

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 5, 2000

Mr. Edelfidio N. Valdes, President  
Ised Inc.  
8192 Northwest 103 Street  
Hialeah Gardens, Florida 32789

Re: Facility No.: 0251023-001

Dear Mr. Valdes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 19, 2000.

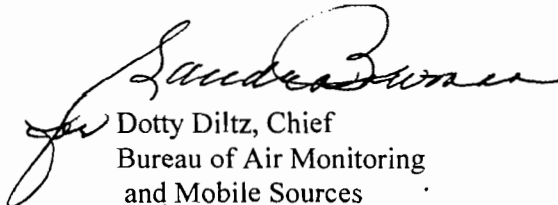
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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: Ms. Mallika Muthiah, Dade County

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air, Noise & Mobile Sources

MAY - 1999

RECEIVED  
RECEIVED  
APR 19 2000

Part III. Notification of Intent to Use General Permit Quality

Management Division

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Ised INC.</i>
2. Site Name (For example, plant name or number): <i>Ised INC.</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>8192 NW 103 St</i> City: <i>H. Gardens</i> County: <i>Dade</i> Zip Code: <i>33014</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0251023-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Edelfidio N. Valdes</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>Same as Above</i> County: <i>As Above</i> Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(305) 828-7766</i> Fax: <i>( ) N/A</i>

Facility Contact (If different from Responsible Official)

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

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1995</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>1995</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? [ \_\_\_\_\_ ]

How many dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

[ 0 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 0 ] months

Check why it is less than 12 months: New owner: [ X ] Did not keep records: [ \_\_\_\_\_ ]

New store: [ \_\_\_\_\_ ] New machine [ \_\_\_\_\_ ]

Unopened store [ \_\_\_\_\_ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:   1 5

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log   
(b) Leak detection inspection and repair   
(c) Refrigerated condenser temperature monitoring   
(d) Carbon adsorber exhaust perc concentration monitoring   
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

Edelidio N. Valdes  
Print name of responsible official

[Signature]  
Signature

4/19/00  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### **Facility Information**

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

#### **Equipment Monitoring and Recordkeeping Information**

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

#### **Surrender of Existing DEP Air Permit(s)**

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

#### **Responsible Official Certification**

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.



OFFICE OF ADMINISTRATIVE SERVICES

SUITE 1200

33 S.W. 2nd AVENUE 12 FLOOR

MIAMI, FLORIDA 33130-1540

(305) 372-6789

FAX (305) 372-6760

### PAYMENT NOTICE FORM

SECTION NAME: Plan Review CONTACT PERSON: Achana

TELEPHONE #: 1994 DATE: 4/19/00 SIGNATURE: \_\_\_\_\_

OPERATING PERMIT  PLAN REVIEW

FACILITY NAME: Ised Inc

FACILITY ADDRESS: 8192 NW103 ST DERM FILE #: \_\_\_\_\_

PAYER'S NAME: \_\_\_\_\_

	Fee Description:	Amount:
1	<u>105-8752 DCSO (renewal)</u>	<u>\$ 440.00</u>
2	<u>Certificate of Occupancy</u>	<u>40.00</u>
3	_____	_____
<b>Total:</b>		<u>480.00</u>

#### Payment Method:

- Cash
- Check/Money Order for the amount of \$ \_\_\_\_\_ payable to: **BOARD OF COUNTY COMMISSIONERS.**
- Master Card     Visa    \_\_\_\_\_ Mo. Yr. Exp. Date    Total Request: \_\_\_\_\_

Credit Card # (Please do not Leave Space Between Numbers)

\_\_\_\_\_  
Signature: \_\_\_\_\_

Telephone #: Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_  
OFFICE OF ADMINISTRATIVE SERVICES



BEST AVAILABLE COPY



# Hialeah Gardens

STATE OF FLORIDA

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016 PHONE 558-4114 FAX 362-7155

