



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 26, 1996

Mr. Mohamed Visram
Crandon Cleaners
5222 Northwest 7th Avenue
Miami, Florida 33127

Re: Facility I.D. No. 0250752

Dear Mr. Visram:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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 is subject to the requirements of the Title V general permit.

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

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

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

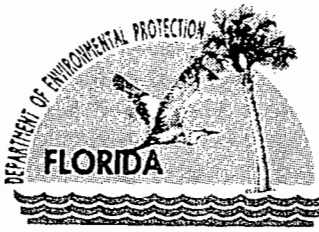
Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

David B. Struhs
Secretary

NOV 08 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

WARNING LETTER

Mr. Nizar Gillani
Mr. Al-Karim Visram
Crandon Cleaners, Inc.
5222 NW 7th Ave
Miami, FL 33127

Miami-Dade County
CU/Dry Cleaning Program
#WL00-0182CU13SED

RE: Crandon Cleaners
5222 NW 7th Ave
Miami, FL 33127
DEP Facility ID: 139600101

AIRSID# 0250752

Dear Messrs. Gillani and Visram:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter.

The Department staff inspected the above referenced facility on July 26, 2000 and August 3, 2000, as part of the Southeast District's program to assist in the administration of Chapter 62-781, Florida Administrative Code (F.A.C.). Following the inspection, a copy of the Inspection Exit Summary (copy is attached herewith), was provided to you by the Department, and all tentatively identified non-compliance items were discussed. As explained during the Exit Summary, the Department advised and you agreed to provide documentation of your efforts to bring the facility into compliance by September 3, 2000.

The deadline for the submittal has expired and as of this date the Department has not received any documentation to verify that the facility has been brought into compliance.

Department of Environmental Protection personnel observed the following at the above described facility:

1. On July 26, 2000, three (3) petroleum dry cleaning machines were observed to not have secondary containment installed around and beneath the units.
2. On July 26, 2000, one (1) perchloroethylene dry cleaning machine was observed to not have secondary containment installed around and beneath the unit.

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Crandon Cleaners
CU/Dry Cleaning Program
#WL00-0182CU13SED

3. On July 26, 2000, six (6) 55-gallon drums of perchloroethylene were observed to have been stored on the facility floor without secondary containment installed around or beneath the drums.
4. On July 26, 2000, the area beneath the spotting board (an item of equipment in which drycleaning solvent is used) was observed to not have secondary containment installed around or beneath the unit.
5. On July 26, 2000, the secondary containment vessel beneath the Suprema dry cleaning unit was observed to contain solvent and leakage was observed at the sight glass.
6. On July 26, 2000, dry cleaning equipment was observed to be stored in the open yard of the facility without secondary containment installed around or beneath the equipment.
7. On August 3, 2000, three (3) petroleum dry cleaning machines were observed to not have secondary containment completely installed around and beneath the units.
8. On August 3, 2000, one (1) perchloroethylene dry cleaning machine was observed to not have secondary containment installed around and beneath the unit.
9. On August 3, 2000, six (6) 55-gallon drums of perchloroethylene were observed to have been stored on the facility floor without secondary containment installed around or beneath the drums.
10. On August 3, 2000, secondary containment vessel beneath the Suprema dry cleaning unit was observed to contain solvent and leakage was observed at the sight glass.
11. On August 3, 2000, the area beneath the spotting board (an item of equipment in which drycleaning solvent is used) was observed to not have secondary containment installed around or beneath the unit.
12. On August 3, 2000, secondary containment was not provided for solvent based spotting chemicals over one (1) quart in volume.
13. On August 3, 2000, dry cleaning equipment was observed to be stored in the open yard of the facility without secondary containment installed around or beneath the equipment.
14. On July 26 and August 3, 2000, the facility operator, when requested by Department staff, could not provide monthly records of solvent consumption for the three (3) petroleum dry cleaning machines.
15. On July 26 and August 3, 2000, the facility operator, when requested by Department staff, could not provide an operating manual documenting a detailed leak inspection and leak repair program. Additionally, the three (3) petroleum dry cleaning machines were not labeled in a clear and visible manner with the following: "To protect against fire hazards, loss of valuable solvents and emissions of solvents to the atmosphere, periodic inspection of this equipment for evidence of leaks and prompt repair of leaks is required. The equipment must be inspected every 15 days and all vapor or liquid leaks be repaired within the subsequent 15 day period."
16. On July 26 and August 3, 2000, three (3) petroleum dry cleaning machines were observed to not have solvent recovery dryers.

Crandon Cleaners
CU/Dry Cleaning Program
#WL00-0182CU13SED

17. Department records reveal that this operating drycleaning facility has not paid the annual departmental registration fee (\$100.00) and additional late fee (\$75.00) for Fiscal year 1999-2000.

Please note that Section 376.303(1)(d)(1) and (2a), F.S., require owners, operators and the real property owners of dry cleaning facilities to jointly register all operating drycleaning facilities with the Department and submit to the Department an initial fee of \$100.00 and an annual renewal registration fee of \$100.00 for each drycleaning facility owned and in operation. New businesses are required to register within 30 days after the start of operation. Facilities that fail to pay their initial or renewal fee within 30 days after receipt of billing are subjected to a late fee of \$75.00. Additionally, F.S. 376.302 (1)(b) provides that it is prohibited for any reason to fail to obtain any permit or registration as required by Chapter 376, F.S.

