STREET #9 MIAMIFL 33126 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0355889

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 # 0250923 MR. TONY'S DRY CLEANING & LAUNDRY ALEXIS RODRIQUEZ 4315 NW 7TH STREET #9 MIAMI FL 33126

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)
2	The second secon
7	OFFICIAL USE
3708	Postage \$ Certified Fee
ш	Return Receipt Fee (Endorsement Required)
007	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) O Z
2000 1670	10 AIRS ID # 0250923001AG Si ALEXIS RODRIQUEZ MR. TONY'S DRY CLEANING & LAUNDRY 4315 NW 7TH STREET #9 Ci MIAMI FL 33126
	PS) rum escut may 2000

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from tem 1? Yes
1. Article Addressed to: 10 AIRS ID # 0250923001AG ALEXIS RODRIQUEZ MR. TONY'S DRY CLEANING & LAUNDRY	If YES, enter selivery address below:
4315 NW 7TH STREET #9 MIAMI FL 33126	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000/67000	133 108 7295

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

401198

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 # 0250923 MR. TONY'S DRY CLEANING & LAUNDRY

ALEXIS RODRIQUEZ

4315 NW 7TH STREET #9

MIAMI FL 33126

FOR GOVERNMENT USE ONE Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

12-28-008

414069 FEB132992

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 # 0250923 MR. TONY'S DRY CLEANING & LAUNDRY ALEXIS RODRIQUEZ 4315 NW 7TH STREET #9

MIAMI FL 33126

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



PENDEK: COMPLETE THIS SECT	TION COMPLETE	THIS SECTION ON DELI	VERY .
■ Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is des Print your name and address on to so that we can return the card to Attach this card to the back of the or on the front if space permits. 1. Article Addressed to: AIRS ID # 02509 MR. TONY'S DRY CLEANING & ALEXIS RODRIQUEZ 4315 NW 7TH STREET #9 MIAMI FL 33126	che reverse you. e mailpiece, D. Is delivery a lif YES, ent	d Mail SExpress Ma	No No
		Delivery? (Extra Fee)	☐ Yes
2 Article Number (Copy from service lab	93730947		
PS Form 3811 , July 1999	Domestic Return Receipt		102595-99-M-1789



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 # 0250923 MR. TONY'S DRY CLEANING & LAUNDRY ALEXIS RODRIQUEZ 4315 NW 7TH STREET #9 **MIAMI FL 33126**

FOR GOVERNMENT USB ONL Org.: 37550101000 EO: BIO Fund: 20-2-035001

Obj.: 002273