

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Facility No. 0250791

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

RECEIVED

DRYCLEAN-USA

DEC 1 6 2009

7771 W. OAKLAND PARK BLVD. • SUITE 201 • SUNRISE, FLORIDA 33351 TELEPHONE: (954) 747-7599 • FAX (954) 747-9878

December 5, 2000

Ms. Debbie Griner
Pollution Control Inspector II
Environmental Resources Management
Air Quality Management Division
33 SW 2nd Av., Suite 900
Miami, FL 33130

RECEIVED
DEC 1 3 2000

Air Quality

Management Division

Re: Annual Compliance Certification Forms

Dryclean USA of Florida, Inc.

Miami-Dade County

Dear Ms. Griner:

We received your letter dated November 21, 2000 regarding Annual Compliance Certification forms today, December 5, 2000. This letter requests that we sign and return these forms to you within 15 days of receipt.

Please be advised that these forms were mailed to an incorrect address. Since July 2000, we have been at the address shown on this letterhead. In order to ensure that future correspondence reaches us in a timely manner, we request that your files be updated with our new address.

In addition, please accept this letter as our authorization to change the designated Responsible Official from Angelo Izquierdo to Eddie J. Rodriguez. I have signed and am enclosing the Annual Compliance Certification Forms. Please be assured that it is Dryclean USA's policy to keep our stores in compliance with the State of Florida in all matters. All minor non-compliance issues will be settled immediately.

Please feel free to contact my assistant Ruth Fultz at 954/747-7599 with any questions.

Sincerely

Eddie J. Rodriguez Chief Operating Officer

/rf



MIAMI-DADE COUNTY, FLORIDA





ENVIRONMENTAL RESOURCES MANAGEMENT
AIR QUALITY MANAGEMENT DIVISION
33 S.W. 2nd AVENUE
SUITE 900
MIAMI, FLORIDA 33130-1540
TELEPHONE: (305) 372-6925
FAX: (305) 372-6954

November 21, 2000

Mr. Angelo Izquierdo
Dryclean USA
1875 West Commercial Blvd., Suite 140 - DLD ADDRESS /
Fort Lauderdale, Florida 33309



Dear Mr. Izquierdo:

As the designated Responsible Official (R.O.), please complete and sign the enclosed Annual Compliance Certification forms and mail them to this office within fifteen (15) days of the receipt of this notice. Failure to submit said forms within the stipulated time frame may result in enforcement action. You may keep the pink copy for your records. A copy of the Inspection Summary Report was issued during the most recent facility inspection of these sites and a copy is also enclosed.

Permii#	Compliance Status	Pemilil :	-Compliance Status
0250786	Minor Non-Compliance.	0250794	Minor Non-Compliance.
3890 Bird Rd.	Improper keeping of rolling log of perc purchases.	1401 Sunset Dr.	Not properly draining cartridge filters for at least 24 hours & not conducting temp. monitoring after the cool-down period and after verifying the coolant has been completely recharged.
0250787	IN	0250795	IN
20355 Biscayne Blvd.		13025 SW 112 St.	•
0250788	Minor Non-Compliance.	0250796	IN
13886 SW 56 St.	Checking the wrong temp. gauge to record the outlet stream of refrigerated condenser	18468 NW 67 Ave.	
0250791	IN .	0250805	IN ,
14097 SW 88 St.		6685 NW 169 St.	
0250792	IN	0250806	1N
9069 SW 107 Ave.		9525 NW 41 St.	
0250793	IN	0250807	IN
13725 SW 152 St.		1101 SW 22 St.	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u> </u>
FACILITY NAME: AN Q	ean USA #-	12166 DAT	8/23/00
FACILITY LOCATION: 14097	SW 88 St	DEC 1 3 2001	<u>. </u>
Miami	FL 331810	Air Quality Management Div	ision
		Management biv	
Annual Reporting Period:	3 19 <u>9</u> 9 _T 0	o	3 200
Based on each term or condition of the Title V g	eneral air permit, my facility has	remained in compliance with I	DEP Rule
62-213.300, Florida Administrative Code (F.A.C	.), during the period covered by	this statement. YES	\square NO
If NO, complete the following:	•	`	
#1. Term or condition of the general permit that	has not been in continuous com	pliance during the reporting pe	riod 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 com	pliance during the reporting pe	riod stated above:
Exact period of non-compliance: from	t	o	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
	\	· .	_
As the responsible official, I hereby certify, base made in this notification are true, accurate and upon rolling averages of purchase receipts, does year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (I	complete. Further, my annual c	onsumption of perchloroethylen	e solvent, based
	,	•	

