

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 3, 1998

Mr. Kaxim K. Lalani Crowm Cleaners 12117 South Dixie Highway Miami, Florida 33156

Re: Facility No.: 0250954

Dear Mr. Lalani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 30, 1998.

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.



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 11, 1998

Mr. Karim Lalani 8253 South Dixie Highway Miami, Florida 33156

Dear Mr. Lalani:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Facility Notification form received by the Department on March 10.

The form used to notify the Department of your intent to use the general permit is not the correct form. Therefore, I am enclosing the current effective form (Effective 6-25-96). Please complete and submit this form to the Department as processing of your notification form will continue upon receipt of this form.

I appreciate your attention to this matter and apologize for any inconvenience. Please call me if you have any questions at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosures

cc: Ewart Anderson, Dade County

DEFMAIR RESOURCES MONT Fax:904-922-6979

Mar 30 '98 10:59 P.04/07

# Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

11	Failiny Owner/Company Name (Name of corporation, agency, or individual owner):
	CHOWN Cleaners of Coral (rebles Inc
2.	Site Name for example, plant name or number):
į	Cyonin Chaners
3.	Hazardous Waste Cienctator Identification Number:
	8255 S. DIXIE Hund
4	Facility Location 12 St. S. DIXIV + WM Street Address: 12 Market 40000 33156
	City Miami county: Bade 210 code: Floride
200	CONTROL OF THE CONTRO
	And the Committee of th
	1.2 FAGE//
	Responsible Official 0250954
Ď.	
	Karini K Laluni (president)
7.	Responsible Official Mailing Address: Organization/Firm.
	Street Address: 12117 C. DINI HUN
	City Mianil S. Direction Fr Zip Code 33/56
8.	Responsible Official Telephone Number:
	Telephone: (36) 259-3044 Fax. ()
	State of the state
	Facility Contact (If different from Responsible Official)
ý	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address.
	City: County: Zip Code:
11	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

DEPYAIR RESOURCES MGMT Fax:904-922-6979

Mar 30 '98 11:00 F.05/07

#### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	п	Date Machine Initially Purchased	Date Control Device Installed	10	Date Machine Initially Purchased	Date Control Device Installed	
	.) . :==	<del> </del>		L			<u> </u>		<u> </u>	
Example	<i>#1</i>	03-WCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92	
Dry-to-Dry Unit			15774 15						Thirtie As	
(1) wiref condenses	#	1911/12	-ANIS.							
(2) w/ carbon adsorber (3) w/ no controls	ļ				n and a part of the state of					
Washer Unit	26000		A no s	V ( 2 ( 2 ( )	)		<u> </u> 	MARKS TAKON		
(4) w/ ref. condensor	27/2/11	2.10 ( 2.00)	i							
(5) w/ carbon adsorber			الهيد بيديد بيديد بيديد و							
(6) w/ no controls					Public During and American					
Dryer Unit										
(7) w/ ref. condenses								City: Intellement	***************************************	
(8) W/ carbon adsorber								1		
(9) wi no controls										
Reclaimer Unit	2002		200,000					***********	35/5/03/578	
(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?  [										
is What is the facility's sou (Indicate with an "X",	irce cl Seloci	assification l one classific	bec <b>ed</b> on the ation only.)	defin	itions found	i <b>n sect</b> ión (I	) of P	Part III?		
Existing small are	er som	rce[]	New	r.nyo	Haren source	کسان ،				
Existing large are	a soul	ce []	New	larg	ት <b>በ</b> ትዮሴ ዓለህተ <b>ር</b> ር	: []			•	

DEPURIF RESOURCES MGMT Fax:904-922-6979 ... Mar 30 '98 11:01 P.06/07

	•	
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	اسسا
New small area source Refrigorated condenset		
New large spea source Refrigerated condenser [ ]		
5. A facility which contains non-exempt emissions a pursuant to Rule 62-215.300, F.A.C. Verify that all following exemption criteria or that no such units ex	steam and hot water gener	
All steam and hot water generating units on-site (I) botler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring ac	d Recordkeeping Inform	ation
Theck all logs which are required to be kept on-site is	n accordance with the requ	irements of this general
a) Purchase receipts and solvent purchases		
b) Leak detection inspection and repair		
:) Refrigerated condenser temperature monitoring		M
Carbon adsorber exhaust perc concentration moni	toring	<u>( )</u>
e) Instrument calibration		L1
Start-up, shutdown, malfunction plan		(V)

### Surrender of Existing Air Permit(s)

Please indica	te 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)								
ιχı	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Cortification								
this notific statement main(ain)	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in culion. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the air pollutions and conditions of this general permit as set forth in Part II of this notification form.								
I will pron	uptly notify the Department of any changes to the information contained in this notification.								
Signature	March 31st 98								

