

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 6, 1996

Mr. Nilfies Coyra Miller Drive Dry Cleaners 6725 Southwest 56 Street Miami, Florida 33155

Dear Mr. Coyra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 1996.

Please note that in November 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 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

cc: Mr. Ewart Anderson, Dade County

	#0250702
,	Miller Drive Dry Cleaners
·	,
	-spoke with Mr. Coyra -8/29/96
	no degreaser on site, please have
	Mr. Coyra complete page 13 of a
-	dry cleaning notification form,
	include all information, as on page 17, and add his title - Owner/
	Operator on line 6.
P.14	
	purchased above mark outs and
	Correct date(s) control device
	installed, it needed
	1.6) mark out "X" and initial
	3. Should be new small area Source
p./5	4. should be new small area source
	Wrefnig.con.
	56 not required, mark out "X" and initial
	5.f) required
	:

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NILFIES COYRA CMILLER DRIVE DRY CLEARED CON
2.	Site Name (For example, plant name or number):
	MILLER DRIVE DRY CLEANERS-
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 6725 Sw 5657
	Street Address:
	City: MIAMI County: FLA Zip Code: 3315V
5.	Facility Identification Number (DEP Use):
	0250702
	Responsible Official
(6)	Name and (Title) of Responsible Official:
	NILFIES COYRA
7.	Responsible Official Mailing Address: 6725 Sw 56 ST Organization/Firm:
	Street Address: M/AM/ City: County: FA Zip Code: 33/VT
8.	Responsible Official Telephone Number:
	Telephone: (307) $66/1710$ Fax: $()$ -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	NILFIES COYNA (OWNER/OPERATOR)
10.	Facility Contact Address: 6725 SW 86 ST-
	Street Address:
	City: MIAMI County: FIA Zip Code: 73/57
11.	Facility Contact Telephone Number:
	Telephone: (105) (6/1770 Fax: () -
<u></u>	
	RECFIVED
	N E C F I V F I Y

AUG 1 3 1996

DEP Form No. 62-213.900(4) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR
Dry-to-Dry Unit		· · · ·	*.						
(1) w/ ref. condenser	7	02-43	0-2-93						
(2) w/ carbon adsorber	1-	000	0-2-93						
(3) w/ no controls									
Washer Unit					•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls									
Dryer Unit					. •				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			ut.						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		•							
(b) Control devices are (c) No control devices 2.(a) What was the total q	are re	equired to be	installed [_	X	·	1 the latest 12	! mor	iths?	
(b) If less than 12 month Check why it is less	hs, ho than	ow many? [12 months:]] months New owner:] New store	: [] Did	not k	eep records:	
	-					· · ·		•	
What is the facility's son (Indicate with an "X".					nitions found	l in section (3	3) of :	Part II?	
Existing small are	ea soù	irce 💢	Ne	ew sm	all area sour	ce [•		
Existing large are	a sou	rce []	Ne	w lar	ge area sour	ce []			

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(4) What control technology is required on machines pursuant to section (5) of Part I (Indicate with an "X".)	I of this notification form?
Existing large area source Carbon adsorber	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be eligible to use to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 10 m boiler HP or less), and (2) are fired exclusively by natural gas except for periods of during which propane or fuel oil containing no more than one percent sulfur is fired	fnatural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Informati	on
Check all logs which are required to be kept on-site in accordance with the requiren	nents of this general permit:
(a) Purchase receipts and solvent purchases	×
(b) Leak detection inspection and repair	X]
(c) Refrigerated condenser temperature monitoring	X]
(d) Carbon adsorber exhaust perc concentration monitoring	<u>X</u>]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. S / O / G L Date



Department of **Environmental Protection**

Governor

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

David B. Struhs Secretary

June 25, 2001

Ms. Rene A. Gonzalez Miller Drive Dry Cleaners and Laundry, Inc. 6725 Southwest 56 Street Miami, Florida 33155