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

Eddie J. Rodriguez President and Chief Operating Officer Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510 Department of Environmental Protecton 2600 Blair Stone Road Tallahassee, FL 32399-2400



Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerety

Eddie J. Rodriguez Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

0250791

1. (a) add date control device installed 1. (c) Should not be marked

3. new large should be marked

P.15 4. new large r.c. Snould be marked

(f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Partition On the Control of the Cont
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	hendall Lakes * 11106
3.	Hazardous Waste Generator Identification Number:
	FLD981030763
4.	Facility Location: Street Address: 14097 S.W. 88 Street
	City: County: Zip Code:
	Mami Dade 33186
5.	Facility Identification Number (DEP Use):
Taken Taken	D25091
	Responsible Official
	N. Committee of the com
6.	Name and Title of Responsible Official:
	Eddie Rodriguez, President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140
'	City: Ft. Lauderdale County: Broward Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (954) 493 -6700 Fax: (954) 493 - 8444
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
•	Rene Flores, District Manager
10.	Facility Contact Address:
	Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140
	City: County: Zip Code:
	City: Country: Broward Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: (954)493-6760 Fax: (954)493-8444
	-

RECEIVED

NOV 8 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	٧L	12-28-91							
(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			i						
(9) w/ no controls									
Reclaimer Unit		•		-			•	•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	<u> </u>								
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchloons ow many? [_	installed [X perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce []	cation only.)	ew sn	initions found nall area sout rge area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2) Effective: 6-25-96

4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	s units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following se:
) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	X
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X]</u>
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration mo	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te 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)			
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible Official Certification			
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pro	omptly notify the Department of any changes to the information contained in this notification. 1 4 96			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPE	CTION []
KL-Mor E	3:15pm
	,
	23/00 TIME IN: 2500 TIME OUT: 3:45pm
FACILITY NAME: Dry Clear	r USA
FACILITY LOCATION: 14097	Sw 88 St
	FL 33180
RESPONSIBLE OFFICIAL: Angelo	Izquierdophone: (954) 493-6700
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 generation	ral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that i	it is: No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
(00.00.00000000000000000000000000000000	~
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(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 cla	assification:
If no, please check the appropriate cla	
☐ facility qualified for	
☐ facility qualified for ☐ facility exceeds abo	r a general permit as number above eve limits and is not eligible for a general permit
☐ facility qualified for ☐ facility exceeds abo	r a general permit as number above

3/28/00 1999 ARMS

PART VI: LEAK DETECTION AND REPAIRS

				
l.	. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			XY ON
2.	. Has the facility maintained a leak log?	?		XY ON
3.	Does the responsible official check the	e following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	אואל אם צם
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	MY ON ONA	Exhaust dampers	DY ON MINIA
	Pumps	AND NO YES	Diverter valves	DY DN MN/A
	Solvent tanks and containers	ANU UO Y	Cartridge filter housings	Y ON ON/A
	Water separators	XY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	s)	×
	Physical detection (airflow felt the	hrough gaskets)	,	S .
	X			
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	ıfter each use	OY ON
	OY ON			
	d. Kept in a clean and s	secure area when not in use	e?	OYON
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