Please note that Sections 376.3078 (9)(a) and (b), Florida Statutes (F.S.), require owners or operators of dry cleaning facilities to provide dikes or other containment structures around each machine or item of equipment in which drycleaning solvents are used and around any area in which solvents or waste containing solvents are stored. Additionally, the dikes or containment structures shall be impermeable and capable of containing 110 percent of the capacity of each machine and each such storage area.

Please note that Rule 62-296.412(4)(a), Florida Administrative Code (F.A.C.), requires each affected petroleum solvent dry cleaning dryer that is installed at a petroleum dry cleaning plant shall be a solvent recovery dryer. The solvent recovery dryer(s) shall be properly installed, operated, and maintained.

Please note that Rule 62-296.412(4)(c), F.A.C., requires that each owner or operator of an affected petroleum solvent dryer shall include leak inspection and leak repair cycle information in the operating manual and on a clearly visible label posted on each affected facility. Such information should state: "To protect against fire hazards, loss of valuable solvents and emissions of solvent to the atmosphere, periodic inspection of this equipment for evidence of leaks and prompt repair of any leaks is required. The equipment must be inspected every 15 days and all vapor or liquid leaks be repaired within the subsequent 15 day period."

Please note that Rule 62-296.412(4)(d), F.A.C., requires that each owner or operator of a petroleum solvent drycleaning facility keep monthly records of solvent consumption.

Please note that Sections 403.161 and 376.302, F.S., provide that it is prohibited for any reason to violate or fail to comply with any statute, rule, order, permit, registration, or certification adopted or issued by the Department pursuant to its lawful authority.

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above-described statutes or rules should be ceased immediately.


Please be advised that facilities operating in a grossly negligent manner at any time on or after November 19, 1980 shall be ineligible for state cleanup pursuant to Chapter 62-781, F.A.C.

Crandon Cleaners
CU/Dry Cleaning Program
#WL00-0182CU13SED

You are requested to contact Mr. Ronald King at the address or telephone number (561) 681-6731 within fifteen (15) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), F.S. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,



Melissa L. Meecker 11/7/00
Director of District Management
Southeast District

MLM:vk:pw:rk

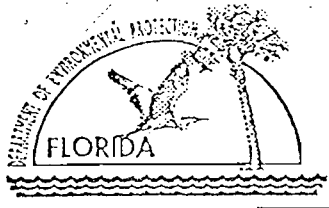
RECEIVED
NOV 13 2000
Bureau of Air Monitoring
& Mobile Sources

Enclosure: Copy of Inspection Exit Summary Report

- cc: Bill Burns, DEP/BWC, Tallahassee (w/o enclosures)
- West Palm Beach DEP files (w/enclosures)
- Waste Cleanup Archboard (w/enclosures)
- Rosana Rivera, Miami - Dade County DERM (w/enclosures)
- Sandy Bowman, DEP, Tallahassee (w/enclosures) MS # 5510

C:\Warningletter\Crandon.doc/

Reference document No.255



Southeast District
P.O. Box 15,25 West Palm Beach, Florida 33416

Telephone:(561)681-6600

THE DEP MAINTAINS A TOLL FREE FAX-ON-DEMAND SYSTEM; YOU CAN OBTAIN
INFORMATION ON THE DRYCLEANING PROGRAM 24-HRS/DAY 800-789-4502
OUR INTERNET ADDRESS IS
WWW.DEP.STATE.FL.US/WASTE/PROGRAMS/DRYCLEAN/INDEX.HTM

Inspection Exit Summary

Drycleaning Facility: Common Cleaners

Date: 7/26/00

Time: 2:30

An inspection of your facility was conducted today for the purpose of determining compliance with applicable Department regulations; this exit interview is the Department's attempt to advise you of possible violations. This list may be incomplete and further inquiry may result in further discovery. The Department has signed an enforcement agreement with the U.S. Environmental Protection Agency which calls for the assessment and collection of monetary penalties under some circumstances. Further, Chapter 376, Florida Statutes, prohibits the Department from expending cleanup funds at sites that have been operated in a grossly negligent manner or are not in compliance with the department's rules regulating drycleaning solvents, drycleaning facilities, or wholesale supply facilities on or after November 19, 1980. While your quick response may not prevent monetary penalties or loss of eligibility, continued non-compliance may result in greater liability.

The following violations have been tentatively identified:

- 1. The registration information for the facility is not correct.
- 2. The facility has not registered as an operating drycleaner.
- 3. Equipment inspection logs are not current or consistent.
- 4. Records showing proper management of hazardous waste are insufficient.
- 5. Equipment does not appear to be maintained to prevent a release.
- 6. There is evidence of releases of contaminants, but no record of response.
- 7. Separator water is being evaporated without proper controls.
- 8. Separator water is being improperly discharged to sewer, septic tank or ground.
- 9. Separator water containers are not covered during collection or storage.
- 10. Vacuum return water is being improperly discharged to sewer, septic tank, or ground.
- 11. No secondary containment is provided for the drycleaning machine.
- 12. No secondary containment is provided for the waste containers.
- 13. No secondary containment is provided for solvent based spotters over one quart in volume.
- 14. Secondary containment is damaged or insufficient.
- 15. Floors are not sealed.
- 16. Sealed floor areas are peeling, pitted, cracked or show other signs of damage or misinstallation.
- 17. Hazardous waste containers are not being stored in a manner to prevent release.
- 18. Product and/or waste containers are not properly labeled.
- 19. Facility is not equipped to effectively respond to a solvent release.
- 20. Other _____