## IMMEDIATELY CHANGE OF ADDRESS

DATE: August 28, 1997

Please be advised that the address now being used for the building erected on  
Subdivision: Fla Fruit Land Co. Pb 2-17, Section 3-53-40, Tr 15 & 16

Folio Number: 27-3003-001-0105

Located at: 8286 NW 103<sup>rd</sup> Street

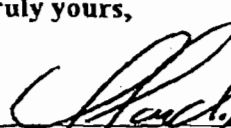
Is incorrect and should be change to: 8192 NW 103<sup>rd</sup> Street

So that the records of the City of Hialeah Gardens, Zoning Department can be completed and  
to insure efficient mail delivery.

Reason for change: Are by their designation confusing and create hazardous  
Related to locating said properties in the event of emergency, inclusive  
Of police, fire and rescue response and postal delivery.

Resolution # 1594 was passed and adopted by the mayor and City Council  
At the Public Hearing.

Very truly yours,

  
City of Hialeah Gardens, Zoning Department  
C:



C.O. COUNTER/FPL 111 NW 1 <sup>ST</sup> STREET MIAMI, FL. 33128	COLONY-DYNAMIC CABLE 2151 WEST 62 <sup>ND</sup> STREET HIALEAH, FL. 33016-2624	SOUTHERN BELL A.I.C 100 NE 80 <sup>TH</sup> TERRACE MIAMI, FL. 33138
CITY OF HIALEAH GARDENS WATER & SEWER DEPT. 10001 NW 87 <sup>TH</sup> AVE HIALEAH GARDENS, FL 33016	PROPERTY APPRAISAL REAL ESTATE DIVISION SUITE 710 111 NW 1 <sup>ST</sup> STREET MIAMI, FL. 33128	U.S POSTAL SERVICE-GMF W. RAMLOW ADDRESS MANAGEMENT SPECIALIST 2200 NW 72 AVE RM 216 MIAMI, FL 33152-9321
ATTN: MARTHA GUERRA I T D/ GIS 5680 SW 87 AVENUE MIAMI, FLA 33173	DADE COUNTY TAX COLLECTION 140 W. FLAGLER STREET SUITE # 1407 MIAMI, FL 33130-1519	RELIABLE TRASH HAULING 8100 NW 95 <sup>TH</sup> STREET HIALEAH GARDENS, FL 33016
HIALEAH GARDENS POLICE DEPARTMENT 10001 NW 87 <sup>TH</sup> AVENUE HIALEAH GARDENS, FLA. 33016	METRO-DADE COUNTY FIRE DEPARTMENT. ATTN: VIVIAN UZHDOF 8175 NW 12 STREET # 301 MIAMI, FL. 33126	LER INVESTMENT CORP 3344 SW 8 <sup>th</sup> STREET MIAMI, FLA. 33135



MIAMI-DADE COUNTY, FLORIDA



ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2nd Avenue  
MIAMI, FLORIDA 33130-1540  
(305) 372-6600

**APPLICATION FOR PERMIT TO OPERATE  
POLLUTION CONTROL FACILITIES**

Applicant's Name and Title: EDELFIIDIO N. VALDES

Applicant's Address: 1333 W 49 PL AP-71 (Hialeah) 33012 Telephone No.: 305 231-6359

Please attach a check in the amount of \$ 440.00 made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of Ised One

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Miami-Dade County Code, and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department will be non-transferable and he promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

**\*ATTACH LETTER OF AUTHORIZATION\***

[Signature]  
Signature, Owner or Authorized Representative  
(Notarization is mandatory)

EDELFIIDIO N. VALDES PRESIDENT.  
Typed Name and Title

Subscribed and sworn to before me this 19<sup>th</sup> day of April 19 2000

By Edelfidio N. Valdes

Personally known \_\_\_\_\_ or Produced Identification

(Please check one)

