

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 24, 1998

Mr. Neville Williams Artcraft Cleaners, Inc. 18405 Northwest 7 Avenue Miami, Florida 33169

Re: Facility No.: 0250966

Dear Mr. Williams:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 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 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.

### Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]

Sent: Tuesday, October 21, 2003 4:27 PM

To: Bowman, Sandy

Cc: Fernandez, Cynthia (DERM)

Subject: RE: ARMS Database

### Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

----Original Message-----

**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Tuesday, October 21, 2003 11:08 AM

**To:** Barros, Marcelo (DERM) **Subject:** RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.

# BEST AVAILABLE COPY

# Perchloroethylene Dry Cleaning Facility Notification

# Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
l <sup>▼</sup>
SAME Sur YU
3. Hazardous Waste Generator Identification Number:
0016 Nr. 10
4. Facility Location: 18405 NW 7 AVE Street Address:
SAME  3. Hazardous Waste Generator Identification Number:  4. Facility Location: 18405 NW 7 AVE Street Address: City: Minm ( County: DADE Zip Code: 33/69.
5. Facility Identification Number (DEP Use): 0250966
Responsible Official
6. Name and Title of Responsible Official:
Neville Williams
7. Responsible Official Mailing Address: 18405 NW 7 AVC. Organization/Firm:
Street Address: City: MIAMI County: DAGE Zip Code: 33169.
8. Responsible Official Telephone Number: Telephone: (305) (57-6277 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
RAY (MANAGER)
RAY (Managerr) 10. Facility Contact Address: SAME
Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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	UAJ 0766
0/3	
110	
6.	add title of Pessonsible Officed
114	
[a)	Add title of Responsible Official  Add date control clevice installed  If some as purchase date, then add  date.
	If some as surchase date then add
	data
(c)	Should not be marked Marbout and initial.
	initial.
p/6	
	Responsible Official signand date for
	Responsible Official signandolate for changes.
8/17/98	Spoke to Nevillo Williams out be
	Spoke to Neville William out be stated that he is the president of Orteraft Cleoners, Inc.
	cleaners m.

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control	\	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1	740 9	7			_			
(1) w/ ref. condenser	1	1 1		T				1	
(2) w/ carbon adsorber		•					<u> </u>		
(3) w/ no controls							1		
Washer Unit			<u> </u>		•	•		_1	- <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		•	1						
(9) w/ no controls						_			
Reclaimer Unit									
(10) w/ ref. condenser-									
(11) w/carbon adsorber									
(12) w/ no controls			ĺ						
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small a  Existing large an	Seleo rea so	ct one classif	Fication only	.) Iew s	finitions four mall area sou arge area sou	urce [ 🛩	(3) o	f Part II?	

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

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### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
نک	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pr	omptly notify the Department of any changes to the information contained in this notification.

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TIM	Dr	$\mathcal{V}$
IECKLIST	VEC	FINE
COMPLAINT/E		EIVED
COMPLAINT/E	DISCOVERY	
	של ושי	7 1998
	D. **	

	TYPE	OF	INSPECTIO	N
--	------	----	-----------	---

ANNUAL

X

**RE-INSPECTION** 

Dureau of Airco
AIRS ID#: 0250966 DATE: 09/28/98 TIME IN: 1:48 pm TIME OUT: 25046820.
FACILITY NAME: Arteraft Cleaners Inc.
FACILITY LOCATION: 18405 N.W. 7th Ave.
Mani FL 3316q.
RESPONSIBLE OFFICIAL: HACEN RUSSell. PHONE: (305) 652-6277
CONTACT NAME: Vincent Russell. PHONE: (305) 652-6277

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	۵
2. Facility failed to notify DARM to use general permit	. 🗆

PART II: CLASSIFICATION	·			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
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	SO DN DCan 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) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning			

Revised 8/11/97 V

# **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?	DY DN DXVA
2. Examining the containers for leakage?	DY DN DXN/A
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XÝ ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON CONTA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	· .
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	crated 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 mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MO AD
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DYY □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	фх. Оп Опу
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ол <b>2</b> йи
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON XV/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	_

verifying that the coolant had been completely charged?