COMMENTS:

- Small Quantity Generator - Exempt - petroleum files
- inspection ended due to complexity of violations
4/25/00

The following will be provided to help you maintain compliance with Department regulations:

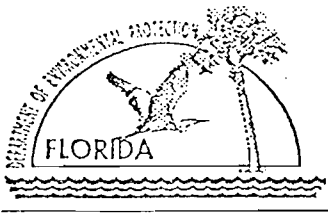
- Multimedia Guide or mailing address
- Small Business Assistance Program Booklet
- Rule 62-781, F.A.C.
- Secondary Containment Fact Sheet
- Small Quantity Generator Handbook/Fact Sheet
- Application Information
- Registration Information
- Summary of Hazardous Waste Regulations
- Summary of Air Regulations
- Spill response information/sticker
- Contact Water management Information
- Other

Operator/Owner was provided copy of Notice of Site Visit. Yes No

I agree to provide written documentation of efforts to address the deficiencies noted above by: 7-26-2000

[Signature]
RECEIPT ACKNOWLEDGED

[Signature]
INVESTIGATOR



THE DEP MAINTAINS A TOLL FREE FAX-ON-DEMAND SYSTEM; YOU CAN OBTAIN INFORMATION ON THE DRYCLEANING PROGRAM 24-HRS/DAY 800-789-4502 OUR INTERNET ADDRESS IS WWW.DEP.STATE.FL.US/WASTE/PROGRAMS/DRYCLEAN/INDEX.HTM

Inspection Exit Summary

Drycleaning Facility: Crandon's

Date: 8/3/00 Time: 11:30 - 12:30

An inspection of your facility was conducted today for the purpose of determining compliance with applicable Department regulations; this exit interview is the Department's attempt to advise you of possible violations. This list may be incomplete and further inquiry may result in further discovery.

This IES supercedes IES of 7/26/00, RMM

The following violations have been tentatively identified:

- 1. The registration information for the facility is not correct.
2. The facility has not registered as an operating drycleaner.
3. Equipment inspection logs are not current or consistent.
4. Records showing proper management of hazardous waste are insufficient.
5. Equipment does not appear to be maintained to prevent a release.
6. There is evidence of releases of contaminants, but no record of response.
7. Separator water is being evaporated without proper controls.
8. Separator water is being improperly discharged to sewer, septic tank or ground.
9. Separator water containers are not covered during collection or storage.
10. Vacuum return water is being improperly discharged to sewer, septic tank, or ground.
11. No secondary containment is provided for the drycleaning machine.
12. No secondary containment is provided for the waste containers.
13. No secondary containment is provided for solvent based spotters over one quart in volume.
14. Secondary containment is damaged or insufficient.
15. Floors are not sealed.
16. Sealed floor areas are peeling, pitted, cracked or show other signs of damage or misinstallation.
17. Hazardous waste containers are not being stored in a manner to prevent release.
18. Product and/or waste containers are not properly labeled.
19. Facility is not equipped to effectively respond to a solvent release.
20. Other

COMMENTS:

Secondary containment is not to be used to store leakage or spillage. Its purpose is emergency containment of spills until a discovery is made.
Have Supreme seals examined & replaced as needed. Forward paid work order. Rubber seals are not compatible with petroleum.

- Multimedia Guide or mailing address
Secondary Containment Fact Sheet
Registration Information
Spill response information/sticker
Operator/Owner provided copy of Notice of Site Visit.
Small Business Assistance Program Booklet
Small Quantity Generator Handbook/Fact Sheet
Summary of Hazardous Waste Regulations
Contact Water management Information
Rule 62-781, F.A.C.
Application Information
Summary of Air Regulations
Other

I agree to provide written documentation of efforts to address the deficiencies noted above by: 9-3-2000 Not
Verlie Smith INVESTIGATOR EXTENSION OF STATUTORY DEADLINE

RECEIPT ACKNOWLEDGED

4. Drain ~~to~~ out of service Multi Tap
of PCC, lint, $\text{pH}2.0$ & remove
filters. Provide hazwaste disposal (or use for
Provide manifests to DEP. PCC form

11. Secondary containment is required of
all equipment & containers of dry cleaning
solvents. Filters, hoses to & from unit,
drums of product, dryers, all require
secondary containment. Additionally
area over which solvent laden garments
are carried for transfer require
secondary containment. For this area,
sealing floor may be acceptable.

20C Determine why there is no press return
water. Repair ^{vacuum, presses & pipes} as needed. Provide proper
disposal in future. MAY NOT BE PUT
INTO OR DISCHARGED TO SEPTIC TANK

20D Provide proper disposal for ^(continued) trap
water. If any solvent is captured that
may cause the water to be classified as a
hazwaste or may result in failure of
septic tank or may be classified as an
industrial waste, it may not be discharged to
SEPTIC TANK. Store bucket inside.

18. LABEL all containers properly (Dowper drum
contains petroleum)

20E Perform hazardous waste determination & provide
proper disposal to contents of drum in back
yard. Close bung in interim.

20F Demonstrate / provide evidence that
filter housings (2) on bare ground are

empty. Oil will drain & provide proper disposal.

