

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 25, 1997

Mr. Frank Marichal Spruce Cleaners 8710 Southwest 40 Street Miami, Florida 33165

Facility No.: 0250929 Re:

Dear Mr. Marichal:

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

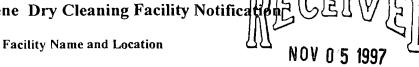
DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notifica



Facility Owner/Company Name (Name of corporation, agency, or individual owner): Air Quality Bird Road Enterprises Management Division Site Name (For example, plant name or number): Spruce Cleaners Hazardous Waste Generator Identification Number: FLD981758253 Facility Location: Street Address: 8710 8w 40 St Zip Code: 33165 Miami 5. Facility Identification Number, (DEP Use):

Responsible Official

6.	Name and Title of Responsible Official: Frank Marichal - President
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (305) 25 - 2232 Fax: () -

Facility Contact (If different from Responsible Official)

9.	9. Name and Title of Facility Contact (For example, plant manager):								
10.	Facility Contact Address:								
	Street Address: City:	County:	Zip Code:						
11.	Facility Contact Telephone N Telephone: ()		x: () -						

RECEIVED

NOV 1 4 1997

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Initially Device Initially Device Initially Device			Date	Date		Date	Date		Date	Date
Type of Machinc ID Purchased Installed ID Purchased ID		İ	Machine	Control		l .	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-M Dry-to-Dry Unit (1) wf ref. condenser (2) wf carbon adsorber (3) wf no controls Washer Unit (4) wf ref. condenser (5) wf carbon adsorber (6) wf no controls Dryer Unit (7) wf ref. condenser (8) wf carbon adsorber (9) wf no controls Rectainer Unit (10) wf ref. condenser (11) w/carbon adsorber (12) wf no controls (12) wf no controls (15) wf condenser (11) wf condenser (12) wf 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? [İ	Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit (1) w/ ref. condenser 01-DEC-94	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser 01-DEC-94 01-DEC-94	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (Dry-to-Dry Unit									
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (15) w/ no con	(1) w/ ref. condenser		01-DEC-94	01-DEC-94		4				
Washer Unit (4) w/ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	(2) w/ carbon adsorber									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ ref. condenser (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (19	(3) w/ no controls									
S) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit	Washer Unit		• .	•			•		•	
Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	(4) w/ ref. condenser				1					
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no controls ((5) w/ carbon adsorber									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber (10) w/carbon ads	(6) w/ no controls									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no controls (15) w/ no controls (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber	Dryer Unit		1. 11,4				•			
(9) w/ no controls	(7) w/ ref. condenser									
Reclaimer Unit (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: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(8) w/ carbon adsorber					~				
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no control devices are required to be installed [] (13) what was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	(9) w/ no controls									
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Reclaimer Unit	a	11414	•			24			
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []. 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(10) w/ ref. condenser									
(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: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(11) w/carbon adsorber									
 (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) 	(12) w/ no controls									1
(Indicate with an "X". Select one classification only.)	(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									
Existing large area source [] New large area source []	(Indicate with an "X". Existing small an	Selec rea so	et one classif	ication only.)) ew sn	nall area sou	rce [X		Part II?	j

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 [X]
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 perçent 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)

Please indicat	e with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
. X	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 pro	mptly notify the Department of any changes to the information contained in this notification. 1 5 97 Date							

ale

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250929

BIRD ROAD ENTERPRISES FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165 Bureau of Air Monitoring & Mobile Sources

eau of Air Monitorir

Do NOT Remove Label

Annual Reporting Period:	19	_ то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			iance with DEP Rule YES NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	s compliance during the re	eporting 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	s compliance during the re	eporting period stated above:
Exact period of non-compliance: from		to	·
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			-
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to	urther, my annual consumption o	f perchloroethylene solvent	, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Fn and Name	eiseo <u>Manc/a</u> L ne (Please Print)	Signature	1-20 58 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