# Perc Dry Cleaners Form - General Information



(A3)
יביין

Facility Name and Location	Air Ouglis
1. Facility Owner/Company Name (Name of corporation, agency, or individual)	Management D
CROWN CLEANERS INC.	nanagement Division
2. Site Name (For example, store name or number):	
SAME AS ABOUE	
3. Hazardous Waste Generator Identification Number:	
	·
4. Facility Location: 8253 S. Dixie Highway Street Address:	
City: MIAMI County: DADE -	Zip Code: 33/56
Responsible Official	0250954
5. Name and Title of Responsible Official:	
KARIM LALANI	
6. Responsible Official Mailing Address:	
•	
Organization/Firm	
Organization/Firm	y 22101
Organization/Firm: Street Address: 8253 S. Dixie Highwa City: Miami County: DADE	y Zip Code: <i>33156</i>
Organization/Firm: Street Address: 8253 S Dixie Highwa City: Miam;  County: Dade  7. Responsible Official Telephone Number:	
Organization/Firm: Street Address: 8253 S. Dixie Highwa City: Miami County: DADE	
Organization/Firm: Street Address: \$253 S. Dixie Highwa City: Miami County: Dade  7. Responsible Official Telephone Number: Telephone: (305) 259 3044; Fax: (-)	
Organization/Firm: Street Address: 8253 S. Dixie Highwa City: Miami County: Dade  7. Responsible Official Telephone Number: Telephone: (305) 259 3044  Facility Contact (If different from Responsible Official)	
Organization/Firm: Street Address: \$253 S. Dixie Highwa City: Miami County: Dade  7. Responsible Official Telephone Number: Telephone: (305) 259 3044; Fax: (-)	
Organization/Firm: Street Address: 8253 S. Dixie Highwa City: Miam; County: Dade  7. Responsible Official Telephone Number: Telephone: (305) 259 3044.  Facility Contact (If different from Responsible Official)  8. Name and Title of Facility Contact (For example, store manager):  SAME AS ABOVE.	
Organization/Firm: Street Address: \$253 S. Dixie Highwa City: Miami County: Dade  7. Responsible Official Telephone Number: Telephone: (305) 259 3044  Facility Contact (If different from Responsible Official)  8. Name and Title of Facility Contact (For example, store manager):	
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Organization/Firm: Street Address: 8253 S. Dixie Highwa City: Miami County: DADE  7. Responsible Official Telephone Number: Telephone: (305) 259 3044 Fax: (-  Facility Contact (If different from Responsible Official)  8. Name and Title of Facility Contact (For example, store manager):  SAME AS ABOVE.  9. Facility Contact Address:  Street Address:	

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### Perc Dry Cleaners Form - Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device-		lnitially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	10/3/93	10/3/93	#2	<b>E</b> .	12/16/93	#3	1/3/92	. R
Dry-to-Dry Unit	1	NEW	Dry	To 1	Dry Re	ENIGE	n A	Tecl	
(1) w/ ref. condenser		Close	1) La	Pρ	14511			WE.	
(2) w/ carbon adsorber		· ·			· · · · · · · · · · · · · · · · · · ·				
(3) w/ no controls									
Washer Unit		<del> </del>						·	
(4) w/ ref. condenser									
(5) w/ carbon adsorber							1		
(6) w/ no controls		. ,							
Dryer Unit			•						
(7) w/ ref. condenser									
(8) w/ carbon adsorber		· · ·						Ι΄	
(9) w/ no controls			1						
Reclaimer Unit					•				
(10) w/ ref. condenser	•			1				1	
(11) w/carbon adsorber			1.			i			
(12) w/ no controls		· ·		1	i			Ī	Ţ

2. (a) What was the total quantity of perchloroethylene [ O ] gallons New F	•
(b) If less than 12 months, how many? [] mon Check why it is less than 12 months: New owner	ths:
<ol> <li>What is the facility's source classification based on (Indicate with an "X". Select one classification onl</li> </ol>	
· —	New small area source [X] New large area source []

DEP Form No. 62-213.900(2)

Effective: 05-01-96

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	P.
<ol> <li>What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)</li> </ol>	
Existing large area source Carbon adsorber [] Refrigerated condenser	MARA 10 (948)  Bureau of Air Monitoring  Bureau Mobile Sources
New small area source Refrigerated condenser  [X]	in Monito
New large area source Refrigerated condenser  []	STINE.
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating un 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periduring which propane or fuel oil containing no more than one percent sulfur	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept on-site in accordance with the re	quirements of this general permit:
(a) Purchase receipts and solvent purchases	LX
(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	LX_)

DEP Form No. 62-213.900(2) Effective: 05-01-96 Page 13 of 14

#### Perc Dry Cleaners Form - Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Rule 62-210.200, F.A.C., 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 comply with ... it terms and conditions of this general permit as set forth in Part II of this notification form.