20G Determine why drain feed is failing, overflowing, or otherwise ineffective. Repair as needed.

20H Obtain General Operating Permit - Air-prov to using PCE Unit.

20I Using separator water as a spate is considered to be use/disposal. It is not an acceptable practice. Proper disposal is required. IT MAY NOT BE DISCHARGED TO SEPTIC TANK - NOR CAN TREATED SEP WATER BE DISCHARGED TO SEPTIC TANK UNLESS LAB ANALYSIS, COLLECTED PERIODICALLY, DEMONSTRATE PCE REMOVAL TO APPLICABLE REGULATORY STDS.

4. Records showing disposal of filters insufficient for size of operation. Also insufficient ^{for 3 yrs} during PCE operation.

20J There is question regarding status of facility with respect to hazwaste. Provide and use EPA generator ID# on all disposal records to be sure of compliance.

20K Press return may not be evaporated. Be sure to configure. So no heat is encountered.

This IES supersedes the IES of 7/24 only to reduce confusion regarding potential violations & dates of response. It incorporates R King's observation that 2nd cont was not present under Bin 4, Suprema 5 - It was provided 7/26/00 - 8/31.

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Tuesday, October 21, 2003 4:27 PM
To: Bowman, Sandy
Cc: Fernandez, Cynthia (DERM)
Subject: RE: ARMS Database

Hi Sandy:

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

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

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

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

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

Thanks for your help.

Marcelo.

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Tuesday, October 21, 2003 11:08 AM
To: Barros, Marcelo (DERM)
Subject: RE: ARMS Database

Good Morning Marcelo!

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

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

10/22/2003

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CRANDON CLEANERS DATE: 2-25-97
FACILITY LOCATION: 5222 NW 7th AV MIAMI FL 33127

Annual Reporting Period: NOV 12th 19 1996 TO 2-25 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

MINOR PAPER WORK VIOLATIONS

Exact period of non-compliance: from 11. 12. 1996 to 2-25 1997

Action(s) taken to achieve compliance: START KEEPING PROPER WORK & LOGS

Method used to demonstrate compliance: HANDOUTS

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

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MOHAMED VISRAM Signature Date 2-25-97

*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.

0250752

P.15

4. nothing should
be marked

(b) should be marked

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, Agency, or individual owner):	CRANDON CLEANERS INC		
2. Site Name (For example, plant name or number):	CRANDON CLEANERS		
3. Hazardous Waste Generator Identification Number:	3-097 52-1035-4		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	5222 NW 7th Av	Miami	FL 33127
5. Facility Identification Number (DEP Use):	0250152		

Responsible Official

6. Name and Title of Responsible Official:	MOHAMMED USRAM MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	CRANDON CLEANERS	5222 NW 7th Av	Miami Dade 33127
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(305) 754-4477	(305) 754-0057	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AS ABOVE		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	CRANDON CLEANERS 5222 NW 7th Av	Miami	Dade 33127
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(305) 754-4477	(305) 754-0057	

RECEIVED

SEP 3 1996

BEST AVAILABLE COPY

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.

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-03	02-MAR-03
Dry-to-Dry Unit									
(1) w/ ref. condenser	#	July 1984	July 1984						
(2) w/ carbon adsorber									
(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									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.900, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust pere concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate 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) _____

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

Responsible Official Certification

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

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



 Signature

 Date *Aug 1996*

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CRANDON CLEANERS INC		
2. Site Name (For example, plant name or number):	CRANDON CLEANERS		
3. Hazardous Waste Generator Identification Number:	3-097 52-1035-04		
4. Facility Location:	Street Address: 5222 NW 7th AV City: MIAMI County: FC Zip Code: 33127		
5. Facility Identification Number (DEP Use):	0250452		

Responsible Official

6. Name and Title of Responsible Official:	MOHAMED USRAM MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: CRANDON CLEANERS Street Address: 5222 NW 7th AV City: MIAMI County: Dade Zip Code: 33127		
8. Responsible Official Telephone Number:	Telephone: (305) 754-4477 Fax: (305) 754-0057		

Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 3 1996

Surrender of Existing Air Permit(s)

Please indicate 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) _____

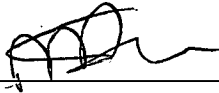
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Signature



Date

8-29-96

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER

RE-INSPECTION

TIME IN: 10:15 TIME OUT: 10:45 AIRS ID#: 0250752
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: CLANSON CLEANERS DATE: 2/25/98
 FACILITY LOCATION: 5222 NEW TANE
 RESPONSIBLE OFFICIAL: MUHAMMAD VISRAM PHONE NUMBER: 754 4477

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>115 Rolling MONTALY AVE. PERC. MACHINES</u>	<u>START MAINTAINING "PERC. COMS. RECORD"</u>
<u>No leak log inspection REC.</u>	<u>START MAINTAINING LEAK LOG</u>

COMMENTS:

PERC. MACHINE NOT BEING USE. A "Quick-Dry" MACHINE IS IN USE. MINOR RECORDKEEPING VIOLATION.