Dear Ms. Gonzalez:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that Miller Drive Dry Cleaners and Laundry, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0250702). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

0250402 Daoctivale Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:45 TIME OUT: 11:30	D AIRS ID#: 025 0702
TYPE OF FACILITY: PERC. DRY	lesver
FACILITY NAME: MINER DRIVE D	Ry CRANGES DATE: 8-18-97
FACILITY LOCATION: 6725 SW 56	47.
MISM, Re	. 33/55
RESPONSIBLE OFFICIAL: NIPIES COUPE	PHONE NUMBER: 60/ 1770
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu- discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
:	
The state of the s	
	·
·	
•	•
	· · · · · · · · · · · · · · · · · · ·
COMMENTS: PACILITY SIN COM	plinnce.
The Assert Compliance Control of the	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8/98	pproximate)
INSPECTION CONDUCTED BY: TAME NO	DARW
	Please Print)
INSPECTOR'S SIGNATURE:	

Revised 10/96

TITLE V AIR QUALITY GENERAL PERM INSPECTION SUMMARY REPORT





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ace

FACILITY NAME: MILLER	DRIVE	DRy C	KA	VERS	DATE:	8-18-97
FACILITY LOCATION: 6725	Sa	56	57	•		, .
MIAMI,	PL. =	33/55	-			
Annual Reporting Period: 8-10	96	19	то	8-18	-97	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		-			/ -	Rule INO
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been	in continuous (complianc	e during the f	eporting poriou	stated above:
Exact period of non-compliance: from			tu	 o	'AUG 2 2 19	97
Action(s) taken to achieve compliance:				Bu	reau of Air Mo	
Method used to demonstrate compliance:						
#2. Term or condition of the general permit	that has not been	in continuous	complianc	e during the r	eporting period	stated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:		_				
Method used to demonstrate compliance:						
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Na	and complete. Fu	rther, my annu	al consum	ption of perch	iloroethylene so	lvent, based
				ι '		

*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	C	-	COMPLAINT/DISCO	OVERY	
airs id#: <u>OZSO 70</u> 2 facility name: <u>M/</u> facility location: <u>(</u>	HER DR	37 TI 2118 5W P1	ME IN	ey Clenn	е оит: <u>//</u> /BS	30
	9/371 1	16	. 5	2013		
PART I: NOTIFICATION			•			
(check appropriate box)	, <u> </u>					
1. Existing facility notified DA	RM by 9/1/96					œ/
2. New facility notified DARM	I 30 days prior to star	tup			•	
3. Facility failed to notify DAF	RM to use general per	mit				
PART II: CLASSIFICATIO	N					
Facility indicated on notificat (check appropriate box)	ion form that it is:					
A. 1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	ут .	dry-to-dry transfer o both type	y only, nly, x< s, x<14	rea source x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91)		
3. Existing large area sou dry-to-dry only, 140 <x<2, 1<br="">transfer only, 200<x<1,800 both types, 140<x<1,800 ga<br="">(constructed before 12/9/91</x<1,800></x<1,800 </x<2,>	l00 gal/yr gal/yr al/yr	dry-to-dry transfer of both type	y only, only, 20 s, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>		
This is a correct facility classi	fication	ΠY	N			
If no, please check the approp	riate classification:					
	fied for a general pereds above limits and i			2 above general permit		
B. The total quantity of perch facility was gallon		urchased w	ithin th	ne preceding 12 month	s by this dry	cleaning



PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

l.	Equipped all machines with the appropriate vent controls?	ØY	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	OZYY '	ПΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Q Y	ПΝ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY	ПΝ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	ΩΝ	NA
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY	Ωи	



B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	מם	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ΩΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	
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?	ΩY	ПΝ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Ωи	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DAY CIN
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY NO 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?	חם אם
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON NA
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY ON N4
Problem corrected?	DY ON NA
8. Maintained compliance plan, if applicable?	DY ON DAVIA