Type of Identification Produced: FOL# 1932-214-41-446-0 12/5

[Signature]  
Notary Public  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC62627  
MY COMMISSION EXP. MAR. 4, 2001



**Know All Men by These Presents,** That Concepcion Investments, Inc., a Florida Corporation of the City of Hialeah Gardens, in the County of Miami-Dade and State of Florida, of the first part, for and in consideration of the sum of One Hundred Seventy Five Thousand (\$175,000.00) No/100 Dollars lawful money of the United States, to us paid by ISED, INC., a Florida Corporation of the second part, the receipt whereof is hereby acknowledged, have granted, bargained, sold, transferred and delivered, and by these presents do grant, bargain, sell, transfer and deliver unto the said part of the second part, its executors, administrators and assigns, the following goods and chattels:

(SEE ATTACHED LIST MADE A PART OF THIS BILL OF SALE)

Also including:

Goodwill

Phone No:

(Corporate Seal)

**To Have and to Hold** the same unto the said PARTIES of the second part, their executors, administrators and assigns forever.

AND We do, for ourselves and our heirs, executors and administrators, covenant to and with the said parties of the second part, their executors, administrators and assigns, that we are the lawful owners of the said goods and chattels; that they are free from all encumbrances; that we have good right to sell the same aforesaid, and that we will warrant and defend the sale of the said property, goods and chattels hereby made, unto the said parties of the second part their executors, administrators and assigns against the lawful claims and demands of all persons whomsoever.

**In Witness Whereof,** We have hereunto set our hand and seal this day of March two thousand (2000)

Signed, sealed and delivered in presence of us:

*[Signatures]*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State of Florida,  
 County of \_\_\_\_\_

Concepcion Investments, Inc.

BY: *[Signature]* (SEAL)  
 Julian Concepcion, President (SEAL)

*[Signature]*  
 Emelina Concepcion, Secretary

**I Herby Certify** that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Julian Concepcion and Emelina Concepcion, President and Secretary of Concepcion Investments, Inc.

to me well known to be the persons described in and who executed the foregoing Bill of Sale, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

ID Shown: Florida Drivers License

Witness my hand and official seal at

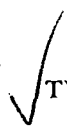
County of Miami-Dade and State of Florida, this 27th day of March, A.D. 2000.

My commission expires

*[Notary Seal]*  
 Eduardo Mendez  
 My Commission CC881748  
 Expires September 16, 2003

Notary Public, State of Florida

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 OCT - 19 1990  
 Bureau of Air Monitoring  
 & Mobile Sources

AIRS ID#: 0251023 DATE: 8/19/00 TIME IN: 12:35pm TIME OUT: 1:15pm  
 FACILITY NAME: Isea Inc.  
 FACILITY LOCATION: 8192 NW 103 St  
Hialeah Gardens, FL 33016  
 RESPONSIBLE OFFICIAL: Edelfidio Valdes PHONE: (305) 828-7766  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 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

A.

1. Existing small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.  
new owner

*9/25/00  
DFG*

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A



**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  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves

Y  N  N/A

Muck cookers

Y  N  N/A

Door gaskets and seating

Y  N  N/A

Stills

Y  N  N/A

Filter gaskets and seating

Y  N  N/A

Exhaust dampers

Y  N  N/A

Pumps

Y  N  N/A

Diverter valves

Y  N  N/A

Solvent tanks and containers

Y  N  N/A

Cartridge filter housings

Y  N  N/A

Water separators

Y  N  N/A

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

N/A

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)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Deborah Griner  
Inspector's Name (Please Print)

8/19/00  
Date of Inspection

Deborah Griner  
Inspector's Signature

8/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech machine not in use at time of inspection. There is also a Suprema machine on site but not being used. Dust covering belts and other parts of machine. The RO explained that the machine is never used and intends to dispose of it. I explained that he would need to provide control equip. information of the machine if he intended to add it to his permit.