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

DATE OF NEXT INSPECTION: 2/98
(Approximate)

INSPECTION CONDUCTED BY: JAMIE NAZAKI
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 376 6922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250752 DATE: 2/25/97 TIME IN: 10:15 TIME OUT: 10:45
FACILITY NAME: CRANDON CLEANERS
FACILITY LOCATION: 5222 NW 7 AVE
MIAMI, 33127

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
- 3. Facility failed to notify DARM to use general permit

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)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91)
 - 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)

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

Handwritten signature and date: 2/25/97

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

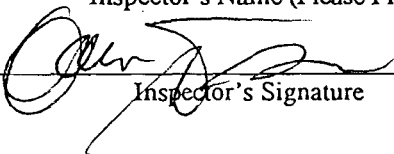
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

MOHAMED VISRAM

Name of Responsible Official

JAMES NAZARIO

Inspector's Name (Please Print)



Inspector's Signature

2/25/97

Date of Inspection

2/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

This section is currently blank, intended for providing additional site information.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:30 AIRS ID#: 025 0752
 TYPE OF FACILITY: CRAADON CLEANERS
 FACILITY NAME: CRAADON CLEANERS DATE: 2/11/98
 FACILITY LOCATION: 9216 W 7th Ave Miami
 RESPONSIBLE OFFICIAL: Monica V. ... PHONE NUMBER: 754-4477

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 MAR 30 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Facility in compliance

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

DATE OF NEXT INSPECTION: Feb 1999
(Approximate)

INSPECTION CONDUCTED BY: F. ...
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 276 5412

AIR ID#: 0250752

acc

Revised 10/10/96
RECEIVED
MAR 30 1998
Bureau of Air Quality
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CRANDON CLEANERS DATE: _____
FACILITY LOCATION: 5222 NW 7 AVE
MIAMI

Annual Reporting Period: 2-25 1997 TO 2-18 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MUHAMMAD USRAM [Signature] 2-18-98
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.

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

Revised

0250752

Jade

P.15

4. nothing should be marked

(b) should be marked

RECEIVED

NOV 12 1996

Air Quality Management Division

1. Facility	CR
2. Site No	
3. Hazard	
4. Facility Street City:	
5. Facility	

Code: 33127

50752

6. Name

MAGEE

7. Responsible Official Mailing Address:	Organization/Firm: CRANDON CLEANERS	Street Address: 5222 NW 7th Av	City: MIAMI	County: DADE	Zip Code: 33127
8. Responsible Official Telephone Number:	Telephone: (305) 754-4477	Fax: (305) 754-0057			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AS ABOVE				
10. Facility Contact Address:	CRANDON CLEANERS				
Street Address:	5222 NW 7th Av	City:	MIAMI	County:	DADE
Zip Code:	33127				
11. Facility Contact Telephone Number:	Telephone: (305) 754-4477	Fax: (305) 754-0057			

RECEIVED

SEP 3 1996

Revised

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CRANDON CLEANERS INC.		
2. Site Name (For example, plant name or number):	CRANDON CLEANERS		
3. Hazardous Waste Generator Identification Number:	B-097 52-1035-04		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	5222 NW 7th Av	MIAMI	FL 33127
5. Facility Identification Number (DEP Use):	0250452		

Responsible Official

6. Name and Title of Responsible Official:	MOHAMMED USRAM MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	CRANDON CLEANERS	5222 NW 7th Av	MIAMI Dade 33127
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(305) 754-4477	(305) 754-0057	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AS ABOVE		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	CRANDON CLEANERS 5222 NW 7th Av	MIAMI	Dade 33127
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(305) 754-4477	(305) 754-0057	

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SEP 3 1996

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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.

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-93	03-MAR-93
Dry-to-Dry Unit									
(1) w/ ref. condenser	#	July 1984	July 1984						
(2) w/ carbon adsorber									
(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									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source New small area source

Existing large area source New large area source

BEST AVAILABLE COPY

SEP-26-'96 THU 14:50 ID:

TEL NO:

#257 P01

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

Existing large area sourceCarbon adsorber Refrigerated condenser New small area sourceRefrigerated condenser New large area sourceRefrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.100, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

SEP-26-'96 THU 14:58

Surrender of Existing Air Permit(s)

Please indicate 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) _____

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

Responsible Official Certification

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

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

Signature

Date

Aug 1996

Surrender of Existing Air Permit(s)

Please indicate 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) _____

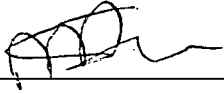
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

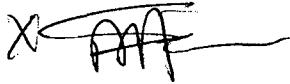
I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Date

8-29-96

X 

X 2-25-97

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

✓ RECEIVED
MAR 30 1998
BUREAU of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250752 DATE: 2-18-98 TIME IN: 140 TIME OUT: 210
 FACILITY NAME: CRANDON CLEANERS
 FACILITY LOCATION: 5222 NW 7 AVE
MIAMI
 RESPONSIBLE OFFICIAL: MOHAMED VISRAM PHONE: 754-4477
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

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

2/26/99
(M)