3/33/00

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	•	
		ı
•		
·		
	,u-	
		,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF FACILITY: Perc Dry Cleaner FACILITY NAME: Dry Clean USA DATE 3/03/00 FACILITY LOCATION: HOPE NUMBER St. RESPONSIBLE OFFICIAL: Angelo Tequirements 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 facility is found to be in compliance with DEP Rule 62-213.300. Florida Administrative Code (F.A.C.). COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Record Record Record Household St. Record Rec	TYPE OF INSPECTION: ANN	NUAL CON	IPLAINT/DISCOVERY	RE-INSPECTION
FACILITY NAME: DAY CLEAN USA DATE: 3/33/00 FACILITY LOCATION: 1409 SW 88 St. 1623186 RESPONSIBLE OFFICIAL: Angelo I I I I I I I I I I I I I I I I I I I	TIME IN: 3:15 pm	TIME OUT: 3:45	pmairs id#: Da	50791
RESPONSIBLE OFFICIAL: Angelo Taquierdo PHONE NUMBER (954) 493-6700 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213-300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: GOOD RECORD HONSER HONSER POLLOW-UP ACTION REQUIRED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate)	TYPE OF FACILITY: Perc	Dry Clea	ner	·
RESPONSIBLE OFFICIAL: Hngllo Itaquierdo PHONE NUMBER (954) H13-10700 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Record Reco	FACILITY NAME:	Clean USA		DATE: 3/23/00
RESPONSIBLE OFFICIAL: Angelo Tequirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Recordkeeping Honstkeeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate)	FACILITY LOCATION:	4097 Su	988 St.	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Recordkeeping Housekeeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO (Approximate)	Mia	mi FC 3	3186	
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 COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Recordkeeping Honsekeeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: 3/0/(Approximate)	RESPONSIBLE OFFICIAL: Angle	do Itquier	PHONE NUMBER	754 493-6700
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Good Recordkeeping Honsikeeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO (Approximate) INSPECTION CONDUCTED BY: NED OVA GY INSEE	- A-J	•	- · · · · · · · · · · · · · · · · · · ·	y is found to be in
COMMENTS: Good Recordkeeping Honsikeeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Approximate) (Approximate)		pliance requirements evalu	ated during this inspection, the follow	ving compliance
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Approximate)	COMPLIANCE REQUIREM	MENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Approximate)			-	
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DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Approximate)	COMMENTS: Good Re	cordkeep	ing/Honseke	eping
INSPECTION CONDUCTED BY: Approximate)	The Annual Compliance Certification fo	orin has been properly certif	ied and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY: 1) ebora Griner	DATE OF NEXT INSPECTION:	3/0/		
	INSPECTION CONDUCTED BY:	Dehora	· C · .	
(205) 200 600	INSPECTOR'S SIGNATURE:	Tous (ri	·	
		1		Revised 10/06

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:45 pm TIME OUT: 3:30 TYPE OF FACILITY: Dry Cleaner FACILITY NAME: Dry Clean USA	AIRS ID#: 0250791
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Dry Clean USA	DATE: 2.5.97
FACILITY LOCATION: 14097 5W88 St.	Miani Sl.
RESPONSIBLE OFFICIAL: Rene' Flores, DISTRICE	MGR. PHONE NUMBER: 27/-/233
Based on the results of the compliance requirements evaluate	ed during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administrat	ive Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
COMMENTS:	
:	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2.98	·
$ \sim$ \sim	proximate)
	ERA
	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372-6942
Page_/	_of/ Revised 10/9



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DI	SCOVERY		
AIRS ID#: <u>0250 79/</u> FACILITY NAME:					3:30 pm	
	14097 SW Mani,					
PART I: NOTIFICATION			· · · · · · · · · · · · · · · · · · ·			
(check appropriate box)						
1. Existing facility notified DA	RM by 9/1/96				0	
2. New facility notified DARM	30 days prior to start	tup				
3. Facility failed to notify DAR	M to use general per	mit			a	
PART II: CLASSIFICATION						
Facility indicated on notificat (check appropriate box)	ion form that it is:					
A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	π	transfer only, both types, x<	v, x<140 gal/yr <<200 gal/yr	<u> </u>		
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/ут gal/yr l/ут</td><td>transfer only, both types, 140</td><td>area source y, 140<x<2, 100="" gal<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>•</td><td></td></x<2,>	00 gal/ут gal/yr l/ут	transfer only, both types, 140	area source y, 140 <x<2, 100="" gal<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	•		
This is a correct facility classif	fication	DY PM	,			
If no, please check the appropriate of the second s	riate classification:					
	fied for a general pends and ids above limits and i		above r a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 180 gallons.						

