

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

April 23, 1997

Mr. Donato Caraccia Donato Dry Cleaners 9666 Northwest 25 Street Miami, Florida 33172

Re: Facility No. 0250809

Dear Mr. Caraccia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 10, 1997.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely

Dotty Diltz, Chief

Bureau of Air Monitoring

UN91-an

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.

TITLE V AIR QUALITY IN CTION SUM	GENERAL PERMIT MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:	AIRS IDH: 0350809 CHEN, LED COATE: 5/1/17
RESPONSIBLE OFFICIAL: DANTE (1141)	PHONE NUMBER:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).
·	f - Ameter L - Same - Jackson - Jackson - - - - - - - - - - - - -
المستخدين المستخ	
	10moliANCB.
COMMENTS: Equipment & Reco	RDS M CO
The Annual Compliance Certification form has been properly certification form has been properly certification.	Tied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: AME AME TO PER SPECIAL OFFI	ease Print)

Page___of_

INSPECTOR'S SIGNATURE

_PHONE NUMBER: <u>3716922</u>

Revised 10/96

AIRS ID#: 0750809

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		.	
FACILITY NAME: DONATO DO	y CKAN.	KRS	DATE: <u>5/9/97</u>
FACILITY LOCATION: 9666 NU	25 51		
KNAM1, 33172			
Annual Reporting Period: 2/27	19 <i>_9</i> 7 T	0 5/9	19 <i>97</i>
Based on each term or condition of the Title V general ai 62-213.300, Florida Administrative Code (F.A.C.), durin			
If NO, complete the following:			
#1. Term or condition of the general permit that has not	been in continuous con	npliance during the repo	rting 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 con	apliance during the repo	rting 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 infinade in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not except for transfer or combination facilities. RESPONSIBLE OFFICIAL:	e. Further, my annual c	consumption of perchlor	oethylene solvent, based
Name (Please P	rint)	Signature	Date

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

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

		0 #	-0250	809	REGE	~	
		Donato	Dry Cl	leanen	APR 2	5 1997 R	ECEIV
1. Fa D0 2. Si D1					Air ()	MAR 1 0 1997 eau of Air Monito & Mobile Sources
3. H. C.		-Donato Spanis					,
.5. F	P.13	6. add to	itle-	Owner	~	33172 25 <i>O</i>	<i>307</i>
6. Î		1 (a) add installe 1.(c) mark 3. should Source	ed Lout "X	X"and	initial	. :	
00 .		source (lt und	er peri	c limit)	71	172
9					•		
MA	ARIA CAROL	INA CARACCIA, Address:	PEANT MANA	GEK			
	reet Address:	9666 NW 25 ST	County:	DADE	Zip C	ode: 33172	
		Telephone Number: 305) 471 - 061	10	Fax: (305) 471 -	0671	

Perchloroe Piene Dry Cleaning Facility Notice tion

Facility Name and Location



	1.	Facility Owner/Company Name (Name	of corpor	ration, agency, or is	ndividual owner):		MAR 10	ence.
		DONATO DRY CLEANERS, INC.						-
l	2.	Site Name (For example, plant name or	number):			—— ⊃ure. &	au of Air M Mobile So	lonitoring
		DONATO DRY CLEANERS				A ,	mobile Sa	urces
İ	3.	Hazardous Waste Generator Identification	on Numbe	er:				
		Pending		, .	· · · · · · · · · · · · · · · · · · ·			
	4.	Facility Location:						
		Street Address: 9666 NW 25 ST City: MIAMI	County:	DADE	Zip Code:	22172		
		CHO. MIAMI	county.	DADE		331/2		
Ì	5.	Facility Identification Number (DEP Us	<u>د): ا</u>					
					0250	809		
1	1. A		A	Project a registration of the state of the s	Self the said of the same of t	The state of the state of	N. St. W. St. W. St. W.	