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

Signature

Date

DEP Form No. 62-213.900(2) Effective: 05-01-96

Perc Dry Cleaners Form - General Infor	Perc Dry	Cleaners	Form	- General	Infor
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	Hit Name and Location Air Oughts
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual howner):  (ROWN CLEANERS INC.
2.	Site Name (For example, store name or number):
	SAME AS ABOVE
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 8253 S. DixiE Highway Street Address:
	Ciry: MIAMI County: DADE - Zip Code: 33/56
n	0250954
	ponsible Official  Name and Title of Responsible Official:
J.	
	KARIM LALANI
6.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 8253 S. DixiE Highway
	Organization/Firm: Street Address: 8253 S. Dixie Highway City: Miam; County: DADE Zip Code: 33156
	Responsible Official Telephone Number:
7.	Responsible Official relegione Number.
	Telephone: (305) 259 3044.
Faci	Telephone: (305) 259 3044.
Faci	Telephone: (305) 259 3044.  ility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, store manager):
Faci 8	Telephone: (305) 259 3044.  illity Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, store manager):  SAME AS ABOVE.
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Faci 8.	Telephone: (305) 259 3044.  ility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, store manager):  SAME AS ABOVE.  Facility Contact Address:
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Faci 8.	Telephone: (305) 259 3044.    Solution   Facility Contact (If different from Responsible Official)   Name and Title of Facility Contact (For example, store manager):   Same As ABove
Faci 8.	Telephone: (305) 259 3044.  ility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, store manager):  SAME AS ABOVE.  Facility Contact Address:

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### Perc Dry Cleaners Form - Facility Information

1. 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.

			TD-11	D-1-		In	D		ID	
			Date .	Date		Date	Date		Date	Date
			Machine	Control		Machine	Control		Machine	Control
			Initially	Device		Initially	Device		lnitially	Device
Type of Machine		1D	Purchased	lnstalled	ID	Purchased	Installed	ID.	Purchased	Installed
F		# ]	10/3/93	10/3/93	#2	E	12/16/93	#3	1/3/92	<i>R</i>
Lia	mple	# 1	10/3/93	10/3/93	#12	L	12/10/93	π.)	173792	. л
Dů	-10-Dry Unit	i	NEW	Dry	To 1	Dry Re	CALGO	n 4 ~	<u> </u>	
	(1) w/ ref. condenser		Close	1) Lo	OD	14511	Frige	CHI	ve.	}
	(2) w/ carbon adsorber				1			,,,,,	1	1
	(3) w/ no controls				1				İ	
Was	sher Unit		,							
	(4) w/ ref. condenser								[	}
	(5) w/ carbon adsorber									
٠.	(6) w/ no controls									
Dŵ	er Unit									
	(7) w/ ref. condenser									
•	(8) w/ carbon adsorber								<u> </u>	
٠	(9) w/ no controls						Ī	ĺ		
Reclaimer Unit										
	(10) w/ ref. condenser									
	(11) w/carbon adsorber						i	ļ	!	
	(12) w/ no controls		[						!	

2. (a) What was the total quantity of perchloroethyle  [		atest 12 months?
(b) If less than 12 months, how many? [] months: New own	onths er: [] New store: []	Did not keep records: [
3. What is the facility's source classification based of (Indicate with an "X". Select one classification of		ection (3) of Part II?
Existing small area source [] Existing large area source []	New small area source New large area source	

DEP Form No. 62-213.900(2)

Effective: 05-01-96

	$\mathcal{P}$
4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part 11?
Existing large area source  Carbon adsorber Refrigerated condenser	WART 1 1 STATE NOTICES BUTE SUNCES BUTE SOUTCES
New small area source Refrigerated condenser	Olle Source
New large area source Refrigerated condenser []	es oring.
	N. Carlotte
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perduring which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping	; Information
Check all logs which are required to be kept on-site in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	LX
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	LX.)

DEP Form No. 62-213.900(2) Effective: 05-01-96 Page 13 of 14

### Perc Dry Cleaners Form - Responsible Official Certification

I, the undersigned, am the responsible official as defined in Rule 62-210.200, F.A.C., 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 comply with the items and conditions of this general permit as set forth in Part II of this notification form.

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

Signature Springer

7/1/75 Date

DEP Form No. 42-213.900(2)

Effective: 05-01-96

Date 01/14/1998 Number of pages including cover sheet TO: FROM: Mr. Karim Lalani Rick Butler Crown Cleaners Florida Department of Environmental Protection 8253 S. Dixie Hwy 2600 Blair Stone Rd. Miami, FL 33156 MS 5510 Tallahassee, FL 32399 305-259-3044 Phone Fax Phone 305-251-0919 Phone (850) 921-9586 Fax Phone (850) 922-1362 CC: REMARKS: For your review Urgent Reply ASAP □ Please Comment John Jalani. Please complete the form and send a facsinailie copy to me at the number noted above. dlso send the original to the address above. If there are any questions, Please call be at (850)921-9586

Richbutter

### PERCHLORGETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION, CHECKLIST

TVDE	OE	INSPECT	IONI.
1116	Or	moreci	IOIY.