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

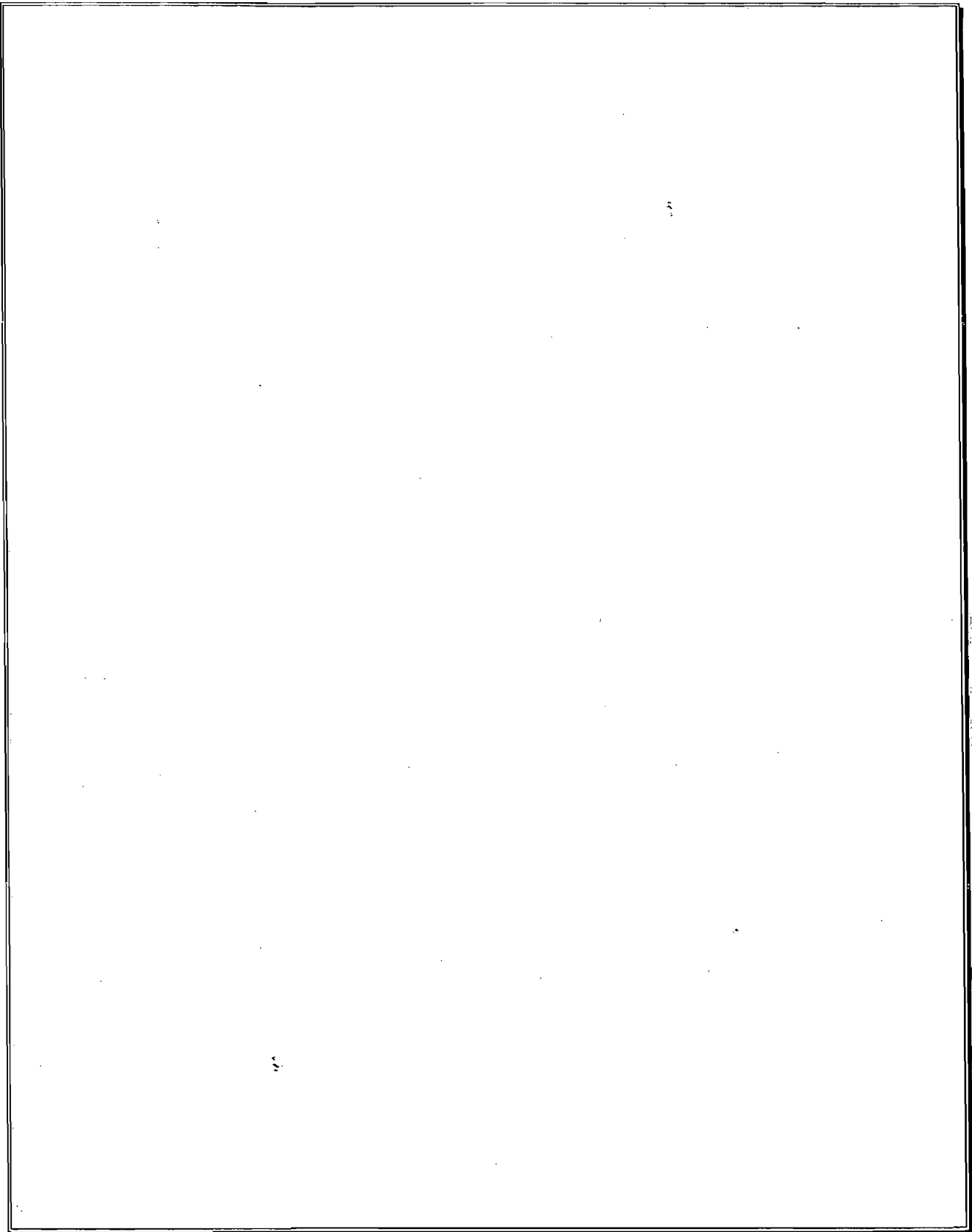
JAMES NAZAREO
Inspector's Name (Please Print)

2-13-98
Date of Inspection

[Signature]
Inspector's Signature

Feb 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



PERCHLOROETHYLENE DRY CLEANERS

RECEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAY 19 1999

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCONTINUED **Bureau of Air Monitoring & Mobile Sources**
RE-INSPECTION

AIRS ID#: 0250752 DATE: 3/24/99 TIME IN: 9³⁰ AM TIME OUT: 9⁴⁵ AM
 FACILITY NAME: CRANDON Cleaners
 FACILITY LOCATION: 5222 NW 7 Ave
Miami
 RESPONSIBLE OFFICIAL: Mohamed USRAM PHONE: 754-42177
 CONTACT NAME: 1 PHONE: 1

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | | | |
|---|-------------------------------------|---|--------------------------|
| 1. Existing small area source
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) | <input checked="" type="checkbox"/> | 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) | <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) | <input type="checkbox"/> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50.1 gallons.

L.H.
4/16/99

(113)
4/27/99

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

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

Hose connections, fittings, couplings, and valves

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

LEO SMART

Inspector's Name (Please Print)

[Signature]

Inspector's Signature

3/9/99

Date of Inspection

3/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for providing additional site information.

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:05 AM TIME OUT: 9:45 AM AIRS ID#: 0250752

TYPE OF FACILITY: PERC Dry Cleaner

FACILITY NAME: CRANDON CLEANERS DATE: 3/25/99

FACILITY LOCATION: 5222 NW 2th Ave

RESPONSIBLE OFFICIAL: Mohammad Urean PHONE NUMBER: (305) 754 4477

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
not maintaining monthly log of Perc consumption	Need to maintain the calendar of Perc consumption monthly basis
not maintaining leak log	need to maintain leak log.