Responsible Official

6.	Name and Title of Responsible Official:			1
	DONATO CARACCIA , OWNER	e		
7.	Responsible Official Mailing Address:			
	Organization/Firm:			
	Street Address: 9666 NW 25 ST			
	City: MIAMI	County:	DADE	Zip Code: 33172
8.	Responsible Official Telephone Number:			
	Telephone: (305) 471 - 0610		Fax: (305) 47	71 - 0671

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Conta	Name and Title of Facility Contact (For example, plant manager):							
MARIA CAROLINA CARACCI	MARIA CAROLINA CARACCIA, PLANT MANAGER							
10. Facility Contact Address:								
Street Address: 9666 NW 2 City: MIAMI	5 ST County:	DADE	Zip Code: 33172					
11. Facility Contact Telephone Num Telephone: (305) 471 -		Fax:	(305) 471 - 0671					

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MANAGEMENT OF THE STATE OF THE

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-AL4R-92	02-MAR-9
Dry-to-Dry Unit	000	IINI		_	_				
(1) w/ ref. condenser	#1	15-JAN-97	15 NAN 9	フ		1			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		1	T		Ĭ]	
(5) w/ carbon adsorber		† -		<u></u>				İ	
(6) w/ no controls								· · · · · ·	
Dryer Unit			h		·.				
(7) w/ ref. condenser]		
(8) w/ carbon adsorber			1					1	
(9) w/ no controls									
Reclaimer Unit			L		. <u></u>			l.	1
(10) w/ ref. condenser		1		_	1			1	
(11) w/carbon adsorber						1			
(12) w/ no controls						<u> </u>			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re luanti gallo	equired to be ity of perchlo ins	installed {	perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi urce	cation only.) Ne	w sm	nitions found hall area sour ge area sour	rce 🗾	3) of I	Part II?	

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Existing large area source Carbon adsorber		rigerated condenser	
New small area source Refrigerated condenser	[XX]		-
New large area source Refrigerated condenser			€ ·
			•
5. A facility which contains non- to Rule 62-213.300, F.A.C. Verif exemption criteria or that no such	fy that all steam and hot		
All steam and hot water generating boiler HP or less), and (2) are first during which propane or fuel oil to	ed exclusively by natura	l gas except for peri	ods of natural gas curtailment
		•	
All steam and hot water generatin No such units on-site		<u> </u>	
			·
No such units on-site			rmation
No such units on-site Equipr	ment Monitoring and F	Recordkeeping Info	
No such units on-site Equipr Check all logs which are required	ment Monitoring and F	Recordkeeping Info	
No such units on-site Equipa Check all logs which are required (a) Purchase receipts and solvent	ment Monitoring and F to be kept on-site in acc purchases	Recordkeeping Info	quirements of this general permit
No such units on-site	ment Monitoring and F to be kept on-site in acc purchases repair	Recordkeeping Info	quirements of this general permit
Equipr Check all logs which are required (a) Purchase receipts and solvent (b) Leak detection inspection and	ment Monitoring and Foot to be kept on-site in accompurchases repair rature monitoring	Recordkeeping Info	quirements of this general permit
Equipre Check all logs which are required (a) Purchase receipts and solvent (b) Leak detection inspection and (c) Refrigerated condenser tempe	ment Monitoring and Foot to be kept on-site in accompurchases repair rature monitoring	Recordkeeping Info	quirements of this general permits [XX] [XX] [XX]

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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)					
[XX]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notif statemen maintain						
this notif statemen maintain comply v	lication. I hereby certify, based on information and belief formed after reasonable inquiry, that the Its made in this notification are true, accurate and complete. Further, I agree to operate and In the air pollutant emissions units and air pollution control equipment described above so as to					
this notif statemen maintain comply v	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.					

X 3/9/9/

#0250809

*	71-0230009
	1 · · · · · · · · · · · · · · · · · · ·
	1 7 11
<u> </u>	Donato Dry Cleaners
	TSpoke with Carolina Caraccia-
	13/18/1997 - ADDION DOICE
	CHOLLE WAS ON. PC
	purchase = ~20gal./2mon.s
	= N12Daal./Vr
,	-spoke with Carolina Caraccia- 3/18/1997 - approx. perc purchase = ~20gal./2mon.s = ~120gal./yr.
	Donato Maragaia and ka
	Donato Caraccia Speaks Spanish-only.
	Spanish-only.
	of control of control
P./3	6 add title - Owner
1	
211/	1/2/2/1/1/2/2 22-7-1/2/2019
P.14	I.la) add date control device installed
•	installed
	1.(c) mark out "XX" and initial
	1.10) fruit tout AN after criticial
	3. Should be new small area
	Source liftunder new limit
	3. Should be new small area Source Lif under perc limit)
,	
:	
	1