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

1 🗆

AIRS ID#: 250954 DATE: 9. /2-	98 TIME IN: 1305 TIME OUT: 1325
FACILITY NAME: CROWN CLEANERS	OF CORAL GABLES
facility location: 8253 S. BIX	IE HWY
<u>m19m1, 3314</u>	3
RESPONSIBLE OFFICIAL: KARIM LAL	9N1 PHONE: 305-662 6 78 3
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit 🗅
PART II: CLASSIFICATION	
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 ON OCan not determine
	cation: neral permit as number above mits and is not eligible for a general permit
facility was 100 gallons	urchased within the preceding 12 months by this dry cleaning  PECTOR NOTES ON INGE 5



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 UN MINIA
2. Examining the containers for leakage?	DY ON DINA
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?	DY DN ØN/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 I has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (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 refrige (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?	MY ON
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?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN GN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON ONIA

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 condense	er located
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
on dry-to-dry, reclaimer, and dryer machines on a weekly basis:	01 017
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN ØN(A
Is the temperature differential equal to or greater than $20^{\circ}$ F2	□Y □N <b>¤</b> N/A
Is the temperature differential equal to or greater than 20° F?	CA CIN BN/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?	AVY UN ANVA
ls the perc concentration equal to or less than 100 ppm?	UY UN 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, contract	ion,
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN <b>CN</b> /A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	בוע באו <b>פ</b> אעג
condenser coils?	OY ON <b>D</b> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
	*

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

<i>PA</i>	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY ON	
2.	Has the facility maintained a leak log?			ZY ON	
3.	Does the responsible official check the	following areas for leaks?	?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	ON ON/A	Stills	AY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	אואם אם צם	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	אואם אם צם	
	Water separators	ZY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed solvent on exterior surfaces)			Ø	
	Physical detection (airflow felt through gaskets)			۵	
 	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric 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? □Y □N				
	b. Calibrated against a standard gas prior to and after each use				
	(PID/FID only)?			OY ON	
		nd obvious signs of wear		OY ON	
	·	secure area when not in us		DY DN	
	e. Verified for accuracy	y by use of duplicate sam	ples (calorimetric only)?	OY ON	
L					
	M. ENRIQUE FLORES 8.12.98				
-	Inspector's Name (Please Pr		Date of Inspection		

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

- BRY CLEANER HAS BEEN OPEN FOR BUSINESS FOR ONLY 2 MONTHS.
- DERC PURCHASED: 100 GALLONS, WHICH WERE NEEDED FOR
  THE MACHINE'S START UP/INITIAL USE.
- RECORDINEEPING CALENDAR WAS GIVEN TO THE MANAGER, MR. KARIM LALANI. ; INSPECTION
- EXPLANATION OF RECORD KEEPING A REQUIREMENTS WERE ALSO GIVEN TO MR LALANI.
- \* NO ANNUAL COMPLIANCE CERTIFICATION AND FOR INSPECTION SUMMARY REPORT FILLED OUT AND FOR SIGNED SINCE THIS STORE HAS ONLY BEEN OPERATING FOR 2 MONTHS.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	rs of Coral Gables  5. Dixie Hwy
PART I: NOTIFICATION	
(check appropriate box)	
	urtun 🗆
New facility notified DARM 30 days prior to sta	*
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)  A.  1. Existing small area source	☐ No notification form ☐ 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 before 12/9/91)	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	MY □N □Can not determine
If no, please check the appropriate classific	cation:
	neral permit as number above
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purfacility was JDO gallons.	orchased within the preceding 12 months by this dry cleaning

3/31/99 DENG

1 of 5

Revised 9/15/97

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON MIN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 X ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/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 verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	A/r NO YO
Is the temperature differential equal to or greater than 20° F?	DY DN ANA
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?	A/N NO YO
Is the perc concentration equal to or less than 100 ppm?	אם אם 1/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?	A\! MD YD
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. OY O],VA
6. Routed airflow to the carbon adsorber (if used) at all times?	אי, אם צם

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official:		
(check appropriate boxes)	1.	
1. Maintained receipts for perc purchased?	□Y <b>X</b> N	
2. Maintained rolling monthly total of perc consumption?	<sup>™</sup> □Λ <b>γ</b> ρ⁄ν	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	אאל אם אם	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אין א אם צם	
4. Maintained calibration data? (for applicable direct reading instruments)	אאל אם אם	
5. Maintained exhaust duct monitoring data on perc concentrations?	ANA K NO YO	
6. Maintained startup/shutdown/malfunction plan?	XY □N	
7. Maintained deviation reports?	אעל אם צם 🛣 🖈	
Problem corrected?	AVAK NO YO	
8. Maintained compliance plan, if applicable?	AINX NO YO	