DE DN

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	ПN	□n/a
\ 	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□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?	ΟY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	□λ <b>γ</b> αν				
2. Maintained rolling monthly averages of perc consumption?	DY ON				
3. Maintained leak detection inspection and repair reports for the following:	· · · · ·				
a. documentation of leaks repaired w/in 24 hrs? or;	DY <b>X</b> N DN/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?	DY DN <b>X</b> XVA				
4. Maintained calibration data? (for applicable direct reading instruments)	אואאלם אם אם				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OXIA				
6. Maintained startup/shutdown/malfunction plan?	<b>Ø</b> Y □N				
7. Maintained deviation reports?	ava u <b>x</b> a ya				
Problem corrected? 😜	DY DN DXVA				
8. Maintained compliance plan, if applicable?	OY ON DONA				

# **BEST AVAILABLE COPY**

PART VI: LEAK DETECTION	PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MQ UM			
2. Has the facility maintained a lea	ak log?		DY XV			
3. Does the responsible official che	eck the following areas for leaks?					
Hose connections, fittings couplings, and valves	, AY ON ON/A	Muck cookers	DAY ON ON/A			
Door gaskets and seating	AND NO YA	Stills	AN ON ONIA			
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	GOY ON ON/A	Diverter valves	TY ON ON/A			
Solvent tanks and contain	ers by ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	AND NO YA					
4. Which method of detection is u	sed by the responsible official?					
Visual examination (cond	ensed solvent on exterior surfaces	)	j <b>ž</b> t			
Physical detection (airflov	w felt through gaskets)		ם			
Odor (noticeable perc odo	or)		×			
Use of direct-reading inst	۵					
Halogen leak detector						
If using direct-readi	<b>7</b> N/A					
a. Capable of de	אם צם					
b. Calibrated ag (PID/FID onl	fter each use	OY ON				
c. Inspected for	leaks and obvious signs of wear or	n a weekly basis?	DY DN			
d. Kept in a clea	an and secure area when not in use	e?	OY ON			
e. Verified for a	ccuracy by use of duplicate sample	es (calorimetric only)?	OY ON			
KRISTAL Y	KRISTAL YIPON  Inspector's Name (Please Print)  Oq 28/98.  Date of Inspection					
Inspector's Name (Please Print) Date of Inspection						
Kustal Jypon Inspector's Signature  Og/99 Approximate Date of Next Inspection						
Inspector's Signa	iture	Approximate Date of	Next Inspection			

# ADDITIONAL SITE INFORMATION:

Gave responsible official a copy of the D.E.P. Calender for word keeping. Also distributed D.E.R.M. pollution prevention bothet for Dry Cleaners.

# INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:48 pm. TIME OUT: 2:40	
TYPE OF FACILITY: NEW Small Area S	ource.
FACILITY NAME: Artcraft Cleaners	
FACILITY LOCATION: 18405 N. W. 7K C	
Miami FL 331	69.
RESPONSIBLE OFFICIAL: Neville Williams	PHONE NUMBER: (305) 652-6277.
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Receipts for Perc Purchase not available son facility.	Begin storing receipts at facility.
No rolling monthly averages of perc consumption.	Begin seconding monthly average perc. consumption
No records of leak detection and repair	Begin recording of leake detection and repair
No deviation reports available.	Bezin deviation reports as necessary.
No records of temperature	Begin recording temperature,
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: approx OO	1/98 pproximate)
INSPECTION CONDUCTED BY: KRISTAL	YIPON Please Print)
INSPECTOR'S SIGNATURE: Kuistal Yij	YIPON Please Print) PON PHONE NUMBER: (305) 372-6942
Page	of . Revised 10/96