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON DANA
2. Examining the containers for leakage?	DY DNOWA
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON PONIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מם צים
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	BY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MO NO
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	CY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
 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? 	DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON OF NA
Is the temperature differential equal to or greater than 20° F?	DY ON ON DA
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?	בארם אם עם
Is the perc concentration equal to or less than 100 ppm?	DY ON DAA
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?	DY DN BAR
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DAMA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON CHIA
	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ON ON
2. Maintained rolling monthly averages of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מט ניש
4. Maintained calibration data? (for direct reoding instruments only)	אואס אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON CHA
6. Maintained startup/shutdown/malfunction plan?	DX DN
7. Maintained deviation reports?	DY DN BNA
Problem corrected?	DY ON GNA
8. Maintained compliance plan, if applicable?	OY ON BANA

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

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (c	urfaces)	₽ P				
	Physical detection (air	flow felt through ga	skets)	• .			
	Odor (noticeable perc	odor)			12		
	Use of direct-reading	instrumentation (FII	D/PID/calo	rimetric tubes)			
	If using direct-reading	ng instrumentation,	is the equ	ipment:			
	a. Capable o	f detecting perc vapo	or concent	rations in a range of 0-500 ppm?	OY ON		
	b. Calibratea (PID/FID	l against a standard ; only)?	gas prior t	o and after each use	OY ON		
	c. Inspected	for leaks and obviou	s signs of	wear on a weekly basis?	OY ON		
	d. Kept in a	clean and secure are	a when no	t in use?	OY ON		
	e. Verified f	or accuracy by use of	f duplicate	samples (calorimetric only)?	OY ON		
3.	. Has the facility maintained	a leak log?		•	DY ON		
4.	. Does the responsible official	d check the followin	g areas for	leaks?			
	Hose connections, fitt	· · · · · · · · · · · · · · · · · · ·	ПИ	Muck cookers	OY ON		
	Door gaskets and sea	ting PY	ИП	Stills	DY ON		
 	Filter gaskets and sea	ting CY	ΩΝ	Exhaust dampers	DY ON		
	Pumps'	Or Y	ΩИ	Diverter valves	dy on		
Ė	Solvent tanks and co	ntainers DY	NO	Cartridge filter housings	ON ON		
	Water separators	φ×	ПU				
_	· · · · · · · · · · · · · · · · · · ·						

René Flores, DISTRICT Manager	
Name of Responsible Official	3
Rosana Rivera	2-5-97
Inspector's Name (Please Print)	Date of Inspection
Losana Zi	2-98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		÷	
			
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AIRS ID#: 0250791

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY Clean USA	PATE: 9/5/97
FACILITY LOCATION: 14097 SW 88 St.,	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: January 19 96	TO <u>December</u> 19 <u>96</u>
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous of	compliance during the reforming period state Latione:
	SEP 2 9 1997
Exact period of non-compliance: from	Bureau of Air Monitoring
Action(s) taken to achieve compliance:	& Mobile Sources
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 annu upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities.	al consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: EDDIET. RODLIQUEZ	Holmen 9/1/97.
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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Ī.	Facility Owner/Comment Name (Name of corporation, agency, or individual owner):
'	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	hendall Lakes * 11106
3.	Hazardous Waste Generator Identification Number:
	FLD981030763
4.	Facility Location:
	Street Address: 14097 S.W. 88 Street City: County: Zip Code:
	City: Miami County: Dade Zip Code: 33186
5.	Facility Identification Number (DEP Use):
	Miami Dade 33186 Facility Identification Number (DEP Use): 5 5 0791
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddie Rodriguez, President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blvd., Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
	11. 2-10-10-10-10-1
8.	Responsible Official Telephone Number: Telephone: (954) 493 - 6700 Fax: (954) 493 - 8444
	Encility Contact (If different from Perpensible Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
•	Rene Flores, District Manager
10.	Facility Contact Address:
	Dryclean USA
	Street Address: 1875 W. Commercial Blvd., Suite 140 City: Zip Code:
	City: County: Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: (954)493-6760 Fax: (954)493-8444