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED

1.	Facility Owner/Company Name (Nam	e of corporation, agency, o	r individual owner):	MAR 1 0	4007
	DONATO DRY CLEANERS, INC.			. 0	1997
2.	Site Name (For example, plant name or	number):		Bureau of Air N & Mobile So	onitoring
	DONATO DRY CLEANERS			• Mobile Sc	urces
3.	Hazardous Waste Generator Identificat	ion Number:		,	
	Pending				
4.	Facility Location: Street Address: Q666 NW 25 ST		_		
	Street Address: 9666 NW 25 ST City: MIAMI	County: DADE	Zip Code:	33172	
5.	Facility Identification Number (DEP-U	s é):			
				150809	

Responsible Official

6)	Name and Title of Responsible Official:			
	DONATO CARACCIA		•	
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 9666 NW 25 ST City: MIAMI	County: DADE	Zip Code: 33172	
8.	Responsible Official Telephone Number: Telephone: (305) 471 - 0610		(305) 471 - 0671	

Facility Contact (If different from Responsible Official)

MARIA CAROLINA CARACCIA, PL	ANT MANA	AGER		
10. Facility Contact Address:				
Street Address: 9666 NW 25 ST City: MIAMI	County:	DADE	Zip Code:	33172
11. Facility Contact Telephone Number: Telephone: (305) 471 - 0610		Fax: (3	05) 471 - 067	1

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Effective: 6-25-96

Facility Information

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

	Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
:	Example	#1	03-OCT-93 ;	12-NOV-93	#2	08-DEC-91		#3	₽. 02-M.4R-92	02-MAR-
	Dry-to-Dry Unit	DON	IINI							
	(1) w/ ref. condenser	#1	15-JAN-97							
	(2) w/ carbon adsorber									
	(3) w/ no controls			i						
	Washer Unit									
	(4) w/ ref. condenser		Ţ							
	(5) w/ carbon adsorber				ĺ					
	(6) w/ no controls									
	Dryer Unit									
•	(7) w/ ref. condenser			I						
	(8) w/ carbon adsorber					_	:			
	(9) w/ no controls						1			
	Reclaimer Unit		1			<u> </u>			1	
	(10) w/ ref. condenser		T	•]				
	(11) w/carbon adsorber		<u> </u>			-			,	
	(12) w/ no controls					_				
·	(b) Control devices are (c) No control devices 2.(a) What was the total q	are r	equired to be	installed [)	(<u>X</u>	٦	n the latest 12	mon	ths?	
w20gal/	C. Nom S	gallo								
e a lecopy	(b) If less than 12 mont yr: Check why it is less	hs, h than	ow many? [_ 12 months:	NA] months New owner:] New store	: [XX] Did	not k	eep records:	
. ((Indicate with an "X".					nitions found	d in section (3	6) of 1	Part II?	
ત્ય તર ્	Existing small are	ea so	urce XX	Ne	w sm	all area sour	ce []			
•	Existing large are	a so	ntce []	Ne	w lar	ge area sour	ce []			

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4. What control technology is requi (Indicate with an "X".)	ired on machines	pursuant to section (5) o	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	[XX]		-
New large area source Refrigerated condenser			*
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam an	d hot water generating ur	to use the general permit pursuantits on-site meet the following
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	natural gas except for per	iods of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	[] [_XX]	
Equipm	ent Monitoring	and Recordkeeping Info	ormatio n
Check all logs which are required t	o be kept on-site	in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent p	urchases		[XX]
(b) Leak detection inspection and r	repair		[XX]
(c) Refrigerated condenser tempera	ature monitoring		[XX]
(d) Carbon adsorber exhaust perc c	oncentration mo	nitoring	
(e) Instrument calibration			[XX]
(f) Start-up, shutdown, malfunctio	n plan		[XX]

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Surrender of Existing Air Permit(s)