, Allis ID#: 0250966

Ade

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Artcraft Cleaners Inc.	DATE: 09/28/98
FACILITY LOCATION: 18405- N.W. 7th Ave.	
Manie FL 3316q.	
Annual Reporting Period: Y 09 28 97 1998 TO 09	(28/98 1998
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance duri	ing the reporting period stated above:
Exact period of non-compliance: from 09/28/97 to  Action(s) taken to achieve compliance: will legion keeps?	09/28/98.
Method used to demonstrate compliance: Using the Coloredo  De P.  #2. Term or condition of the general permit that has not been in continuous compliance dur	v provided by
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	OCT 2 7 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after remade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dryyear for transfer or combination facilities.	of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: New Plans Print Sin	9-29-98
Name (Please Print) Sig	gnature 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

COMPLAINT/DISCOVERY Mobile Sources

**RE-INSPECTION** 

2 2// -7 /	
AIRS ID#: <u>() 250 966</u> DATE: <u>† e6.</u>	24,1999 TIME IN: 3:00 PM TIME OUT: 3:47 PM
FACILITY NAME: Art Craft	Cleaners Inc.
FACILITY LOCATION: 18405 No	27th Sue. M. m. FL.33169
RESPONSIBLE OFFICIAL: Now. 1.	e 60: 1. AMSPHONE: (305) 652-6277
CONTACT NAME: 1 ) ncent	Russel PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🗆 🗆
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
	a b, op store, out or outsiness, pen erean.
A.	2. New small area source
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	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
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	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
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ul>	<ol> <li>New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ol>
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr</li> </ul>	<ul> <li>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr</li> </ul>
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ul>	<ol> <li>New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ol>
<ol> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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</li> </ol>	<ul> <li>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>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</li> </ul>
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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)</li> <li>This is a correct facility classification</li> </ol>	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)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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)</li> <li>This is a correct facility classification</li> <li>1f no, please check the appropriate classific</li> </ol>	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)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classific facility qualified for a general facility exceeds above line</li> </ul>	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)  □ □ □ □ □ □ □ □ □ □ □ □ □ □  cation: neral permit as number above

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DEN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN PN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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?

n	The Above monthly official of the control of the co			
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	DИ	
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	Ωи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩΝ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ĮΟΥ	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΟΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
Maintained receipts for perc purchased?	NC YO
2. Maintained rolling monthly total of perc consumption?	ON ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVAR NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DNA
4. Maintained calibration data? (for applicable direct reading instruments)	אבים אם עם
5. Maintained exhaust duct monitoring data on perc concentrations?	אים אם אם A
6. Maintained startup/shutdown/malfunction plan?	אם אם
7. Maintained deviation reports?	אעם אם צם
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	OY ON CANIA

PA	PART VI: LEAK DETECTION AND REPAIRS						
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					/ <sub>DN</sub>	
2.	Has the facility maintained a leak log?				ON	ПN	
3.	Does the responsible official check the	following areas for	leaks?			ز	
	Hose connections, fittings, couplings, and valves	DY DN ON/A	Muck co	ookers	DY 5	ZÁ CZÁVA	
	Door gaskets and seating	DY ON ON/A	Stills		OX E	N □N/A	
	Filter gaskets and seating	DY DN ON/A	Exhaust	dampers	DY E	ŅN □N/A	
	Pumps	MY ON ON/A	Diverter	valves		IN □N/A	
	Solvent tanks and containers	DY ON TINA	Cartridg	e filter housings		IN □N/A	
	Water separators	OY ON ON/A				,	
4.	Which method of detection is used by t	he responsible offic	ial?				
	Visual examination (condensed so	olvent on exterior si	ırfaces)		0//	,	
	Physical detection (airflow felt the	rough gaskets)		₹.			
	Odor (noticeable perc odor)				<b>a</b>		
	Use of direct-reading instrumenta	tion (FID/PID/calor	imetric tubes)				
	Halogen leak detector				<sup>-</sup> /	/	
	If using direct-reading instru	umentation, is the	equipment:		<b>DX</b> /A		
	a. Capable of detecting p	perc vapor concentr	ations in a range o	f 0-500 ppm?		N	
	b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					3N	
	d. Kept in a clean and secure area when not in use?					אנ	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					אנ	
	·						