COMMENTS: Need Receipt of Perc purchased

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

DATE OF NEXT INSPECTION: 3/2000 (Approximate)

INSPECTION CONDUCTED BY: LEO SHACT (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 0305) 872-6920

Acc

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

FACILITY NAME: Crandon Cleaners DATE: 3/23/99
 FACILITY LOCATION: 5222 NW 7th Ave
MIAMI

Annual Reporting Period: March 1998 TO March 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. YES NO

If NO, complete the following:

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

Not Maintaining Perc Consumption Log
 Exact period of non-compliance: from March 1998 to March 1999
 Action(s) taken to achieve compliance: Maintain log (Calendar)
 Method used to demonstrate compliance: DEP Calendar

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

not maintaining Leak Log
 Exact period of non-compliance: from March 1998 to March 1999
 Action(s) taken to achieve compliance: Maintain Leak Log (Calendar)
 Method used to demonstrate compliance: DEP Calendar

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: M. SPRAY J. SPRAY 3/23/99
 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.

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCONTINUANCE
 RE-INSPECTION

RECEIVED
 MAR 13 2000
 Bureau of Air Monitoring
 & Mobile Sources

AIRS ID#: 0250752 DATE: 1/28/00 TIME IN: 0910 TIME OUT: _____
 FACILITY NAME: Crandon Cleaners
 FACILITY LOCATION: 5222 NW 7 Ave.
Miami, FL
 RESPONSIBLE OFFICIAL: Mohamed Visram PHONE: 305 754-4477
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

No notification form
 Dr p store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

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

Handwritten: 1/31/00

Handwritten: DG 3/1/00

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Ivan Farmin
Inspector's Name (Please Print)

1/28/00
Date of Inspection

Ivan Farmin
Inspector's Signature

1/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Spoke w/ Karim Visram (Manager).

Do not use perc dry cleaning machine any longer. Have not purchased perc since 1998. Machine still contains perc.

Notified Mr. Visram that DEP must be informed of permit withdrawal and perc must be properly disposed of by licensed waste disposal company. Since machine contains perc currently, air permit is still required.

One transfer machine onsite, petroleum.

One dry to dry machine onsite, petroleum.

A handwritten signature in black ink, appearing to read 'K. Visram', with a horizontal line drawn underneath it.

1/28/2000

KARIM VISRAM

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0910 TIME OUT: 0935 AIRS ID#: 0250752
 TYPE OF FACILITY: Powr Dry Cleaner
 FACILITY NAME: Crandon Cleaners DATE: 1/28/00
 FACILITY LOCATION: 5222 NW 7 Ave.
 RESPONSIBLE OFFICIAL: Mahamed Vissam PHONE NUMBER: 305-754-4477

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
/	

COMMENTS:

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

DATE OF NEXT INSPECTION: 1/01
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-372-6925

Acc

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

FACILITY NAME: <u>Crandon Cleaners</u>	RECEIVED DATE: <u>1/28/00</u> FEB 22 2000 Air Quality Management Division
FACILITY LOCATION: <u>5222 NW 7 Ave.</u>	
<u>Miami, FL</u>	

Annual Reporting Period: Jan 1999 TO Jan ²⁰⁰⁰₁₉

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Mohammed VISAH [Signature] _____

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.

INTEROFFICE MEMORANDUM

Date: 01-Nov-2000 05:19pm
From: Ronald King WPB 561/681-6731
KING_R@a1.depwpb.dep.state.fl.us
Dept:
Tel No:

Subject: Crandon Cleaners Inc, AIRS ID No. 0250752

I reviewed the facility database for the above referenced facility as part of the compliance evaluation inspection process. Please be advised that inspections by the Department on July 26 and August 3, 2000, revealed that this facility has two Perchloroethylene machines and three petroleum machine in use. The database stated under the comments screen on 3/1/00 that no "perc" units were in use. This is not correct.

The database should be corrected to reflect this. If you have any questions, please contact me at SC 226-6731.

Thank you,

Ron King

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 02-Nov-2000 08:57am
From: Ronald King WPB 561/681-6731
KING_R@a1.depwpb.dep.state.fl.us

Dept:
Tel No:

To: Sandy Bowman TAL 850/921-9583 (BOWMAN_S@A1)

Subject: Re: AIRS ID #0250752

I have performed two inspections at the site and currently have an enforcement case against the facility for violations of the drycleaning rules. Would you like to be copied on the WL? The case was referred by DERM and violations at the facility have resulted in loss of it's eligibility in the DCS Cleanup program.

Fold at line over top of envelope to the right of the return address

SENDER: COMPLETE **RETURN 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:

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2-29

C. Signature X MOHAMED VISRAM Agent
 Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
Z 210 661 867

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 661 867

US Postal Service
Receipt for Certified Mail ²⁰⁰⁰
No Insurance Coverage Provided

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0394591

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID # 0250752
CRANDON CLEANERS
MOHAMED VISRAM
5222 NW 7TH AVE
MIAMI FL 33127

RECEIVED
MAIL ROOM
APR 24 00

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355558

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 # 0250752
CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127

RECEIVED MAIL ROOM DEC 18 98
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 12812 Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3753 ✓

0313051

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

RECEIVED
MAIL ROOM

MAY 16 98

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0250752
CRANDON CLEANERS INC MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127

Bureau of Air Monitoring
& Mobile Sources

APR 20 1998

RECEIVED

FOR GOVERNMENT USE ONLY
Contract No. 4538F01000 EO: B1
Work Order No. 20-2-035001
Obj. 0022731

RECEIVED

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250752

CRANDON CLEANERS INC
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

4a. Article Number
2333 660 272

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
2-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 272