Ple	ase indicate	e with an "X" the appropriate selection:				
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
٠	[XX]	No air permits currently exist for the operation of this notification form.	f the facility indicated in			
		Responsible Official Cert	ification			
		, ,				
	this notifi statement maintain	dersigned, am the responsible official, as defined in ication. I hereby certify, based on information and its made in this notification are true, accurate and cout the air pollutant emissions units and air pollution out the all terms and conditions of this general permit a	belief formed after reasonable inquiry, that the omplete. Further, I agree to operate and control equipment described above so as to			
	I will prot	omptly notify the Department of any changes to the i	nformation contained in this notification.			
			02/27/97			
	Signature		Date			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION
TYER	OY.	THOY TO LIOIN

ANNUAL

m

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 025 080 9 DATE: 5/9/97 TIME IN: 1-20 pm TI	ме оит: <u>Z'Юрм</u>					
FACILITY NAME: DONATO DRY CLEANER	25					
FACILITY LOCATION: 9666 NW 25 ST						
<u>MIAM 33172</u>						
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by 9/1/96						
2. New facility notified DARM 30 days prior to startup	a					
3. Facility failed to notify DARM to use general permit	۵					
	<u> </u>					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 3.="" 9="" 91)="" a="" after="" appropriate="" area="" before="" both="" check="" classification="" classification:<="" correct="" dry-to-dry="" existing="" facility="" gal="" if="" is="" large="" no,="" on="" only,="" or="" please="" source="" th="" the="" this="" transfer="" types,="" yr=""><th>C D</th></x<2,>	C D					
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 mon facility was 20 gallons.	nths by this dry cleaning					

Revised 10/28/96

A 5/14/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON NA
2. Examining the containers for leakage?	DY DN NA
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA
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).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	ON ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON WAL
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	od on

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΟY	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ
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?	ΟY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ
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	∩и
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		
Н	as the responsible official:		·····

PART V: RECORDKEEPING REQUIREMENTS	=
Has the responsible official: (check appropriate boxes)	1
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly averages of perc consumption?	oy on Ma
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CY ON NA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	באום אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אט אם צם
6. Maintained startup/shutdown/malfunction plan?	QY ON
7. Maintained deviation reports?	DY ON NA
Problem corrected?	DY ON NA
8. Maintained compliance plan, if applicable?	חאוקס אם אם אוש

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	QY □N	

	Which method of detection is used by t	he respon	sible offic	ial?	,	l l
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					·
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ation (FID)/PID/calo	rimetric tubes)		
	If using direct-reading instrum	entation,	is the equ	ipment:		
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	OY O	и
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	OY O	N
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	OY O	N
d. Kept in a clean and secure area when not in use?					OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					מט עם	
3.	3. Has the facility maintained a leak log? ☑Y □N					N
4.	Does the responsible official check the	following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	OTY	ПN	Muck cookers	ΩY	ON O
l	Door gaskets and seating	фY	ПИ	Stills	₽¥	DИ
	Filter gaskets and seating	dy	ПΝ	Exhaust dampers	ωÝ	ΠN
	Pumps	ДХ	ND	Diverter valves	ďΥ	ПИ
	Solvent tanks and containers	Ą	ПN	Cartridge filter housings	ΣΖΥ	ПN
	Water separators	d Y	ПΝ			

Name of Responsible Official

AME WESAU

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·	<u>·</u>
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period: Based on each term or condition of the Title 62-213.300, Florida Administrative Code (Fig. 16 NO, complete the following:		w of Air Monitoring ANALY 19 78 ined in compliance with DEP Rule	
#1. Term or condition of the general permit	that has not been in continuous complianc	e during the reporting period stated above:	
Exact period of non-compliance: from	t	0	
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 complianc	e 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 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: MARIA Nar	CAROFINA CARACCIA IVI	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.

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT:	AIRS ID#: 0250809
TYPE OF FACILITY: PETER - DRy	Clanser
FACILITY NAME:	MI CLENNER DATES-19-98
FACILITY LOCATION: 1666 7620 25	/ >',
RESPONSIBLE OFFICIAL:	C/A PHONE NUMBER: 471-0610
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS DOLLTY IN COMPANY	WCC.
The Annual Compliance Certification form has been properly cer	
DATE OF NEXT INSPECTION: 19	<u> </u>
H	Approximate)
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: // C 5/2
Page	of Revised 10/96