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	₩1	12-28-91	12-28-91	N					Ī ·
(2) w/ carbon adsorber									
(3) w/ no controls	1								
Washer Unit	1		•						
(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			1						
Reclaimer Unit			<u>. </u>						'
(10) w/ ref. condenser			Ī						
(11) w/carbon adsorbe	r								
(12) w/ no controls									
(b) Control devices at (c) No control device 2.(a) What was the total [] [] (b) If less than 12 more Check why it is less	s are r quant] gallo	equired to be ity of perchlo ons ow many? [installed [_ proethylene (X (perc)	purchased in				
3. What is the facility's s (Indicate with an "X".					initions found	d in section (3) of	Part II? . P. Ruels	L)

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (Indicate with an "X".)	n (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated con	denser [X]
New small area source Refrigerated condenser	·
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be e	ligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat is boiler HP or less), and (2) are fired exclusively by natural gas except judicing which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	·
Equipment Monitoring and Recordkeeping	ng 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	(X)
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. 1 4 96 Date
<u></u>	gnature

Position

PRINT



14097 S.W. 88 Street Miami, FL 33186

Phone

(305) 385-3980

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PERCHLOROETHYLENE DRY CLEANERS E CEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

THE OF HORDOWN AND HAD	OCT 28 1998
TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	Rureau of Air Monitoring
KE-JNSI ECTIO	& Mobile Sources
AIRS 10#: 25079/ DATE: 9/28/	198 TIME IN: 2:25 TIME OUT: 2145
FACILITY NAME: Dry Clean	OSA 11106
FACILITY LOCATION: 14097 S	5 W 88 th St
mia	ne d
RESPONSIBLE OFFICIAL: REACTLO	PHONE: (305) 954-4347
CONTACT NAME: SANDIA PERE	PHONE: 305 385-3980
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗅
2. Facility failed to notify DARM to use general per	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New-small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
_	
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gallyr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□N □Can not determine
If no, please check the appropriate classific	cation:
· II	eneral permit as number above
facility exceeds above li	mits and is not eligible for a general permit
	ourchased within the preceding 12 months by this dry cleaning
facility was 340 gallons.	

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DADT HA CENEDAL CONTROL DECHIDENCE	\
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?	9 60 ON ON/A
2. Examining the containers for leakage?	XY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	XXV ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON
PART IV: PROCESS VENT CONTROLS	

PA	PART IV: PROCESS VENT CONTROLS				
In	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).				
pri	If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must ior to September 22, 1993				
	If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser			
	Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)				
1.	Equipped all machines with the appropriate vent controls?	NO Y			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ON/A			
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?				
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	A ON ON/A			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON XXIA			
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ø¥ ON			

В.	Has the responsible official of an existing large or new large area source also:	
I.	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?	AY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	TY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON SAVA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XWA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON SAI/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days \square Y \square N and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DANA AY ON 6. Maintained startup/shutdown/malfunction plan? AVÁRZ NO YO 7. Maintained deviation reports? AVER NO YO Problem corrected? □N □N/A 8. Maintained compliance plan, if applicable?