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			□Y X(N
2. Has the facility maintained a leak log?			DY AN
3. Does the responsible official check the f	following areas for leaks?		
Hose connections, fittings, couplings, and valves	OY ON MIN/A	Muck cookers	OY ON XN/A
Door gaskets and seating	A/מצל מם צם	Stills	DY DN XNA
Filter gaskets and seating	DY ON DINA	Exhaust dampers	OY ON WINA
Pumps	DY DN DN/A	Diverter valves	OY ON MINIA
Solvent tanks and containers	DY ON MANA	Cartridge filter housings	DY ON DAVIA
Water separators	אואלם אם גם		
4. Which method of detection is used by th	e responsible official?		
Visual examination (condensed so	lvent on exterior surfaces	)	
Physical detection (airflow felt through gaskets)			•
Odor (noticeable perc odor)			<b>O</b> .
Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	<b>.</b>
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			N/A
a. Capable of detecting po	erc vapor concentrations i	in a range of 0-500 ppm?	אם צם
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON
d. Kept in a clean and sec	cure area when not in use?	?	OY ON
e. Verified for accuracy b	y use of duplicate sample	s (calorimetric only)?	מם עם

Inspector's Name (Please Print)

Inspector's Signature

330 99 Date of Inspection

5/2000

Approximate Date of Next Inspection

R.O. claims he never received FDEP calendar during 8/98 inspection.

I explained permit requirements to L.O. and provided him with a new copy of the FDEP Rule (permit) for Perc Dry Cleaners.

I will mail RO a FDEP Calandar (certified).

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COM	IPLAINT/DISCOVERY	RE-INSPEC	CTION _
TIME IN: 1:25 pm TIME TYPE OF FACILITY: Perc 1 FACILITY NAME: 1 FACILITY LOCATION: 8253  RESPONSIBLE OFFICIAL: Axim	EOUT: 2:00 Dry Clean leaners of S. Dixie J. Fl 331 Lalani	er	0250954 bles date: 3/3 ber: (305)100	30/99
Based on the results of the compliance	so requirements evalua			
compliance with DEP Rule 62-213.3  Based on the results of the compliance discrepancies were noted:	00, Florida Administra	ative Code (F.A.C.).		
COMPLIANCE REQUIREMEN	. ,	FOLLOW-UP A	CTION REQUIR	<del></del>
NO PEIC receipts on a	SITO.	Begin Keepun Jor a minime	e receipts e	nsto aus-
No loss of bi-weekly le	eakinspection monitoriy fpercpurch	Begin Ke	eping logs calendar.	5 10
			·	
COMMENTS:				
The Annual Compliance Certification form had DATE OF NEXT INSPECTION:	as been properly certifi	ed and submitted to the insp	pector. YES	NO
INSPECTION CONDUCTED BY:	ebora G	proximate)  Case Print)  PHONE NUM	DED. (RAC) RI	72-10925
INSPECTOR'S SIGNATURE:	Page	of	бек: <u>СООЭ) О</u>	Revised 10/96

AIRS ID#: 0250954

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Crown Cleaners of Gral Gables DATE: 3/30/99
FACILITY LOCATION: 8253 S. DIXIE HWY
Miani, FL 33143
Annual Reporting Period: 8 19 98 TO 3 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  No perc receipts on 51+c
Exact period of non-compliance: from 8/98 to 3/99
Action(s) taken to achieve compliance: Begin keeping receipts for a Minimum of 54.
Method used to demonstrate compliance: NCCEIDIS
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No performance and loss of leak inspection temp monitoring
Exact period of non-compliance: from to 12/99
Action(s) taken to achieve compliance: Begin performing inspertion + monitoring
Method used to demonstrate compliance: FDD Calendar
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: KUVIW LUMI  Name (Please Print)  Signature  Date

Page \_\_\_\_ of \_\_\_

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON []
AIRS ID#: <u>0350954</u> DATE: 3/29	00 TIME IN: //00 TIME OUT: //30
FACILITY NAME:	Cleaners
FACILITY LOCATION: \$253	S. Dixie Hwy
Miani	FL 33143
RESPONSIBLE OFFICIAL: Karim	Lalani PHONE: 305-662-1878
CONTACT NAME: Dear Char	~ D
	<u> </u>
PART I: NOTIFICATION	(2) <b>(3)</b>
(check appropriate box)	of Air
1. New facility notified DARM 30 days prior to sta	rtup So So
2. Facility failed to notify DARM to use general pe	
	E V
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
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, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, $x < 200$ 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, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
5. This is a correct facility classification	NAY ON Plan not determine
	•
If no, please check the appropriate classific   facility qualified for a get	ation: neral permit as number above
	nits and is not eligible for a general permit
, and the second	
B. The total quantity of perchloroethylene (perc) pu	rchased within the preceding 12 months by this dry cleaning
	urchased within the preceding 12 months by this dry cleaning

Revised 9/15/97

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN DANA 3. Closing and securing machine doors except during loading/unloading? DYY □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ÆY □N □N/A 5. 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) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY ZÎN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN ZWA

PART III: GENERAL CONTROL REQUIREMENTS

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

verifying that the coolant had been completely charged?