. AIRS TO#: 0250809

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DONATO DRY CLASHER DE PATE: 3-19-98
FACILITY NAME: DONDTO DRY CLASHER DE GATE: 3-19-98 FACILITY LOCATION: 9666 NW 25 57.
MAR 2 3 1998
Annual Reporting Period: 5-9 1997 TO Management Division 1998
Gased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
f 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
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
42. 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
Action(s) taken to achieve compliance: MAY 1 9 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 reasonable inquiry, that the statements nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, D	COMPLAINT/DISCOVERY	0
AIRS ID#: 0250809 FACILITY NAME: FACILITY LOCATION: 9	DATE: 3-19-9 ONDJO Z OLOGO NU	28 TIME I Dry C/ 25	N: <u>[30]</u> TIME OUT: <u>2</u> RANGAS ST	~~~
	V		PHONE: 471 - 00 PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to start	tup		
2. Facility failed to notify DAR	M to use general peri	mit		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	ion form that it is:		☐ No notification form ☐ Drop store/out of business/pe	troleum
1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	′ут	2. New small: dry-to-dry only transfer only, x both types, x < (constructed on	, x < 140 gal/ут < 200 gal/ут	·
3. Existing large area sour		4. New large		
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	00 gal/yr gal/yr	transfer only, 2 both types, 140	, $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ a or after 12/9/91)	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	00 gal/yr gal/yr	transfer only, 2 both types, 140	$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of If no, please check the	00 gal/yr gal/yr lassification appropriate classification	transfer only, 2 both types, 140 (constructed on IN ation:	$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) Can not determine	

Revised 8/11/97 4

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,		
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DN/A		
2. Examining the containers for leakage?	OY ON CON/A		
3. Closing and securing machine doors except during loading/unloading?	מם אם		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ZY ON 1/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ם אותם אם אם		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .		
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?	NO Y		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DAY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ay on		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Y ON		

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		⊃N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON (⊃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?	OY ON (JN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN (⊃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?	ו אם עם	⊐N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□У □И (□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON I	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	AD DN		
2. Maintained rolling monthly averages of perc consumption?			
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DX/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts instailed w/in 5 days of receipt?	OY ON WAYA		
4. Maintained calibration data? (for applicable direct reading instruments)			
5. Maintained exhaust duct monitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?			
Problem corrected?	OY ON ONJA		
8. Maintained compliance plan, if applicable?	OY ON ON/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? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, CY ON ON/A DY DN CYNA Muck cookers couplings, and valves MY ON ON/A DY ON ON/A Stills Door gaskets and seating MY ON ON/A ZY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ON/A Diverter valves Pumps DY DN DN/A DY ON ON/A Solvent tanks and containers Cartridge filter housings Water separators ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ⊡ Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) MARCH 1999

Approximate Date of Next Inspection

AIRS ID#: 0 250809

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DONALO DON Cleanes DATE: 6/3/99
FACILITY LOCATION: 9666 NOW 25 ST
Annual Reporting Period: June 18th 1997 TO 30 Tepwe 1999
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.
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
Exact period of non-compliance: from Tank 78 to Tank 99
Action(s) taken to achieve compliance: Keep better records
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: Venting of Pec to Surrounding the reporting period stated above:
Exact period of non-compliance: from Lune 98 to June 99
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name Please Print Name Please Print Signature Name Please Print

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

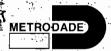
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	IPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 10 AM TIME OUT: 11	AIRS ID#: 0250809	
TYPE OF FACILITY: Perc Dry C	leane	
FACILITY NAME: DONA DO	Clones DATE: 6/3/99	
FACILITY LOCATION: 2666 No 3	2524.	
RESPONSIBLE OFFICIAL Dono de Caraccia	PHONE NUMBER: 44-66 to	
Based on the results of the compliance requirements evaluated by the second sec		
compliance with DEP Rule 62-213.300, Florida Administra	·	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
No Temp low	need to maintain	
	Temp. 100	
An Open Dipe was with		
NO Sed on PPE which	Sed OFEN DIPS	
was collecting bec.	Exposing Perc	
-		
COMMENTS:		
Minor racord		
Minor record	heaping Violation	
·		
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: 6/2000		
(57)	proximate)	
INSPECTION CONDUCTED BY: (Pl	ease Print)	
INSPECTOR'S SIGNATURE: PHONE NUMBER: 305-372-6922		

Page of ___.