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	
	·
·	

BEST AVAILABLE COPY

TYPE OF INSPECTION:  ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION  THME IN: 3! A PM TIME OUT: 3 PM AIRS ID!!: 0250 966  TYPE OF FACILITY: A COMPLAINT/DISCOVERY DATE:  FACILITY NAME: A - + C A + C	шысы	LIUN SUM	MARY REPORT	BEST MANIENDES 341.
TYPE OF FACILITY:  A CLARK  ACILITY LOCATION:  A CLARK  PHONE NUMBER; C3-65 2-6274  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.00, Florida Administrative Code (F.A.C.).  Dased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  TOMMENTS:  TOMMENTS:  TOMMENTS:  NO CAPTONIMIZED  ATE OF NEXT INSPECTION:  ATE OF NEXT INSPECTION:  ACIONET A CLARK  A CLARK  A CLARK  A CLARK  PHONE NUMBER:  C3-52-6274  A CLARK  A CLARK  A CLARK  A CLARK  A CLARK  PHONE NUMBER:  C3-53-65-2-674  A CLARK  PHONE NUMBER:  C3-53-65-2-674  A CLARK  PHONE NUMBER:  C3-53-65-2-674  A CLARK  PHONE NUMBER:  C3-53-65-2-674  A CLARK  B CARK  A CLARK  B CARK  A CLARK  A CLARK  B CARK  B CARK  A CLARK  B CARK	TYPE OF INSPECTION: ANNUAL		<u> </u>	<u>.</u>
ACILITY NAME: ACILITY LOCATION:  1405 NW 7**  RESPONSIBLE OPFICIAL:  Dased on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62:213.300, Florida Administrative Code (F.A.C.).  Dased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIREMENT/PROBLEMENT	TIME IN: 3 ! 4 PM TIME OUT:	3 40	MAIRS ID#:	0250966
RESPONSIBLE OFFICIAL:  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.00, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.00, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  TO ACTION REQUIRED  ATE OF NEXT INSPECTION:  2/7.000  (Approximate)  SPECTION CONDUCTED BY:  PHONE NUMBER:  C305)-372-69	TYPE OF FACILITY: AA CAN	- Rec	Dy deine	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.00, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMPLIANCE REQUIREMENT/PROBLEM FOL	FACILITY NAME: A-+ CTASE			DATE:
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213-300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  OMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  ATE OF NEXT INSPECTION:  (Approximate)  (Approximate)  (Approximate)  (Please Print)  PHONE NUMBER:  (C305) -372-69	FACILITY LOCATION: 19405 W	W 7	th Are	
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ATE OF NEXT INSPECTION:    CO   CApproximate)			·	
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ISPECTOR'S SIGNATURE: 2005 -372-69	SPECTION CONDUCTED BY:		<del></del>	
Page Lof L. Revised 10/96	ISPECTOR'S SIGNATURE:	06		MBER: (305)-372-6°
		Pagc_	Lof L.	Revised 10/96

AIRS 10#: \_\_\_\_\_\_0250466

Pall

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	catt	Dry	Clea	ne	DATE: _	Jeb 24,1999
FACILITY LOCATION:	405_	New	7th	ne Lue		<u> </u>
Annual Reporting Period:	teb.		19 <u>97</u> TO	_ fe	6	1999
Based on each term or condition of the 62-213.300, Florida Administrative C						P Rule NO
If NO, complete the following:						
#1. Term or condition of the general	permit that has	not been in con	tinuous complia	ance during the re	porting perior	d stated above:
		·				<del>,</del>
Exact period of non-compliance: from	i			_ to		
Action(s) taken to achieve compliance	·					
Method used to demonstrate complian	ıce:					
					•	
#2. Term or condition of the general	permit that has	not been in cor	tinuous complia	ance during the re	porting perio	d:stated above:
				<u> </u>		
Exact period of non-compliance: from	a			_to		
Action(s) taken to achieve compliance	: 					<u>.</u>
Method used to demonstrate complian	ıce:					
·						
As the responsible official, I hereby of made in this notification are true, acc upon rolling averages of purchase re year for transfer or combination facil	curate and comp ceipts, does not	plete. Further,	my annual cons	umption of perchl	oroethylene s	solvent, based
RESPONSIBLE OFFICIAL:	NEVILLE	VI	Mim	1/Alle	eleka	12 p4/9
	Name (Pleas	se Print)		Signature	<del>-</del>	Date /