Good housekeeping

*ACE*

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Ised Inc. DATE: 8/19/00

FACILITY LOCATION: 8192 NW 103 St  
H. Gardens, FL 33016

Annual Reporting Period: 4 1900 TO 8 2000

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:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, 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: EDELFINO VALDES [Signature] 08-18-00

Name (Please Print) Signature Date

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

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:35 pm TIME OUT: 1:10 pm AIRS ID#: 0251023  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Ised Inc. DATE: 8/19/00  
 FACILITY LOCATION: 8192 NW 103 St.  
Hialeah Gardens, FL 33016  
 RESPONSIBLE OFFICIAL: E. Valdes PHONE NUMBER: (305) 828-7700

- 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: Good Housekeeping  
Explained to Mr. Valdes that he needs to inform  
DERM if he wants to begin using the Suprema machine

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 8/2001  
 (Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-0936



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

BEST AVAILABLE COPY

421155 DEC27 2002

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

X

Do NOT Remove Label

ISED INC  
EDELFIGIO N VALDES  
8192 NW 103RD STREET  
MIAMI FL  
33016

AIRS ID#0251023

Bureau of Air Monitoring  
& Mobile Sources

JAN 08 2003

RECEIVED

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

434964 JAN 5 2004

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

X

Do NOT Remove Label

251023  
EDELFIGIO VALDES  
ISED INC  
8192 NW 103RD STREET  
MIAMI FL 33016

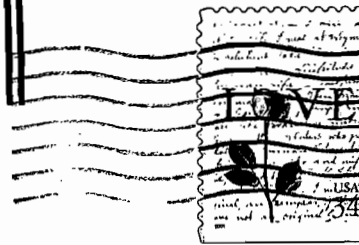
Bureau of Air Monitoring  
& Mobile Sources

JAN 8 2004

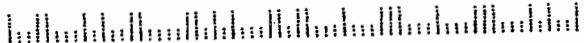
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Fund: 20-2-035001  
Obj.: 002273

ISED INC  
8192 NW 103 ST  
Hialeah Gardens  
Fla 33016



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

32315+3070 99  411920 DEC19 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0251023  
ISED INC  
EDEL FIDIO N VALDES  
8192 NW 103RD STREET  
MIAMI FL  
33016

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 7825 6393

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Price</b>		

AIRS ID # 0251023

**Recipient:** ISED INC  
 EDELFDIO N VALDES  
 Street, A: 8192 NW 103RD STREET  
 City, State: MIAMI FL 33016

PS Form Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

AIRS ID # 0251023

ISED INC  
 EDELFDIO N VALDES  
 8192 NW 103RD STREET  
 MIAMI FL 33016

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery *2/9/04*

C. Signature  
 X *Valdes*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 0600 0026 7825 6393

UNITED STATES POSTAL SERVICE



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

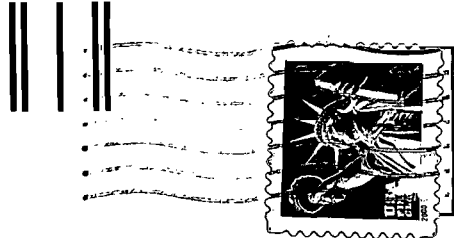
• Sender: Please print your name, address, and ZIP+4 in this box •

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

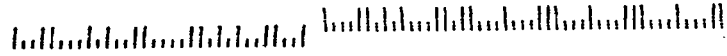


ISED INC  
8192 NW 103 ST  
Healish Gardens  
FL 33016



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

32315+3070



405415 FEB15 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

	AIRS ID # 0251023
ISED INC EDELFDIO N VALDES 8192 NW 103RD STREET MIAMI FL 33016	

<b>FOR GOVERNMENT USE ONLY</b>	
Org.: 37550101000	EO: A1
Fund: 20-2-035001	
Obj.: 002273	

Bureau of Air Monitoring  
& Mobile Sources

FEB 19 2001

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