Revised 10/96

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

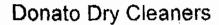
ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540

	350809
TO: Constos ty (Nea	mer 25000
ADDRESS: 9666 NW 25#	7
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit Exce	ssive Visible Emissions
Uncontrolled fugitive particulates Impre	oper handling/removal of asbestos
Stage II Vapor Recovery	compliance with CFC regulations
OTH	
Specifically: Violotion of Tule 6	2-213.300CI) FAC
HAS NOT GOURPET Bry to Dr.	seds dies socialsom
Coop vagor ventino susten	
In view of the above, and pursuant to the authority granted Metropolitan Dade County Environmental Protection Ordinance	to me by Sections 24-54 and 24-5(15)a, e, I hereby order you to:
Immediately upon receipt of this NOTICE, init Cease and Desist the above-referenced violat	
Within days of receipt of this NOTICE, you have taken to ensure that no further vice evidence of equipment repairs, adjustments, o	plations will occur. Said report may include
□ Within days of receipt of this NOTICE, 372-6925 to discuss air permit requirements.	contact the Air Section of this Department at
□ Within days of receipt of this NOTICE discuss other Departmental permitting require	contact Plan Review Section at 375-3330 to ments.
Failure to comply with the above or continued operation in vice enforcement and penalty provisions of Sections 24-55 and 24-	
For further information regarding the above, please contact the	Air Section of this office at 372-6925.
Since	erely,
John Direc	W. Renfrow, P.E.
	LEO SULO
Received by:	1 4
Title: Sign	ature: # CO H
Date: Sect	ión: DERM

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RECEIVED BY	BULL	TAX
M 25805 REV.		TOTAL 30-189

06, 19, 99 09:53 AM F02

BEST AVAILABLE COPY



Maria Carolina Caraccia Manager 9666 NW 25th Street Miami - Fia. 33172 Telephone (305) 471-0610 Fax (305) 471-0671

June 19th, 1999

ERM
33 SW 2nd. Avenue
Miami - Fl. 33130-1540
Fax: (305) 372-6954

Attention: Mr. Leo Smart

Attached please find a copy of the Invoice # 222359 by the service mechanic, Hector Bello who removed one the pipes coming from the cooker and sealed with a iron cap the other pipe that comes out from the bottom and which originally came with the machine and which cannot be removed according to manual and the professional mechanic who installed the Dry cleaning machine.

Therefore, now there is no opening of any kind. If you need to stop by to take pictures of the work done, please feel free to stop by any time this week.

Thank you for your time in this matter.

Respectfully four

Maria Carolina Caraccia

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	ON COMPLAIN I/DISCOVERY
AIRS ID#: 0250809 DATE: 4/18 FACILITY NAME: Donato D	Clasning Clasning
FACILITY LOCATION: 9666	NW DEREST
RESPONSIBLE OFFICIAL: Donafo Cara	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ 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. Ivew small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal-yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	₫ Y □N □Can not determine
☐ facility exceeds above li	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 60 gallons.	urchased within the preceding 12 months by this dry cleaning

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN PN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN PN/A DY DN 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? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DNA 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? ĎΙ'Υ □Ν Equipped dry-to-dry machines with a closed-loop vapor venting system? QY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DYY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ØY □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DWA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DAY DN verifying that the coolant had been completely charged?

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

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

DADO	CM. LEAN DESCRION AND	nnnunc					
	VI: LEAK DETECTION AND						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ins	pection?			ΔY ΩN			
2. Ha	s the facility maintained a leak log?			MA ON			
3. Do	es the responsible official check the	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	ØY ON ONA	Muck cookers	OY ON ON/A			
	Door gaskets and seating	DA ON ONIV	Stills	DY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	ØY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DIY ON ONIA	Cartridge filter housings	DY ON ONA			
	Water separators	DY ON ON/A					
4. Wh	rich method of detection is used by t	the responsible official?					
	Visual examination (condensed s	olvent on exterior surface	es)	9			
	Physical detection (airflow felt th	rough gaskets)		Ø			
	Odor (noticeable perc odor)			9			
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector		•				
	If using direct-reading instr	umentation, is the equip	oment:	ØN/A			
	a. Capable of detecting	perc vapor concentration.	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	אם צם			
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY ON			
	d. Kept in a clean and so	ecure area when not in us	e?	חס מ			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	מם עם			
	Ivan fannin		4/28/	/ wo			
	Inspector's Name (Please Prin	nt)	Date of Inspection				
	Inspector's Fignature		Approximate Date of N	Vext Inspection			
			. ipproximate isite of f				