OY ON

<u> </u>				
<b>∥</b> 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?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΩΥ	Ωи	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
	is the temperature enterential edem to at Breater than 20 1.			
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,			_
ł	if machines are equipped with a carbon adsorber?	$\Box$ Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY DAN
2. Maintained rolling monthly total of perc consumption?	OY 25N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□y □n Øn/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 ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OY ON ONIA

PART VI: LEAK DETECTION AND F	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
inspection?			ØY □N
2. Has the facility maintained a leak log?			OY ON
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON ØN/A
Door gaskets and seating	AY ON ON/A	Stills	DAY ON ON/A
Filter gaskets and seating	DY ON ONA	Exhaust dampers	ØY ON ON/A
Pumps	ØY □N □N/A	Diverter valves	ØY ON ON/A
Solvent tanks and containers	MY ON DN/A	Cartridge filter housings	ØY □N □N/A
Water separators	AND ND YA		
4. Which method of detection is used by the	he responsible official?		
Visual examination (condensed so	olvent on exterior surfac	es)	<b>9</b>
Physical detection (airflow felt the	rough gaskets)		9
Odor (noticeable perc odor)			Ø
Use of direct-reading instrumental	tion (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading instru	umentation, is the equi	pment:	ØN/A
a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a st (PID/FID only)?	andard gas prior to and	after each use	QY QN
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON .
d. Kept in a clean and se	cure area when not in us	se?	מע מא
e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON
			· · · · · · · · · · · · · · · · · · ·
Ivan Fa	· ·	/.	
Inspector's Name (Please Prin			00
		•	
In Jan		3/01	
Inspector's Signature		Approximate Date of I	Next Inspection

#### ADDITIONAL SITE INFORMATION:

- Good Housekeaping

- No lack log polling log temp. log

- Provided Cabuler - explained requirements to Maneger Dean'

. Machine in use duing upseton

no secondary containment

Alex Lalani is R.O. now. 2001 inspector bare Alex Sign lost page of Wolfication form as new R.O.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL AND COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 100 TIME OUT: 113	0AIRS ID#:0250954
TYPE OF FACILITY: Perc Dry Clea	mes
FACILITY NAME: Crown Cleaners	DATE: 3/39/00
FACILITY LOCATION: 8253 2. Dixie	Hwy
Miani, FL	
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 305 -662 -1878
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not manitaming rolling log of perc purchases, black lay, temp log	Manitain logs in FDEP Calendar provided
Not maintaining receipts of pere puchases	Mantani recepts mate for
COMMENTS: Grow Househoping No Secondary con	taiment
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/01 (Ap	pproximate)
INSPECTION CONDUCTED BY: I wan F	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305 - 373 - 6932
Daga	of Paying 10/06

AIRS.ID#: 0250954

Ace

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Crown	Cleaners	Į	DATE	: 3/29/00
FACILITY LOCATION:	8723	S. Dirie	Huy	APR 1 1 2000	
	Miam,	FL		Air Quality Management Division	
Annual Reporting Period:	Man	19_	<u>9</u> 9 то _	March	aldrace
Based on each term or condition of 62-213.300, Florida Administrative	-		*		EP Rule
If NO, complete the following:					
#1. Term or condition of the gener	1. 1	s not been in continu	ous compliar	ice during the reporting per	iod stated above:
Not maintaining a	olling la	g of pine	purch		
Exact period of non-compliance: f	rom	March	99	to Much Dor	<del>)</del>
Action(s) taken to achieve complia	nce:	Begin log	manites	-care	
Method used to demonstrate compl	iance:	FDEP Ca	lula		
#2. Term or condition of the gener	ral permit that ha	s not been in continu	ious compliar	ace during the reporting per	iod stated above:
Not maintaining	Conpentine	log or	bak lo	2 of unpertino	· •
Exact period of non-compliance: f	/	March 99	to	March ox	>
Action(s) taken to achieve complia	nce:	Begin lerg	mant	enarce	
Method used to demonstrate compl	liance:	FDEP Ca	lorder		
As the responsible official, I hereb made in this notification are true, a upon rolling averages of purchase year for transfer or combination fa	accurate and con receipts, does no	nplete. Further, my	annual consul	mption of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	AMIN	CAZANI	Au	m Isla	Apri of 2000
<u> </u>	Name (Ple	ase Print)		Signature	Date <sup>e</sup>

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

Acc

### METROPOLITAN DADE COUNTY, FLORIDA





### NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

TO:	
ADDRESS: 8253 S. Dirie A	buy, Mani, FL
SOURCE/LOCATION: Crown Clean	
YOU ARE HEREBY NOTIFIED that on	tection Ordinance, and/or regulations of the Florida
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of aspestos
Non-compliance with	Non-compliance with CFC regulations
Stage II Vapor Recovery	OTHER
Specifically: Not in compliance and	h Tale V General Air Parmet Part II
Specifically: Not in compliance with (6)(a)(1): Facility must mainle for minimum of five years.	in recents of see purchases
for minim of five years.	
In view of the above, and pursuant to the authority g Metropolitan Dade County Environmental Protection Ord	named to the by Sections 24-54 and 24-5(15)a,
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or violation(s).
you have taken to ensure that no furth	FICE, submit to this office in writing the steps which her violations will occur. Said report may include ents; or servicing performed to correct the violation.
□ Within days of receipt of this NO 372-6925 to discuss air permit requirem	TICE, contact the Air Section of this Department at
□ Within days of receipt of this NC discuss other Departmental permitting re	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 ar	: : : : : : : : : : : : : : : : : :
For further information regarding the above, please conta	act the Air Section of this office at 372-6925.
	Sincerely
	John W. Renfrow, P.E. Director
Received by Sharaw	By: Ivan Fannin
Title: Mana 511	Signature:
3/19/60	Q 4.1