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

2. Which method of detection is used by the responsible official?							
Visual examination (conden	\(\)						
Physical detection (airflow f	Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)				ਰ			
Use of direct-reading instru	<u> </u>	·					
If using direct-reading ins	If using direct-reading instrumentation, is the equipment:						
a. Capable of detec	ting perc vapor	concent	rations in a range of 0-500 ppm?	ΩY	מם		
b. Calibrated again (PID/FID only)	-	as prior t	o and after each use	ΩY	מם		
c. Inspected for lea	aks and obvious	signs of	wear on a weekly basis?	ΠY	מם		
d. Kept in a clean and secure area when not in use?					OY ON		
e. Verified for acc	מם עם						
3. Has the facility maintained a leak log?					ΠИ		
4. Does the responsible official chec	k the following	areas for	leaks?				
Hose connections, fittings, couplings, and valves	ΦY	ΩN	Muck cookers	ΟY	□ κ ν		
Door gaskets and seating	UY	ПN	Stills	Z Y	ПИ		
Filter gaskets and seating	M Y	ПN	Exhaust dampers	ØΥ	ПN		
Pumps	GY.	ПN	Diverter valves	₫Y	ПN		
Solvent tanks and contained	rs 🗹 Y	ПN .	Cartridge filter housings	ØY	ΩN		
Water separators	MY	ПN					

Approximate Date of Next Inspection

THIS Pacility AND THE PERE. MACHINE

ARE OPERATED AS A STANDBY UNIT

TO A BIGGER PACILITY OWNED by THE

SAME OWNER & PARMITED by THE

GTATE.

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY RECORT

	APLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: TIME OUT:	Colored AJRS ID#:
TYPE OF FACILITY:	Du (122 25)
FACILITY NAME:	DATE:
FACILITY LOCATION:	
TACIBIT BOCATION.	, ,
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
	:
COMMENTS: (201/19 11 Com	Wance
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	pproximate)
INSPECTION CONDUCTED BY: (P	Please Print) 37/6922
INSPECTOR'S SIGNATURE!	PHONE NUMBER:
Page	of Poviced 10/06

BEST AVAILABLE COPY

. AIRS ID#: 025 0702 Adl

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAY 0 4 1998

FACILITY NAME: HILLER DRIVE DR	y Clannian Manuer Selection 25
FACILITY LOCATION: 6725 SW 56	S 7
MAN!	
Annual Reporting Period: $S - (S - 97)$	9_ TO <u>4-26-</u> 19 80
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in cont	nuous 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 cont	inuous compliance during the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·	RECEIVED
Exact period of non-compliance: from	toto
Action(s) taken to achieve compliance:	Bureau of Air Monitoring
Method used to demonstrate compliance:	& Mobile Sources
<u></u>	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, nupon rolling averages of purchase receipts, does not exceed 2,100 go year for transfer or combination facilities.	ny annual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: NILFIES COYNE Name (Please Print)	Sgnature Space 4/80/98

*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

ERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COM LIMICE	INSPECTION CHECKLIST				
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY (_			
RE-INSPECTION					
10 110 2011					
02-02-2 4.19	-94 715 76	/-			
AIRS ID#: UCS () JOC DATE: 1 CO	TIME IN: $2/3$ TIME OUT: $2/3$	ارح			
FACILITY NAME: MINER W	195 TIME IN: 215 TIME OUT: 29				
facility location: <u>6725</u> 50					
ll					
MIBMI	2				
RESPONSIBLE OFFICIAL: NIFES	CoyRA PHONE: 661-1770	2_			
1	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to st	artup				
2. Facility failed to notify DARM to use general p	•				
	2. I definity failed to houry D'Ardwi to use general permit				
PART II. CLASSIFICATION		····			
PART II: CLASSIFICATION Facility indicated on patification form that it is:	C) No notification form				
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petrole	eum			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petrole	eum			
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petrole 2. New small area source ☐	eum			
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	☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr	eum			
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	☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	eum			
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	☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr	eum			
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)	Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	eum			
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	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source	eum			
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)	Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	eum			
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 ≤ 2,100 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	eum			
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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	eum			
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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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) TY □N □Can not determine	eum			
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 \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) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a general source	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) DY □N □Can not determine Tication: teneral permit as number above	eum			
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 \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) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a general source	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) TY □N □Can not determine	eum			
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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification Gacility qualified for a gacility exceeds above light	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) DY □N □Can not determine Tication: teneral permit as number above				