ADDITIONAL SITE INFORMATION	ON:		
	Gw s	Housekeeping Recoel keeping	
			u-

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLA	AINT/DISCOVERY	RE-INSPECTION
TIME IN: /0 30	TIME OUT:	1100	AIRS ID#:	150409
TYPE OF FACILITY:	Parc Dry	Cleans		· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	Donato Dry	Clean	ung	_DATE: 4/28/00
FACILITY LOCATION:	9666 WW	32 3	١,	
	Mram, PC		•	
RESPONSIBLE OFFICIAL:	Donado Carac	era	PHONE NUMBER:	305-47/-0610
	the compliance requiremen Rule 62-213.300, Florida A		during this inspection, the fac Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were not	- · · · · · · · · · · · · · · · · · · ·	nts evaluated	during this inspection, the following	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP ACTI	ON REQUIRED
-				
				· · · · · · · · · · · · · · · · · · ·
	. /			
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			•	-
· .	-	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
		-		
COMMENTS:	Good R	econd 1	larging / Hous.	e kaopu s
The Annual Compliance Certifi	cation form has been prope	rly certified a	nd submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	ON:	ان (Approx	kimate)	
INSPECTION CONDUCTED	BY: Iran	_ `	<u>. </u>	
INSPECTOR'S SIGNATURE	: June Ja		PHONE NUMBER:	305-372-6922
	V	Pageof		Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Donto	Dy Channy	DATE: 4/28	loo
FACILITY LOCATION:9666	1. It was	· · · · · · · · · · · · · · · · · · ·	•
Man	FL	·	
	·· 1		
Annual Reporting Period:	<u>ਿ</u> 19 <u>ੀ</u> TO _	April	192
Based on each term or condition of the Title V get 62-213.300, Florida Administrative Code (F.A.C.)			
If NO, complete the following:			
#1. Term or condition of the general permit that I	has not been in continuous compliance	ce during the reporting period stated a	bove:
Exact period of non-compliance: from	•	0	Ì
- · · · · · · · · · · · · · · · · · · ·			
Action(s) taken to achieve compliance:	<u> </u>		
Method used to demonstrate compliance:			
		•	
#2. Term or condition of the general permit that	has not been in continuous compliance	ce during the reporting period stated a	bove:
.			
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
			<u> </u>
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based			
made in this notification are true, accurate and co upon rolling averages of purchase receipts, does t	-		
year for transfer or combination facilities.			,
RESPONSIBLE OFFICIAL: DONA TO	Carreeia C	1/28/	/20
Name (P.		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.

V0355006 Pease include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DIJE: \$50.00

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250809

DONATO DRY CLEANERS DONATO CARACCIA 9666 NW 25TH STREET MIAMI FL 33172

& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

300935

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

JAN 27 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250809

DONATO DRY CLEANERS INC DONATO CARACCIA 9666 NW 25TH STREET MIAMI FL 33172 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250809 DONATO DRY CLEANERS

DONATO CARACCIA 9666 NW 25TH STREET MIAMI FL 33172 412230 DEC26 2001

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

DONATO DRY CLEANERS

9666 N.W. 25 Street

Miami FL., 33172

Ph (305) 471-0610

PM 22 DEC 2001

TUNITED WE STAND!

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



400672

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

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AIRS ID # 0250809

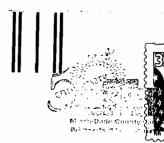
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Fund: 20-2-035001 Obj.: 002273

DONATO DRY CLEANERS 9666 N.W. 25 Street Miami FL., 33172 Ph (305) 471-0610





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

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 # 0250809
DONATO DRY CLEANERS
DONATO CARACCIA
9666 NW 25TH STREET
MIAMI FL 33172

FOR GOVERNMENT USE ONLY

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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DONATO DRY CLEANERS 9666 N.W. 25 Street Miami FL., 33172 Ph (305) 471-0610 22 DEC /999

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

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: 10	If YES, enter delivery address below:
9666 NW 25TH STREET MIAMI FL 33172	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 2870 0000 7027 3°	764
PS Form 3811, July 1999 Domestic Ret	·

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