# GARLAND SUPPLY CO.

7800 W. 2511 AVENUE : BEST AVAILABLE COPY HALEAH, FL 33016 DADE - 566-5831 BROWARD - 462-3390

CROWN CLEANERS
12117 S.DIXIE HWY
(Droop Store)
MIAMI, FL INVOICE NOO 1 93 63 1

1203	UBTOMER P.O. SALES CODE 07	10/25/99	The second secon	PIGAS PERMIT. 1	DAYS AND SUBJECT TO POSSIBLE OF THE POSSIBLE O	्र <b>व्यक्तिसम्बद्धाः स्टब्स्य व्यक्तिः</b> व्यक्ति	ALS TOPPEN
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							· 1.
	se remains with Garland Su selfection, Including reason			rchaenr 80'986 FREIGH	AATES TAX	12.60	ANOICE TOTAL

Thank You

Annin Ivan Fannin

- RECEIVED TIME - "APR. 7. "10:49AM -PRINT TIME APR. 7. 10:50AM



429974 MAY21 2003

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

CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY MIAMI FL 33156 AIRS ID#0250954

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



425857 MAR17 2003

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#0250954

CROWN CLEANERS KARIM LALANI

8253 S DIXIE HWY MIAMI FL 33156

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Crown Cleanor 12117 S'DIRie Hry MIT PL 33156

14 MAR

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



423252 FEB20 2003

Please include your AIRS 1D# 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

AMERICANO CLEANER'S ABDUL BASIT 6552 NW 186TH STREET MIAMI FL

33015

AIR\$ ID#0250964

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

**TOTAL AMOUNT DUE: \$50.00** 

412395 DECJ1 2001

Do NOT Remove Label

AIRS ID # 0250954

CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY MIAMI FL 33156 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Crown Cleaness 12117 S. Dixie by MIA M 33158 FID 34 FI

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

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0250954

CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY **MIAMI FL 33156** 

FOR GOVERNMENT USE Org.: 37550101000 EO

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392678

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

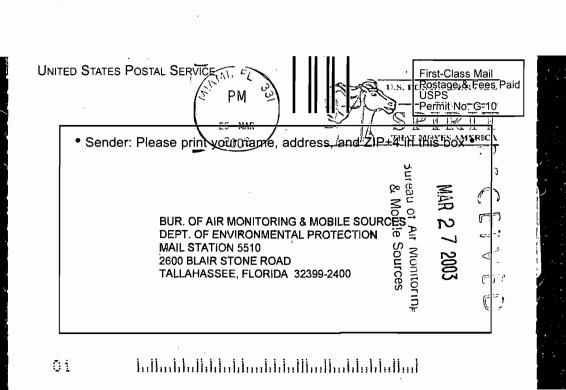
AIRS ID # 0250954

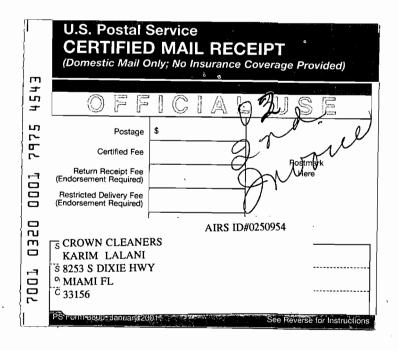
CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY **MIAMI FL 33156** 

FOR GOVERNMENT Org.: 37550101000 EO: BI Fund: 20-2-035001 Obj.: 002273

{	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
316	
33	OFFICIAL USE
	Postage s
7976	Certified Fee
ì	Return Receipt Fee (Endorsement Required)
0007	Restricted Delivery Fee (Endorsement Required)
20	Total Posts 10 AIRS ID# 0250954001AG
036	Sent To CROWN CLEANERS
ı	KARIM LALANI  Street, Apt. A 8253 S DIXIE HWY
7007	or PO Box Ni GES 3 DIATE TWY 1 City, State, Z MIAMI FL 33156
	PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X 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
10 AJRS ID# 0250954001AG CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY	
MIAMI FL 32156	3. Service Type
	Certified Mail
7001 0320 0001 7976 3311	d Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	. ,
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:  AIRS ID#0250954	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CROWN CLEANERS KARIM LALANI	
8253 S DIXIE HWY MIAMI FL 33156	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 000.	7975 4543
PS Form 3811 August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