in Eligh

3/2/8

Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	באוש מם עם			
2. Examining the containers for leakage?	בא שם אום אם			
3. Closing and securing machine doors except during loading/unloading?	מם אַם			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrience (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?	ОУ ОИ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ			
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?	OY ON			

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY DN				
2. Maintained rolling monthly averages of perc consumption?	оҰ ом				
3. Maintained leak detection inspection and repair reports for the following:	_				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צם				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם				
6. Maintained startup/shutdown/malfunction plan?	ON YED				
7. Maintained deviation reports?	ם אואפט אם אם				
Problem corrected? 😜	OY ON BYYA				
8. Maintained compliance plan, if applicable?	DY DN WN/A				

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					D/Y		מנ
2.	Has the facility mainta	ined a leak log?				ďY		מנ
3.	Does the responsible or	fficial check the fo	ollowing areas fo	or leaks?				
	Hose connections couplings, and	_	מא טא טא	'A	Muck cookers	ΩY	ПΝ	ONIA
	Door gaskets and	l seating	אט אט אט	'A	Stills	ďΥ	ΠN	□N/A
	Filter gaskets and	d seating	DY ON ON	'A	Exhaust dampers	ŒΥ	ΠИ	□N/A
	Pumps		אם אם אם	'A	Diverter valves	qх	Ωи	□N/A
j	Solvent tanks and	d containers	אם אם אלם	'A	Cartridge filter housings	T Y	ПΝ	□N/A
	Water separators		אם אם אם	'A				
4.	Which method of detec	ction is used by th	e responsible off	ficial?				
Visual examination (condensed solvent on exterior surfaces)					过,			
ļ	Physical detection (airflow felt through gaskets)					Q,		
	Odor (noticeable	perc odor)				দ্র		
	Use of direct-rea	ding instrumentat	ion (FID/PID/ca	lorimetric t	tubes)			
ļ	Halogen leak det	ector						
	If using dire	ect-reading instru	ımentation, is tl	he equipme	ent:	□N/	'A	
	a. Capa	able of detecting p	erc vapor concer	ntrations in	a range of 0-500 ppm?	ПY	ПN	
		brated against a st VFID only)?	andard gas prioi	r to and afte	er each use	ΩY	ПN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				ΠY	ΠN		
	d. Kep	t in a clean and se	cure area when	not in use?		ПY	ΠN	
	e. Veri	fied for accuracy l	by use of duplica	ite samples	(calorimetric only)?	ΠY	ΠN	

Inspector's Name (Please Print)

Date of Inspection

Application

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCO	OVERY	·
FACILITY NAME:	ler Driv	e Dry 50 S	Cleaners	·	
RESPONSIBLE OFFICIAL : N	9			1961-17	70
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM to				**	
PART II: CLASSIFICATION Facility indicated on notification t	orm that it is:		☐ No notification for	m	
(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)	dry tra bo	nsfer only, x th types, $x < x$	х < 140 gal/уг < 200 gal/уг	usiness/petro	leum
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ ga both types, $140 \le x \le 1,800$ gal/y (constructed before $12/9/91$)	gal/yr dry l/yr tra r bo	nsfer only, 20 th types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$		
☐ facility ex	ropriate classification ualified for a general sceeds above limits a	permit as nu and is not elig	□Can not determine mber above ible for a general permit		raning
B. The total quantity of perchloroet facility was gallons.	nyiene (perc) purcha	sea within the	e preceaing 12 months b	y this dry cle	caning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN XN/A
2. Examining the containers for leakage?	OY ON XIVA
3. Closing and securing machine doors except during loading/unloading?	X ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DOWA
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).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	חם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ
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?	ОУ ОИ