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID 0250752

CRANDON CLEANERS INC
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

8
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258789 ✓

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

RECEIVED
MAIL ROOM

JAN 23 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250752
CRANDON CLEANERS INC
MOHAMED VISRAM
5222 NW 7TH AVE
MIAMI FL 33127

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

PLACE STICKER TO THE RIGHT

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>6/18</u></p> <p>C. Signature <u>M. VISRAM</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250752001AG</p> <p>10 MOHAMED VISRAM CRANDON CLEANERS 5222 NW 7TH AVE MIAMI FL 33127</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; font-family: monospace;">7000 1670000673615371</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)													
OFFICIAL USE													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 20%;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			<p>Postmark Here</p>
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
<p>10 AIRS ID # 0250752001AG</p> <p>MOHAMED VISRAM</p> <p>CRANDON CLEANERS</p> <p>5222 NW 7TH AVE</p> <p>MIAMI FL 33127</p>													
<p>PS Form 3800, May 2000 See Reverse for Instructions</p>													

7000 1670 0006 7361 5371

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

<p>SENDER: COMPLETE</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250752</p> <p>CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127</p>	<p>IN DELIVERY</p> <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/19</u></p> <p>C. Signature <u>Mohamed Visram</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7000 0600 0026 4126 6428</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

7000 0600 0026 4126 6428

<table border="1"> <tr> <td style="width: 60%;">Postage</td> <td style="width: 5%;">\$</td> <td style="width: 35%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Postmark Here
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
AIRS ID # 0250752													
CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127													

PS Form 3800 February 2000 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SEND 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:

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

A. Received by (Please Print Clearly) _____ B. Date of Delivery 3/5

C. Signature x Ann Pudo/PA Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4125 7945

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

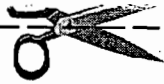
7000 0600 0026 4125 7945

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406982 MAR 7 2001

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250752
CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127

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

RECEIVED
 MAR - 9 2001
 Bureau of Air Monitoring
 & Mobile Sources

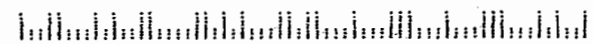


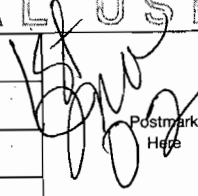
STANDERRY
PLANT OFF
JAN 25 - 2001



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

32315X3070



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees €	
AIRS ID#0250752	
Sent To	CRANDON CLEANERS
Street, Apt. No., or PO Box No.	MOHAMED VISRAM 5222 NW 7TH AVE
City, State, ZIP+4	MIAMI FL 33127
PS Form 3800, Jan 1999	

7001 0320 0001 7975 5502

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0250752

CRANDON CLEANERS
MOHAMED VISRAM
5222 NW 7TH AVE
MIAMI FL
33127

2. Article Number (Copy from service label)

7001 0320 0001 7975 5502

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X



Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED



SENDER: COMPLETE THIS SECTION	ACTION ON DELIVERY	
<ul style="list-style-type: none"> 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 4-4
	C. Signature x <i>Shenette Brown</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p style="text-align: center;">AIRS ID # 0250752 CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127</p>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<p style="text-align: center;">7001 0320 0001 7975 8626</p>		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0250752	
Total Post: CRANDON CLEANERS	
Sent To: MOHAMED VISRAM	
5222 NW 7TH AVE	
Street, Apt. 1 MIAMI FL	
or PO Box N 33127	
City, State, Z	
PS Form 3800, January 2001	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <i>2/18</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250752</p> <p>CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127</p>	<p>C. Signature <i>Mohamed Visram</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. <i>(Postmark)</i></p> <p>7001 0320 0001 7976 1725</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-99-M-1789</p>

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
OFFICIAL USE											
<table border="0"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee <i>(Endorsement Required)</i></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <i>(Endorsement Required)</i></td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <i>(Endorsement Required)</i>		Restricted Delivery Fee <i>(Endorsement Required)</i>		Total Postage & Fees	\$	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee <i>(Endorsement Required)</i>											
Restricted Delivery Fee <i>(Endorsement Required)</i>											
Total Postage & Fees	\$										
<p style="text-align: center;">AIRS ID # 0250752</p> <p> <i>Si</i> CRANDON CLEANERS <i>Si</i> MOHAMED VISRAM <i>or</i> 5222 NW 7TH AVE <i>C</i> MIAMI FL 33127 </p> <p style="text-align: right;"><i>for Instructions</i></p>											



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422568 FEB 6 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

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

Fold at line over top of envelope to
 SENDER: COMPLETE THIS SECTION
 RETURN 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:

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

Z 333 667 100

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2.15
 C. Signature Mohamed Visram Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 100

US Postal Service
Receipt for Certified Mail 2000

AIRS ID # 0250752

CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER: COMPLETE THIS SECTION	DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250752</p> <p>CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127</p> <p style="font-size: 1.2em; font-weight: bold;">Z 210 663 132</p>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>4/4</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 210 663 132

US Postal Service
Receipt for Certified Mail
Coverage Provided

AIRS ID # 0250752

CRANDON CLEANERS
MOHAMED VISRAM
5222 NW 7TH AVE
MIAMI FL 33127

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250752

CRANDON CLEANERS INC
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

4a. Article Number

Z 333 613 112

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

4-8-98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 112

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID# 0250752

CRANDON CLEANERS INC
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL 33127

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	