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PA	ART VI: LEAK DETECTION AND F	REPAII	₹S				
1.	Does the responsible official conduct a	weekly	(for small so	ırces, bi	-weekly) leak detection a	nd repa	ıir
,	inspection?					HY.	ΩΝ
2.	Has the facility maintained a leak log?					TH	DИ
3.	Does the responsible official check the	followi	ng areas for le	eaks?		ŧ	
	Hose connections, fittings, couplings, and valves	d'y	□N □N/A		Muck cookers	~g{v	ON ON/A
	Door gaskets and seating	-de	□N □N/A		Stills	YY	ON ON/A
	Filter gaskets and seating	de	□N □N/A		Exhaust dampers	AY	ON ON/A
	Pumps	9	□N □N/A		Diverter valves	Y	□N □N/A
	Solvent tanks and containers	4 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 resp	onsible offici	al?			
	Visual examination (condensed solvent on exterior surfaces)					ļ	
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)					X	
	Use of direct-reading instrumenta	ation (F	ID/PID/calori	metric t	ubes)	ĺО.	
	Halogen leak detector						
) -	If using direct-reading instrumentation, is the equipment:					/A	
 	a. Capable of detecting	perc va	por concentra	itions in	a range of 0-500 ppm?	ΠY	ΩN
	b. Calibrated against a (PID/FID only)?	standaro	d gas prior to	and afte	r each use	ΩY	□и
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ΠY	□N	
	d. Kept in a clean and secure area when not in use?					ПN	
	e. Verified for accuracy	y by use	of duplicate	samples	(calorimetric only)?	ΠY	ΠN

tche/ F15hK1)/
Inspector's Name (Please Print)

MM AM

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Gave DEP Cakedan
Gave DEPM P2 Bookket

AERO-Vach 480

TYPE OF INSTRUCTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
IME IN: DRY TO TIME OUT: USH	110 GAIRS IDH: 9/28/98
ACILITY NAME: 1469) SW 88	1) 5 4; ct Margon DATE: 305-3853980
SANDIA PETEZ MARIONELESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	1
	*
COMMENTS:	<u> </u>
· :	
The Annual Compliance Certification form has been properly cert OATE OF NEXT INSPECTION:	ified and submitted to the inspector.
	pproximate) FISHEIND
NSPECTOR'S SIGNATURE: That I	Please Print 305 372-6925 PHONE NUMBER:
Pagc_	of Revised 10/96

ARS 10#: 025079/

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DATE: 9/W/97 SW SY SY SY SY SY SY SY	•			
Annual Reporting Period: 797 19 TO 19 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. SES 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: #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: #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 RECEIVE Method used to demonstrate compliance: OCI 2.7 1996 Method used to demonstrate compliance: Sureau of Air Monitoria & Mobile Sources As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchlorochilyene solvent, base upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons pyear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	FACILITY NAME: Dry Clean C	15A	DATE: 9 18/2	78
Annual Reporting Period: 797 19 TO 19 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. 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 to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate comp	FACILITY LOCATION: 14097 SU	V 88 SY	·	
Annual Reporting Period:	\			
Annual Reporting Period:				
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the following to the period of non-compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the following that the statement of the period of non-compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the following that the statement of the period of non-compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the following that has not been in continuous compliance during the reporting period stated about the following the reporting period stated about the following that has not been in continuous compliance during the reporting period stated about the reporting period stated about the following that has not been in continuous compliance during the reporting period stated about the following that has not been in continuous compliance during the reporting period stated about the reporting period stated abo	7-	·		
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above the following: Exact period of non-compliance: from Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above the following that the general permit that has not been in continuous compliance during the reporting period-stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above to demonstrate compliance: #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #4. Term or condition of non-compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above to demonstrate compliance: #4. Term or condition of non-compliance: #4. Term or condition of non-com	Annual Reporting Period: 4/97	19TO	<i>798</i> 19	9
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Exact period of non-compliance: from	If NO, complete the following:		·	
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220	made in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not except year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	z. Further, my annual consumpti eed 2,100 gallons per year for di	ion of perchloroethylene solvent, ba ry-to dry facilities or 1,800 gallons p	per

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN:	SPECTION COMPLAINT/DISCOVERY SPECTION COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
AIRS ID#: <u>0250791</u> DATE: 3	3/11/99 TIME IN: 10:25am TIME OUT: 11:00 am
FACILITY LOCATION: 14097	SW 88 SL
Mian	i, FL 33184
RESPONSIBLE OFFICIAL: Eddi	SW 88 St i, FL 33184 e Rodriguez PHONE: 1954)493-6700
	PHONE:
	· ·
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days pr	ior to startup
2. Facility failed to notify DARM to use go	eneral permit
PART II: CLASSIFICATION	
Facility indicated on notification form th (check appropriate box) A.	at it is: No notification form Drop store/out of business/petroleum
	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐ ☐ ☐ ☐ Can not determine
☐ facility exceeds a	classification: for a general permit as number above above limits and is not eligible for a general permit (perc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DXVA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	X □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON MINA
	Is the temperature differential equal to or greater than 20° F?	DY DN MN/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?	DV DN ANV
	ls the perc concentration equal to or less than 100 ppm?	OY ON DANA
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?	איאל אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	, איא אַ איס איס
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN XN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XY ON			
2. Maintained rolling monthly total of perc consumption?	Ø □n			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XVIA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON			
4. Maintained calibration data? (for applicable direct reading instruments)	איאל אם אם			
5. Maintained exhaust duct monitoring data on perc concentrations?	□У ПИ У Й/А			
6. Maintained startup/shutdown/malfunction plan?	MD AK			
7. Maintained deviation reports?	DY DN DNA			
Problem corrected?	DY DN XVIA			
8. Maintained compliance plan, if applicable?	DA DU DANA			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?			XY	□N ·
2. Has	the facility maintained a leak log?			X	ПΝ
3. Doe	es the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	ΟY	ON DYNA
	Door gaskets and seating	XY ON ON/A	Stills	X	□N □N/A
	Filter gaskets and seating	אואם אם אאל	Exhaust dampers	Y	ON ON/A
	Pumps	DAY ON ONIA	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	DAY ON CINIA	Cartridge filter housings	XY	□N □N/A
	Water separators	DAY ON ONIA			
4. Whi	ich method of detection is used by th	ne responsible official?			
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)				X	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				<u> </u>	
Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					אם
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□N
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ПИ
d. Kept in a clean and secure area when not in use?					ПN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ПΥ	□N

Inspector's Name (Please Print)

3/11/99
Date of Inspection

3/2006

Approximate Date of Next Inspection

Aerotech Machine Excellent Record keeping

BEST AVAILABLE COPY

MODELLIUN SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:25 am TIME OUT:	11:00 a		025079)
ACILITY NAME: DM Clean SACILITY LOCATION: 14097 5W	LISA	ner:	DATE: 3/11/79
Miami, Foresponsible official: Eddie Rodr	L 3	31810 	2: (95) 493-6700
Based on the results of the compliance requirer compliance with DEP Rule 62-213.300, Florida	a Administra	tive Code (F.A.C.).	
Based on the results of the compliance requirer discrepancies were noted:			-
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP ACT	TION REQUIRED
*			
			,
OMMENTS: Excellent Ree	ordk	reeping	
a Appual Compliance Cognification form has been no	consclut cartif	End and submitted to the increase	· veel note
ATE OF NEXT INSPECTION: 3/2	000)	or. YES NO
SPECTION CONDUCTED BY:	bord	proximate) Griner	
SPECTOR'S SIGNATURE:	(P)	ease Print) PHONE NUMBE	r. (305)372-693
	Page	<u></u>	Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			111 K	~ 1	i .f
FACILITY NAME:	ry Clean	USA # 1110	G JUL O	6 1999 DATE:	6/22/99
FACILITY LOCATION:	14097 SW	88 St	Air Qu Managemen	ality	•
	Viami, FI	2318/1		IL DIAISION	
	1141140) 12	سال ال			_
Annual Reporting Period:		<u>3</u> 1998	то		<u>3</u> 1999
Based on each term or condition 62-213.300, Florida Administration of the following:	•	•	\\\\\\\\\	*	EP Rule
#1. Term or condition of the g	eneral permit that has no	ot been in continuous co	ompliance during the	reporting perio	od stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:		· 		
Method used to demonstrate co	mpliance:			Burea &	
#2. Term or condition of the g	eneral permit that has n		ompliance during the	UL 1 199 199 u of Am Mobile Source	4
Exact period of non-complianc			to	torin	
Action(s) taken to achieve com	,				
Method used to demonstrate co	mpliance:				
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ue, accurate and comple ase receipts, does not ex	te. Further, my annua sceed 2,100 gallons per	l consumption of perc	chloroethylene	solvent, based
		QUIERDO	3 .		

^{*}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.

AIRS ID#: 0250791

KO

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		3 171
USA #7216	DATE	13/00
U 88 St.	DEC 1 3 2000	
331810	Air Quality	
	Management Divis	sion
3 1999 то		3 200
ng the period covered by this sta	atement. YES	□NO
t been in continuous compliance	e during the reporting per	iod stated above:
to to)	
		·
		· .
t been in continuous compliance	e during the reporting per	iod stated above:
to		
		-
e. Further, my annual consum	otion of perchloroethylene	solvent, based
	3 1999 TO ir permit, my facility has remaining the period covered by this state been in continuous compliance to to formation and belief formed after Further, my annual consumpted 2,100 gallons per year for the period of th	Air Quality Management Divis 3 19 9 7 TO ir permit, my facility has remained in compliance with D ing the period covered by this statement. AYES been in continuous compliance during the reporting per to to to formation and belief formed after reasonable inquiry, that e. Further, my annual consumption of perchloroethylene teed 2,100 gallons per year for the to dry facilities or 1,5 ECA Tint) Signature

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Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Kendell lake 7.

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250791

DRYCLEAN USA #72106
ANGELO IZOUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201

SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

DRY CLEANER AIR QUALITY GENERAL PERMITED ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250791 KENDALL LAKES #11106 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Do NOT Remove Label

Annual Reporting Period: January 1, 1	997 то	December 31, 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.					
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in continuous comp	pliance 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 comp	oliance during the reporting period stated above:			
Exact period of non-compliance: from	_	to			
Action(s) taken to achieve compliance:	·	· .			
Method used to demonstrate compliance:					
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	ic (1 lease Fillit)	Jighature Date			

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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 # 0250791 DRYCLEAN USA #72106 **EDDIE J RODRIGUEZ** 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351

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



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AIRS ID#0250791

DRYCLEAN USA #72106 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

302656

* 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#0250791

KENDALL LAKES #11106 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Do NOT Remove Label

1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

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Do NOT Remove Label

AIRS ID# 0250791

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE; \$50.00

Do NOT Remove Label

AIRS ID # 0250791

DRYCLEAN USA \$ [1106]
MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

0

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250791

DRYCLEAN USA # 72106 ANGELO IZOUIERDO

7771 W. OAKLAND PARK BLVD

SUITE 201

SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed or	AIRS ID 0250791 KENDALL LAKES #11106 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article N 4b. Service Registere Express I Return Rec 7. Date of De	Type ed Certified Mail Insured COD Delivery
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature! (Addressee or Agent) X LULLIAN .	8. Addressee and fee is	·
	PS Form 3811 , December 1994		Domestic Return Receipt

Z 333 613 337 US Postal Service Pagaint for Certified Mail AIRS ID 0250791 KENDALL LAKES #11106 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

s your RETURN ADDRESS completed on the reverse side?	SENDE: 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. 3. Article Addressed to: 4a Article 1			Return Receipt Service.
	AIRS ID#: 0250791 KENDALL LAKES #11106 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	☐ Registered ☐ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery		for using
	5. Received By: (Print Name) 6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		Thank you
\ <u></u>	PS Form 3811 , December 1994		Domestic Return Receipt	}

P 265 302 445

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0250791

KENDALL LAKES #11106 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140

FT LAUDERDALE FL 33309				
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
80	TOTAL Postage & Fees	\$		
PS Form 3800, April 1995	Postmark or Date			