В	. Has the responsible official of an existing large or new large area source also:		<u> </u>
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?	ΟΥ C	אכ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		IN DN/A
	Is the temperature differential equal to or greater than 20° F?	, OA C	N/A □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 C	אורם אנ
	Is the perc concentration equal to or less than 100 ppm?	ם א כ	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?	OY C	IN □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. OY C	IN □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	N □N/A

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

PART	VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection? When operation	ig machine.		ΆY	□и
	the facility maintained a leak log?	O		Jy.	ΠN
3. Doe	es the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	XY	□N □N/A
	Door gaskets and seating	AND NO ANA	Stills	XY	□N □N/A
	Filter gaskets and seating	AND NO YA	Exhaust dampers	χqγ	□N □N/A
	Pumps	AVO NO VA	Diverter valves	'AA	□N □N/A
	Solvent tanks and containers	אותם אם צאל	Cartridge filter housings	XY	□N □N/A
	Water separators	AND NO ANA			
4. Whi	ich 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)				X	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetric	tubes)		
	Halogen leak detector			ū	
	If using direct-reading instr	umentation, is the equipn	nent:	MAN	A
	a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	' DY	ПN
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and aft	ter each use	ΟY	ПN
	c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis?	ΩY	ПN
	d. Kept in a clean and s	ecure area when not in use?	?	ΩY	ΩN
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	ΩY	ПN

Inspector's Name (Please Print)

Inspector's Signature

2/20/99
Date of Inspection

2/2000

Approximate Date of Next Inspection

Machine on site. Not operating. Haven't bought perc in over 12 months. Cleaning being done at Mr. Alex Cleaners (0250771). Dwner wants to keep perinit active.

BEST AVAILABLE COPY

MOTECTION SUMMARY REPORT

Based on the results of the concompliance with DEP Rule 62 Based on the results of the concompliance were noted:	-213.300, Florida Adminis	uated during this insp trative Code (F.A.C.)).		
COMPLIANCE REQUIRE	MENTAPROBLEM	FOLLO	W-UP ACTIO	N REQUIRED	
				· 	
			·		
					- -
·	,				_ _
					
DMMENTS:					
	;				•
e Annual Compliance Certification	form has been properly cer	•	to the inspector.	YES NOX	

AIRS ID#: 0250707

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u> </u>		
FACILITY NAME:MilleV	· · · · · · · · · · · · · · · · · · ·		DATE: 2/26/99
FACILITY LOCATION: <u>U72</u>	5 SW 56	St	,
Man		3155	
1 170071			
Annual Reporting Period:	2	19 <u>9</u> 8 то	2 (999
Based on each term or condition of the Title	V general air permit, my	facility has remained in comp	liance with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period	covered by this statement.	YES DNO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in con	tinuous 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 con	tinuous compliance during the	reporting period:stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u></u> .
Method used to demonstrate compliance:			
Wichiod used to demonstrate comphanies.			
As the responsible official, I hereby certify, a made in this notification are true, accurate a upon rolling averages of purchase receipts,	and complete. Further, i	my annual consumption of per-	chloroethylene solvent, based
year for transfer or combination facilities.	0	1 91	Par plicated
RESPONSIBLE OFFICIAL: Name Name	ne (Please Plint)	Signature	19 Date 198
		/ / 0.6	

*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.