<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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ЭИ	<b>X</b> (	COMPLAINT/DIS	COVERY	
AIRS ID#: 0250966 D.	ATE:/6/0	ют	IME I	N: 3:20pm TI	ME OUT: _	3:50
FACILITY NAME:	APTERATT	- cl	EAN	DER S		フ
FACILITY LOCATION:	-				Bure	
				·	N N	
II · · · · · · · · · · · · · · · · · ·	Minm	,		33169	REB 7	
RESPONSIBLE OFFICIAL : _	Neulle	Willia	и. <u>5</u>	PHONE: 305	603 - 16	272
					强制 onito urces	
CONTACT NAME:		*		PHONE:	- 漢 <u>C</u> 元	
PART I: NOTIFICATION				<del> </del>		
(check appropriate box)			-		*	•
1. New facility notified DARM 30	) days prior to star	rtup				
2. Facility failed to notify DARM	to use general per	rmit				
PART II: CLASSIFICATION	•					
Facility indicated on notification	form that it is:	÷		☐ No notification f		
(check appropriate box) A.				☐ Drop store/out o	f business/pe	troleum
1. Existing small area source	а	2. News	mali a	rea source	<b>a</b>	
dry-to-dry only, x < 140 gal/yr		dry-to-dr	y only,	x < 140  gal/yr		
transfer only, $x < 200 \text{ gal/yr}$				< 200 gal/yτ		
both types, $x < 140 \text{ gal/yr}$				40 gal/ут		
(constructed before 12/9/91)		(construc	ted on	or after 12/9/91)	· · · · · ·	
3. Existing large area source		4. New I	arge ai	rea source		
dry-to-dry only, $140 \le x \le 2,10$	0 gal/yr		-	$140 \le x \le 2,100 \text{ gal/y}$	yr	
transfer only, $200 \le x \le 1.800$ g		transfer o	nly, 20	$0 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal	/yr	both type	s, 140 <u>-</u>	$\leq$ x $\leq$ 1,800 gal/yr	•	
(constructed before 12/9/91)		(construc	ted on	or after 12/9/91)	1	
5. This is a correct facility class	sification	er (	ЯΓ	□Can not determin	c	
If no, please check the app	propriate classifica	ation:				
,	qualified for a gen		t as nur	nberabov	re .	

pen place of s

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

 $\Box$ 

facility was 130 gallons.



_				
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	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПN	□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	ПИ	□N/A
	· · · · · · · · · · · · · · · · · · ·			
P	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	QZ, ON			
2. Maintained rolling monthly total of perc consumption?	ØY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DAY DN DN/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?	ON 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?	ON BUNA			
6. Maintained startup/shutdown/malfunction plan?	MY ON			
7. Maintained deviation reports?	סא סא סאיע			
Problem corrected?	DY DN DNIA			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	ınd repair
	inspection?		•	BY ON
2.	Has the facility maintained a leak log?	•		OY ON
3.	Does the responsible official check the	e following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	OY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A
	Pumps	AY ON ON/A	Diverter valves	אואם אם אא
	Solvent tanks and containers	MY ON CIN/A	Cartridge filter housings	MY ON ON/A
	Water separators	AY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	es)	<b>a</b>
	Physical detection (airflow felt th	rough gaskets)		ø
	Odor (noticeable perc odor)			<u>a</u>
	DAN/A			
	מם עם			
	OY ON			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in us	se?	מם עם
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	ם אם א
			<u> </u>	
	•		į	
			//	
	Inspector's Name (Please Prin	<u>U</u>	Date of Inspection	
			· · · · · · · · · · · · · · · · · · ·	
	La Com	•	1/01	
	Inspector's Signature		Approximate Date of N	Vext Inspection