\mathbf{T}	Y	p	E	OF	IN	SP	Ē	C	r)	O	N:
•	•	•	_	\sim		•	~	~		_	

PART I: NOTIFICATION

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVERY

OCT 2 7 1944

FACILITY NAME: Sprice Cleaners FACILITY LOCATION: 8710 SW 40 St Miami, Fl 33165 RESPONSIBLE OFFICIAL: Frank Maricharhone: 225-2232			Bureau of Air Manie
FACILITY NAME: Spruce Cleaners FACILITY LOCATION: 8710 SW 40 St Miami, Fl 33165 RESPONSIBLE OFFICIAL: Frank Maricharhone: 225-2232	AIRS ID#:0250929 DATE: 7/291	198 TIME IN: 11:05a	Mobile Sources Da
Miami, Fl 33165 RESPONSIBLE OFFICIAL: Frank Marichalthone: 225-2232	FACILITY NAME: Spruce CL	laners	
RESPONSIBLE OFFICIAL: Frank Mancha PHONE: 225-2232	FACILITY LOCATION: 8710 SW	40 St	
	Mianie,	FL 33165	
· · · · · · · · · · · · · · · · · · ·	RESPONSIBLE OFFICIAL: Frank	Manda PHONE: 2	25-2232
CONTACT NAME: SWYCE PHONE: SWYCE		PHONE:	

(check appropriate box)			
1. New facility notified DARM 30 day	's prior to stai	tup	a
2. Facility failed to notify DARM to us	se general per	mit	ا ت
PART II: CLASSIFICATION	<u> </u>		
Facility indicated on notification for	m that it is:	☐ No notification	form
(check appropriate box)		☐ Drop store/out	of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	0	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		4. New large area source	<u> </u>

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 both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)

5. This is a correct facility classification



□N □Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

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



4128/96

BEST AVAILABLE COPY

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?	OY ON WN/A					
2. Examining the containers for leakage?	DY DN WN/A					
3. Closing and securing machine doors except during loading/unloading?	YZÝ ON					
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?	מואים אם צם					
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 ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY 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 RAN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN VON/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:		
ю.	that the responsible official of an existing range of new range 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?	ΩY	T N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON ON/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	□N □ N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□N · □ N⁄A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□N □ N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	ЦҮ	□N □ N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ.	□N □ N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N □ *\/A
_			

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

BEST AVAILABLE COPY

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

nspector's Name (Please Print)

Ozc L. Gui

7129198 Date of Inspection

Approximate Date of Next Inspection

FDEP Calendar provided to facility during Enspection.

INSPECTION SUMMARY REPORT BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL 💢	COMPLAINT/D	DISCOVERY	RE-INSPECTIO	и 🗌
TIME IN: (1:05 00)	TIME OUT: 11	40 am	AIRS ID#:	250929	
FACILITY NAME: SOIL	rice Clean	erner er S		DATE: 7 39	198
FACILITY LOCATION:	liami, Fi	33165			
RESPONSIBLE OFFICIAL: F	rank Waris	chal	PHONE NUMBER:	225-225	32
compliance with DEP R	he compliance requirement ule 62-213.300, Florida Ad	Iministrative Code	(f.A.C.).		
Based on the results of t discrepancies were note	the compliance requirement d:	s evaluated during	this inspection, the following	lowing compliance	
COMPLIANCE REQU	A	A	OLLOW-UP ACTI		A
No temp, moniterated condenses basis + no log	toring of re r on a weekle Kept.		to begin	1/2 2 1/20	ture un calen
<u> </u>	month pera	Need	to begin	Keeping	108
Consumption !		11)	callendar		
No bi-weekl	y leak 1918pe	letion Beg	in keepin	g log in	
log kept-	·.	call	endar,		
		-			
COMMENTS: Facil	ity and Nousekeep	lquip	mont S	atisfact	ony.
The Annual Compliance Certific DATE OF NEXT INSPECTION	nlag	rly certified and su	bmitted to the inspecto	r. YES	NO
	Delas	(Approximate	te)		
INSPECTION CONDUCTED	BY:	(Please Prin	t)	050 1	00~
INSPECTOR'S SIGNATURE	Lebor	Open	PHONE NUMBER	1: 372-0	0405
	V	Page of		R	Levised 10/96

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: SDYUCE	Cleaners	DATE: 7	29198
FACILITY LOCATION: 8710	Sw 40 St.		
Mian	1) F1. 3316	5	
[-[100])		
Annual Reporting Period:	1997 то	7	19_98
Based on each term or condition of the Title V g	eneral air permit, my facility has re	nained in compliance with DEP R	ulc
62-213.300, Florida Administrative Code (F.A.C	.), during the period covered by this	s statement. QYES	NO
If NO, complete the following:			
#1. Term or condition of the general permit that	has not been in continuous compli	ance during the reporting period st	ated above:
No temperature m	onitoring of conc	lonser + no lo	2 -
	1#197	7/90	3 —
Exact period of non-compliance: from		_to(_(
Action(s) taken to achieve compliance:	will start keeping	records in lay	endar.
Method used to demonstrate compliance:	alendar.		
#2. Term or condition of the general permit tha	i	1	
No rolling 12 month	1 perc consumption	n log + no leak	inspection 4
Exact period of non-compliance: from	11/97	to 7/98	
Action(s) taken to achieve compliance:	will struct keeping	ing renords in	raloudar
	Doud ax	THE THE STATE OF T	
Method used to demonstrate compliance: (1)	Wina wi		
:			
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, does year for transfer or combination facilities.	complete. Further, my annual cons s not exceed 2,100 gallons per year	sumption of perchloroethylene sol	vent, based
RESPONSIBLE OFFICIAL: FLANCISE Name	(Please Print)	Signature	7-19-98 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.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: <u>250929</u> DATE: <u>5</u> [18] FACILITY NAME: <u>Spruce Cla</u> FACILITY LOCATION: <u>8710</u> SL Mi ami, RESPONSIBLE OFFICIAL: FY and M CONTACT NAME:	eaners w 40 St gg = T
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	: • No notification form
(check appropriate box)	:
II -	•
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine fication: general permit as number above
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine fication:

200 jeur 5/24/99 De ARUS 5)04/199 DS

1 of 5

Revised 9/15/97

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

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

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) □Y □N 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN Problem corrected?

PART V: RECORDKEEPING REQUIREMENTS

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

i .							
1.	Does the responsible official conduct a	weekly (fo	r small sour	ces, bi-w	eekly) leak detection a	nd rep	air
	inspection?					X Y	\square N
2.	Has the facility maintained a leak log?					X	□N
3.	Does the responsible official check the	following a	areas for lea	ks?			
	Hose connections, fittings, couplings, and valves	\ A Y □1	N □N/A	M	uck cookers	ΠY	ON ANA
	Door gaskets and seating	XY D	N □N/A	Sti	ills	XY	□N □N/A
	Filter gaskets and seating	XXY DI	N □N/A	Ex	haust dampers	XY	□N □N/A
	Pumps	XX OI	N □N/A	Di	verter valves	\overline{X}^{λ}	□N □N/A
	Solvent tanks and containers	X 01	N DN/A	Ca	artridge filter housings	Z ^Y	□N □N/A
	Water separators	X I	N □N/A				
4.	Which method of detection is used by t	he responsi	ible 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 instr	umentatio	n, is the equ	iipment:		DIM	*
	a. Capable of detecting	perc vapor	concentration	ons in a ra	ange of 0-500 ppm?	OY	□N .
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						□N
	c. Inspected for leaks ar	d obvious	signs of wea	ar on a we	eekly basis?	\Box Y	\square N
	d. Kept in a clean and so	ecure area v	when not in	use?		\Box Y	□N
	e. Verified for accuracy	by use of o	duplicate sai	nples (ca	lorimetric only)?	\Box Y	□N

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

- · Good Housek eeping Practices.
- FDEP calendar was being kept but Mn. Marichal required a little more instruction on how to keep it.

AIRS ID#: 250929



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

_
DATE: 5/18/79
5 19 <u>9</u> 0
ce with DEP Rule
rting period stated above:
rting period stated above:
· · · · · · · · · · · · · · · · · · ·
quiry, that the statements of the solvent, based ries or 1,800 gallons per

*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. 12499 23499

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 2:35 TYPE OF FACILITY: 7 FACILITY NAME: 7	TIME OUT: 3	200 caner 40 St	airs id#: 2	50929 DATE: 5/18/99
FACILITY LOCATION:	Miami, F Spruce Clea	L 3311	₀ S	(2 1) 2 2 2 2
RESPONSIBLE OFFICIAL:	Trunc Mar	10ga C	PHONE NUMBER:	
compliance with DEP R	the compliance requirement tule 62-213.300, Florida Ac	lministrative Code	(F.A.C.).	·
discrepancies were note				
COMPLIANCE REQU	JIREMENT/PROBLI	EM FO	OLLOW-UP ACTI	ON REQUIRED
	-			
	.		<u> </u>	
· ·	•			
COMMENTS:		<u> </u>	·	-
The Annual Compliance Certific	ation form has been proper	ly certified and sul	bmitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: 5/6	2000 (Approximate	e)	
INSPECTION CONDUCTED	BY: Del	(Please Print	Friner	6 2
INSPECTOR'S SIGNATURE:	Debor 4	7	phone number.	(305)372-6930
		Pageof		Revised 10/96

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST MAR 1 3 2000

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

PLP0260 :#di eria	DATE: 2	17/00_	TIME I	N: 2:15 TIME OUT: 2:45
FACILITY NAME:	SPRU	e e	lean	ws.
FACILITY LOCATION:	8710	o s	W 4	to st.
	Mia	2 <i>m</i> ,	FL	
		,		PHONE: [305] 225-2232
CONTACT NAME:				PHONE:

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)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. Ivew small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal yr
(constructed before 12/9/91)	(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 classific	ation:
☐ facility qualified for a gen	neral permit as number above
☐ facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purfacility was 449 gallons.	archased 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 TINA DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY ON 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after PY DN verifying that the coolant had been completely charged?

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?	ΩΥ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	\Box Y	ПИ	□N/A
	ls 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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

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

PAR	VI: LEAK DETECTION AND R	EPA	RS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
ins	spection?				Q Ý	ПN
2. Ha	s the facility maintained a leak log?				QΎ	ПN
3. Do	es the responsible official check the t	follow	ing areas for leaks?			
	Hose connections, fittings, couplings, and valves	ďΥ	□N □N/A	Muck cookers	ΠY	ON QN/A
	Door gaskets and seating	ďγ	□N □N/A	Stills	QA,	□N □N/A
	Filter gaskets and seating	- QA	ON ON/A	Exhaust dampers	úΥ	□N □N/A
	Pumps	QA	□N □N/A	Diverter valves	6 _Y	□N □N/A
	Solvent tanks and containers	QА	□N □N/A	Cartridge filter housings	ďΥ	ON ON/A
	Water separators	ØΥ	□N □N/A			
4. WI	nich method of detection is used by th	ie resp	onsible official?			
	Visual examination (condensed so	lvent	on exterior surfaces)		Q	
	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 instru	ment	ation, is the equipme	nt:	ON/A	4
	a. Capable of detecting p	erc va	por concentrations in	a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a sta (PID/FID only)?	andaro	d gas prior to and after	r each use	QΥ	ПN
i	c. Inspected for leaks and	d obvi	ous signs of wear on a	weekly basis?	ΠY	□N ·
	d. Kept in a clean and sec	cure a	rea when not in use?		ΠY	ПN
	e. Verified for accuracy t	y use	of duplicate samples	(calorimetric only)?	ПΥ	□и
				4	,	

Itan fannin
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:
	(500) Nousekeeping/Record keeping Madrie ned in operation during imperdion

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:15 TIME OUT: 3:	45 AIRS ID#: 0.2509.29
TYPE OF FACILITY: Perc Dry Cleans	<u> </u>
FACILITY NAME: Sprice Clemes;	DATE: 2/1 7/00
FACILITY LOCATION: 8760 SW 4	(O >t.
RESPONSIBLE OFFICIAL: Frank Marichal	PHONE NUMBER: 305 - 225 - 2232
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·· ·
COMMENTS:	
Sports Fratory	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Ap	proximate)
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-370-6725
Page	of Revised 10/96

, AIRS ID#: 02870 929

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				·	·
FACILITY NAME:	Speuce	Clean	Les S	1	DATE: 3/17/00
FACILITY LOCATION:	8710	Su	40 31.		•
	Minui	FI	-		
	#O(NOSC)	i			
Annual Reporting Period:	Fa	eh	_19 <u>-9</u> 9 то _	Feb	Ja Sand
Based on each term or condition	of the Title V gene	eral air permit,	my facility has rem	ained in compliance v	with DEP Rule
62-213.300, Florida Administra	tive Code (F.A.C.),	during the peri	od covered by this	statement. EYES	□NO
If NO, complete the following:					
#1. Term or condition of the ge	neral permit that ha	as not been in co	ontinuous compliar	nce during the reporting	ng period stated above:
Exact period of non-compliance	: from			to	
Action(s) taken to achieve comp	oliance:				· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate con	npliance:				·
#2. Term or condition of the ge	neral permit that ha	as not been in co	ontinuous compliar	nce during the reporting	ng period stated above:
Exact period of non-compliance	: from		to		
Action(s) taken to achieve comp	oliance:			· .	
Method used to demonstrate cor	npliance:				
As the responsible official, I her made in this notification are tru upon rolling averages of purchayear for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and con use receipts, does no	mplete. Further	, my annual consu	mption of perchloroet	hylene 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.

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. PAIL ROOM

TOTAL AMOUNT DUE: \$50.06 27 98

Do NOT Remove Label

AIRS ID#0250929 BIRD ROAD ENTERPRISES

FRANK MARICHAL 8710 SW 40TH STREET **MIAMI FL 33165**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Оы.: 002273

0354316

300933

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

DEC 2 1 1998

RECEIVED

Do NOT Remove Label

AIRS ID # 0250929

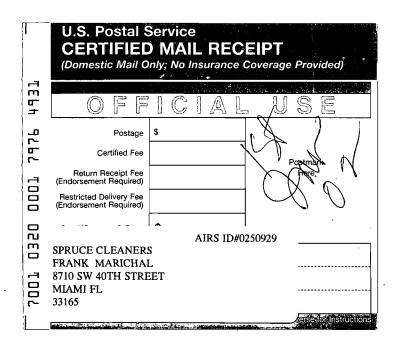
SPRUCE CLEANERS

FRANK MARICHAL 8710 SW 40TH STREET **MIAMI FL 33165**

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BT

Fund: 20-2-035001 Obj.: 002273



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. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0250929 SPRUCE CLEANERS FRANK MARICHAL 8710 SW 40TH STREET	
MIAMI FL 33165	3. Service Type D2 Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320	1 0001 7976 4931
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitorin & Mobile Source

Postage \$ Certified Fee February Februar			MAIL REC	EIPT Coverage Provided)
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 10 AIRS ID # 0250929001AG FRANK MARICHAL SPRUCE CLEANERS 8710 SW 40TH STREET MIAMI FL	Tu '	OFF	ICIAL	USE
Restricted Delivery Fee (Endorsement Required) 10 AIRS ID # 0250929001AG FRANK MARICHAL SPRUCE CLEANERS 8710 SW 40TH STREET MIAMI FL		J	\$	FOSTOPARK L
FRANK MARICHAL SPRUCE CLEANERS 8710 SW 40TH STREET MIAMI FL	17	(Endorsement Required) Restricted Delivery Fee		102
PS1Formt3800, May 2000 See Reverse for Instructions	7.6	FRANK MARIC SPRUCE CLEAN 8710 SW 40TH S' MIAMI FL 33165	HAL ERS TREET	

TO THE RIGHT OF RETURN NODRESS TO THE STICKER AT TOR OF ENVELOPE	MPLETE 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 7-31-02 C. Signature Agent Addressee B. Is delivery address different from item 12 Yes
1. Article Addressed to: 10 AIRS ID # 0250929001AG FRANK MARICHAL SPRUCE CLEANERS	Ø. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
8710 SW 40TH STREET MIAMI FL 33165	3. Service Type Certified Mail
2. Article Number (Transfer from service label) 7000 /67000	1331087271
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

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 # 0250929

SPRUCE CLEANERS FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165 FOR GOVERNMENT USE ONLY
(C) 28 CONTROL OF CO

412021 DEC212001

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

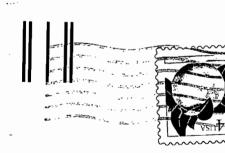
AIRS ID # 0250929 SPRUCE CLEANERS FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03500 Obj.: 002273





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

P 174 052 491

US Postal Service
Receipt for Certified Mail
No Insurance Coverses Part AIRS ID # 0250929

SPRUCE CLEANERS

AIRS ID # 0250

FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
, April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

CEN	01 9	over top of envelop	Anil to blo	
= Con = Con = Prin carc = Atta perr = Writ	IDER: nplete items 1 and/or 2 for additinplete items 3, 4a, and 4b. It your name and address on the d to you. Ich this form to the front of the mit. Ite "Return Receipt Requested" on Petum Receipt will show to whe vered.	e reverse of this form so that w nailpiece, or on the back if spa n the mailpiece below the artic	ce does not de number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Ai	rticle Addressed to:		4a. Article I	
3 F	SPRUCE CLEANERS FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165	AIRS ID # 0250929	4b. Service Registe Express Retum R	red Certified s Mail Insured eceipt for Merchandise COD Delivery
5. R	eceived By: (Print Name)	nent) (8. Addresse and fee	ee's Address (Only if requested is paid)
6. Si	MINISTRUCTURE (Addressee of Ag	Va		

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392273

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 # 0250929

SPRUCE CLEANERS FRANK MARICHAL 8710 SW 40TH STREET MIAMI FL 33165 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B Fund: 20-2-035001 Obj.: 002273