Attn: Debbie Griner

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

3/25/99

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON
1 ,	TIME IN: 2:35 TIME OUT: 3:00
FACILITY NAME: Nilla 1	sive Clamers
FACILITY LOCATION: 6735	See Sto St.
	FC
RESPONSIBLE OFFICIAL: Nation	Coyra PHONE: 305-661-1770
CONTACT NAME:	
<u> </u>	
PART I: NOTIFICATION	(? a H M
(check appropriate box)	0 4 00
1. New facility notified DARM 30 days prior to sta	artup Soul No.
2. Facility failed to notify DARM to use general pe	ermit Sources O
	ë
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source	2. Ivew small area source □
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yτ transfer only, x < 200 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source 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
If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	
	urchased within the preceding 12 months by this dry cleaning
facility was <u>40</u> gallons.	

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A			
2. Examining the containers for leakage?	DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ɗy □n □n/a			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ETN/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?	מם צם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY 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?	אם אם			

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?	ΠY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ΠN	□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	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	Dи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ИΩ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩИ	□N/A

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

P.	ART VI: LEAK DETECTION AND R	EPAIRS		
Ī.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
	inspection?			OY ON
2.	Has the facility maintained a leak log?			
3.	Does the responsible official check the	following areas for leaks?	•	
	Hose connections, fittings, couplings, and valves	Y. ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	GY ON ON/A
	Filter gaskets and seating	QY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON CINIA	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces)	6
	Physical detection (airflow felt through gaskets)			
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instru	mentation, is the equipm	nent:	ØN/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON
i i	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON
	c. Inspected for leaks and	d obvious signs of wear or	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in use:	?	מם עם
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N
=				
	Ivan Fan	7/12	1/2 x/ro	
	Inspector's Name (Please Print		Date of Inspection	
	,		,	

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	N:
	Good Reconskeeping Horsebaping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/DISC	OVERY	RE-INSPE	CTION
TIME IN: 2:35	TIME OUT:	3 %	D	_AIRS ID#:	028070	,2
TYPE OF FACILITY:	Pare Dr.	y Clea	mer			
FACILITY NAME:	Millan	Duie	Cloque	4	DATE:/	2800
FACILITY LOCATION:	6735	ړس	56 26			
	Maini	FI				
RESPONSIBLE OFFICIAL:	William C	-oyra	PI	IONE NUMBEI	R: 305 - 66	1-1770
Based on the results of t compliance with DEP R	•		-	=	cility is found to l	pe in
Based on the results of t discrepancies were noted		ments evaluat	ed during this i	nspection, the fo	llowing complian	ce
COMPLIANCE REQU	JIREMENT/PROJ	BLEM	FOLL	OW-UP ACT	TON REQUI	RED
				·		
				•		
			·			
COMMENTS:				·		
The Annual Compliance Certific	ation form has been pro	operly certifie	ed and submitte	d to the inspecto	or. YES	NO NO
DATE OF NEXT INSPECTIO	N:	1/28/C	roximate)			
INSPECTION CONDUCTED	BY:	<u>L</u> can	Farminate) ase Print)			
INSPECTOR'S SIGNATURE:	June S	2-	РН	ONE NUMBEI	1: 305-3	72 69 25
		Page	_of			Revised 10/96

'AIRS 1D#: 0250702

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Miles Drive Cleaners DATE: 1/28/00
FACILITY LOCATION: 6725 Sw 57 St St MECEIVED
Man FL 33155 FEB 28 2000
1
Annual Reporting Period: 1999 TO Management Division
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
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
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: RESPONSIBLE OFFICIAL: 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.

7	_
Page	01

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250702

MILLER DRY CLEANERS CORP NILFIES COYRA 6725 SW 56TH STREET MIAMI FL 33155

Do NOT Remove Label

Annual Reporting Period: 01-01 1998 TO 12-31-	19 97
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	h DEP Rule
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:
Action(s) taken to achieve compliance:	EIVED N 2 2 1998 of Air Monitoring
& M #2. Term or condition of the general permit that has not been in continuous compliance during the reporting p	obile Sources period stated above:
Exact period of non-compliance: from	
Method used to demonstrate compliance:	_
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based up does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination fa	pon purchase receipts,
RESPONSIBLE OFFICIAL: NILFIE'S Coyna Victor logo Name (Please Print) Signature	9. 1-10-9 % Date

11/06/97

^{*}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.