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# ADDITIONAL SITE INFORMATION: Good Herselceeping

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL U COMPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 3:20 pm TIME OUT: 3:50 AIRS ID#: 02.50966	_
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: APTERATE OCEANUS DATE: 1/6/00	
FACILITY LOCATION: 18405 NW TONE.	
N. Miami, FL	
RESPONSIBLE OFFICIAL: Neville Williams PHONE NUMBER: 305 652-6	<u>३२</u> ३
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM   FOLLOW-UP ACTION REQUIRED	
·	
-	
·	
· ···	
COMMENTS	
COMMENTS:	
GOOD HOUSERCEEPING	
The Annual Compliance Confidentian form hards and the state of the sta	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO	
DATE OF NEXT INSPECTION: //o/ (Approximate)	
INSPECTION CONDUCTED BY:  [Please Print]	
INSPECTOR'S SIGNATURE: PHONE NUMBER: 372-6925	

Page\_\_\_of\_\_\_.

Revised 10/96

AIR'S ID#: 0250 966

Nec

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	ADTER	AFT	CLEA	NERS		DATE:	16/00
FACILITY LOCATION:	189	105	NW	ZAV	e.		. •
	N.	Min	m	FL			<u>.</u>
<u></u>	·						
Annual Reporting Period:			19 <u>_9</u>	7 то			
Based on each term or condition 62-213.300, Florida Administra							P Rule NO
If NO, complete the following:							
#1. Term or condition of the ge	eneral permit that	has not been	n in continuous	compliance	luring the rep	orting perio	d stated above:
Exact period of non-compliance	: from			to_			
Action(s) taken to achieve comp	oliance:					~	
Method used to demonstrate con	mpliance:		·				
#2. Term or condition of the go	eneral permit that	has not been	n in continuous	compliance of	luring the rep	orting perio	d stated above:
Exact period of non-compliance	:: from			to			
Action(s) taken to achieve comp	pliance:				· · · · ·		
Method used to demonstrate con	mpliance:			· ·		· · · · · ·	
		1	ation and halia	formed after	reasonable in	aquiry, that	the statements

<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.



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$75.00** 

Do NOT Remove Label

AIRS ID#0250966

ARTCRAFT CLEANERS NEVILLE WILLIAMS 18405 NW 7TH AVENUE MIAMI FL 33169

FOR GOVERNMENT USE ONLY Org.: 37550101000 £O: A1 Fund: 20-2-035001

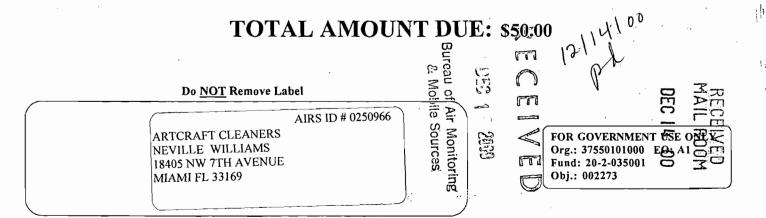
& Mobile Sou

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Printed on recycled paper.

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





### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

# **TOTAL AMOUNT DUE: \$50.00**

412228 DEC25 2001

Do NOT Remove Label

AIRS ID # 0250966
ARTCRAFT CLEANERS
NEVILLE WILLIAMS
18405 NW 7TH AVENUE
MIAMI FL
33169

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

1840 S NW 7AVE MIAMI FU33169

34<sup>USA</sup>

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

# **'IS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

0354311

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 # 0250966

ARTCRAFT CLEANERS NEVILLE WILLIAMS 18405 NW 7TH AVENUE MIAMI FL 33169 DEC 15 CON L

FOR GOVERNMENT USE ONL' Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389437