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 MCNITORING & MOBILE SCURGES
DEPT. OF ENVIRONMENTAL PROTECTIONS III OF AIR MONITORING & MOBILE SCURGES
OF AIR MCNITORING & MOBILE SCURGES
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LU	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro	vided)
511		
72	<u>OFFICIAL</u> US	
75	Postage \$	
7	Certified Fee	
1000	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	)
20	Tc AIRS ID#0250954	
O 3	Ser, CROWN CLEANERS	
7001	KARIM LALANI Sire 8253 S DIXIE HWY OF MIAMI FL	
20	Cit 33156	
<u></u>	PS Pominous and an arrangement of the property	or Instructions

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SENDER: COMPLETE-THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID#0250954</li> </ul> </li> <li>CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
MIAMI FL 33156	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service la 7001 0:	320 0001 7976 5112
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

United States Postal Service



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

70

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

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

<u>հոհանկանների անունանուն ին մինական</u>եր 01

P 174 052 155 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0250954 **CROWN CLEANERS** KARIM LALANI. 8253 S DIXIE HWY MIAMI FL 33156 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4a, and 4b.  Print your name and address on the reversard to you.  Attach this form to the front of the mailpie permit.  Write *Return Receipt Requested* on the The Return Receipt will show to whom the delivered.	erse of this form so that we ece, or on the back if spac mailpiece below the article	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	rn Receipt Service.
RN ADDRESS	CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY MIAMI FL 33156	AIRS ID # 0250954	Registere Express I Return Rec	Mail Certified  Mail Insured  Ceipt for Merchandise COD  Colliver	you for using Retur
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994		8. Addressee and fee is	e's Addréss (Onlý if requested paid)  Domestic Return Receipt	Thank

1		Z 3/33 6' US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	tifie Provid	d Mail led.		٦
	¦ !	Cambba		ID # 02:	-	
	KARIN 8253 S	N CLEANERS M LALANI DIXIE HWY I FL 33156			,	
`		Certified Fee  Special Delivery Fee				
	55	Restricted Delivery Fee				
	1 199	Return Receipt Showing to Whom & Date Delivered		_		
	Apri	Return Receipt Showing to Whom, Date, & Addressee's Address				
	800	TOTAL Postage & Fees	\$			
	PS Form <b>3800</b> , April 1995	Postmark or Date				_

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SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  "Write" Return Receipt Requested" on the mailpiece below the article was delivered adelivered.	ace does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
AIRS ID # 0250954  CROWN CLEANERS  KARIM LALANI  8253 S DIXIE HWY  MIAMI FL 33156	4b. Service  Registere  Express	Type ed Certified Mail Insured ceipt for Merchandise COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	and tee is	e's Address (Only if requested

	P 174 05	/ 1	ά
	US Postal Service  Receipt for Cer No Insurance Coverage Do not use for Internatio Sent to	tified Mail Provided. nal Mail (See reverse)	1
KA 82:	OWN CLEANERS IRIM LALANI 53 S DIXIE HWY AMI FL 33156	AIRS ID # 0250954	
	Сегипеа гее		
	Special Delivery Fee Restricted Delivery Fee		
pril 1995	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,		
800, A	Date, & Addressee's Address TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3; 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	o wish to rectifollowing services extra fee):  1.  Addresse 2.  Restricte Consult postmas	ee's Address d Delivery
RETURN ADDRESS completed of	3: Article Addressed to:  CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY MIAMI FL 33156	4b. Service  Registere  Express Return Red  7. Date of De	Type  Type  ad  Mail  ceipt for Merchangise	Contified Insured Insu
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only i paid) Domestic Retu	 

UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM OF AIR MODITORING SOURCE SOURCE CONTROL PROGRAM OF AIR MODITORING SOURCES IN MODITORING SOURCES I

	Z 570 P	61 874
	US Postal Service Receipt for Cert No Insurance Coverage	
K.A 82:	ROWN CLEANERS ARIM LALANI 53 S DIXIE HWY AMI FL 33156	AIRS ID # 0250954
	rostago -	
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	-
199	Return Receipt Showing to Whom & Date Delivered	
Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E E	Postmark or Date	
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Ot adolavna to dot	TON DEFINERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  AIRS ID # 0250954  CROWN CLEANERS	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
KARIM LALANI 8253 S DIXIE HWY MIAMI FL 33156  Z 210 661 874	3. Service Type Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Copy from service label) PS Form 3811, July 1999  Domestic Re	turn Receipt 102595-99-M-1789

	1 . a	367 <u>1</u> 64
	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sent to	Provided. nal Mail <i>(See reverse)</i>
		AIRS ID # 0250954
KAR 8253	OWN CLEANERS RIM LALANI S S DIXIE HWY MI FL 33156	
	Jonatoù i Go	1
	Special Delivery Fee	
ın	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
000	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

Fold at line over top of envelope to	OMPLETE 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  X Agent  Addressee  D. Is delivery address different from item 1? Yes
AIRS ID # 0250954 CROWN CLEANERS KARIM LALANI 8253 S DIXIE HWY	If YES, enter delivery address below: No
MIAMI FL 33156	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789