0354293

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

TOTAL AMOUNT DUE: \$50.0

Do NOT Remove Label

AIRS ID # 0250702

MILLER DRIVE DRY CLEANERS NILFIES COYRA 6725 SW 56TH STREET

MIAMI FL 33155

Bureau of Air Monitoring & Mobile Sources

5

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

300386

TOTAL AMOUNT DUE: \$50.00 Jan 20 98

Do NOT Remove Label

AIRS ID#0250702

MILLER DRY CLEANERS CORP NILFIES COYRA 6725 SW 56TH STREET MIAMI FL 33155 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

258229

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

MAIL ROOM

Do NOT Remove Label

AIRS ID# 0250702 MILLER DRIVE DRY CLEANERS NILFIES COYRA 6725 SW 56TH STREET MIAMI FL 33155 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

0392492

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 # 0250702

MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

0392494

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 # 0250990

LUDLAM DRY CLEANERS RENE GONZALEZ 6786 SW 40 STREET MIAMI FL 33155 MAIL ROOM FEB 22 00

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.

TÖTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250919

CORAL GABLE DRY CLEANING JOE LANCASTER 250 MINORCA AVE **CORAL GABLES FL 33234**

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

406819 MAR 52001

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 # 0250702

MILLER DRIVE DRY CLEANERS NILFIES COYRA 6725 SW 56TH STREET **MIAMI FL 33155**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

0392495

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 # 0250857

SURF-BAL-BAY CLEANERS SULEMAN SADRUDDIN 9417 HARDING AVE SURFSIDE FL 33154 FOR GOVERNMENT USE ONLY COrg.: 37550101000 EO: B1 OF Fund: 20-2-035001 Obj.: 002273

SENDER: CC of equipment of the second of the	ij te pio-j
 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 # 0250702 MILLER DRIVE DRY CLEANERS NILFIES COYRA 6725 SW 56TH STREET MIAMI FL 33155 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	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) 2 2 0 66 2 260	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

M Ni 67	Z 210 L1 US Postal Service Receipt for Cer No Incurance Covarage ILLER DRIVE DRY C ILFIES COYRA 25 SW 56TH STREET IAMI FL 33155	tified Mail Provided. AIRS ID # 0250702 CLEANERS
	Postage	 \$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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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. 1. Article Addressed to: AIRS ID # 0250702 MILLER DRIVE DRY CLEANERS NILFIES COYRA 6725 SW 56TH STREET MIAMI FL 33155	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X	
	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) 2000 0606 0026 4126 6466		
PS Form 3811, July 1999 Domestic Retu		

		ervice D MAIL RECEIP nly; No Insurance Cover	
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4754	Postage Certified Fee	\$	Postmark
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2000 0600	MILLER DRIVE DR NILFIES COYRA 6725 SW 56TH STR MIAMI FL 33155		
-	PS Form 3800 February.2	0000 S	ee Reverse for Instructions

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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) C. Signature X Agent Addressee D. Is Alelivery address different from 17 Yes	
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MIAMI FL 33155	3. Service Type XI Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
j	4. Restricted Delivery? (Extra Fee) ☐ Yes	
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PS Form 3811, July 1999 Domestic Ret		

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			se for Instruction

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SENDER: COMPLETE THIS SECTION	OOWIFEETE THIS SECTION ON DELIVERY	
 Complete items 1;·2; and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes	
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N: 67	ILLER DRIVE DRY (ILFIES COYRA 125 SW 56TH STREET IAMI FL 33155			
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
25 Form 3800 , April 1995	Postmark or Date			

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250702001AG NILFIES COYRA MILLER DRIVE DRY CLEANERS 	A. Received by (Please Print Clearly) C. Signature X		
6725 SW 56TH STREET MIAMI FL 33155	3. Service Type Certified Mail		
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 2 1/10 102595-99-M-1789		

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