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 # 0250966

ARTCRAFT CLEANERS NEVILLE WILLIAMS 18405 NW 7TH AVENUE MIAMI FL 33169 MAIL ROOM
DEC 13 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL F (Domestic Mail Only; No Insure	RECEIPT ance Coverage Provided)
4455	OFFIC]	AL WEST
31.09	Postage \$ Certified Fee	M - N
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
7000 1670	Street, A Street, A Total F  ARTCRAFT CLEANERS NEVILLE WILLIAMS 18405 NW 7TH AVENUE MIAMI FL City, Stai 33169	AIRS ID#0250966
L	PS Form 3800. May 2000	See Reverse for Instructions

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THE BIGHT OF BETURN ADDRESS	OT	
SE SLICKER AT TOP OF ENVELOPE	SECTION ON DELIVE	RY .
<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. Received by (Please Print Clearly)  C. Signature  X Helg W llie  D. Is deliver address different from item 19	Pare of Delivery Agent Addressee
Article Addressed to:	If YES, enter delivery address below:	□ No .
AIRS ID#0250966  ARTCRAFT CLEANERS NEVILLE WILLIAMS	·	
18405 NW 7TH AVENUE MIAMI FL 33169	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 label) 7000/670 00/33/092244		
PS Form 3811, July 1999 Domestic Retu	urn Receipt	102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

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

Aureau of Air Monitorine Sources

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8216	OFFICIAL MED
907E	Postage \$ Certified Fee
0013	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)
7000 1670	Total Pt 10 AJRS ID # 0250966001AG  NEVILLE WILLIAMS ARTCRAFT CLEANERS INC Street, A 18405 NW 7TH AVENUE MIAMI FL 33169
20	PS Form 3800, May 2000 See Reverse North See Rev

THO POPULATION THE DATE OF THE PARTY OF THE	
ACE STICKER AT TOP OF ENVELOPE ) THE BIGNE OF RETURN ADDRESS.	OIL MPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reveso that we can return the card to you.</li> <li>Attach this card to the back of the mailpor on the front if space permits.</li> </ul>	Agent  Paddressee  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 AIRS ID # 0250966001AG NEVILLE WILLIAMS ARTCRAFT CLEANERS INC	
18405 NW 7TH AVENUE MIAMI FL 33169	3. Service Type  Gertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
7000167000133108	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	
PS Form 3811, August 2001	Omestic Return 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 •

EUR. OF AIP MONITCRING & MOBILE SOURGES DEPT. OF SHAVIRONMENTAL PROTECTION MAIL STATION 6510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7	OFFICIAL MOF	
97	Postage S	
7 1000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	
007	ARTCRAFT CLEANERS NEVILLE WILLIAMS 18405 NW 7TH AVENUE MIAMI FL	
,	PS Form 3800, January 2001 See Reverse for Instructions	The state of

. .

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 Pelivery
Article Addressed to:	D. Is delivery address different from item 1? / ☐ Yes If YES, enter delivery address below:
AIRS ID#0250966  ARTCRAFT CLEANERS NEVILLE WILLIAMS	
18405 NW 7TH AVENUE MIAMI FL 33169	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<b>↓</b>	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 000	11 7975 4505
PS Form 3811, August 2001 Domestic Retail	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 MONITORING & MOBILE SOURCES OF DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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51.4	OFFICIAL USE		
75	Postage \$		
2	Certified Fee		
-	Return Receipt Fee (Endorsement Required)		
0007	Restricted Delivery Fee (Endorsement Required)		
	Total Dantage 0.Face (f)		
m	AIRS ID#0250966		
	ARTCRAFT CLEANERS NEVILLE WILLIAMS		
<u>-</u>	18405 NW 7TH AVENUE		
7007	MIAMI FL		
~	33169		
į.	e 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> <li>1. Article Addressed to:         <ul> <li>AIRS ID#0250966</li> </ul> </li> <li>ARTCRAFT CLEANERS         <ul> <li>NEVILLE WILLIAMS</li> <li>18405 NW 7TH AVENUE</li> <li>MIAMI FL</li> <li>33169</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
	3. Service Type  Def Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7001	0320 0001 7976 5143
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

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

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

FEB 1 2 200: