

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 17, 1996

Mr. Ron Antin One Price Dry Cleaners 7268 West Oakland Boulevard Lauderhill, Florida 33313

Dear Mr. Antin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 16, 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

cc: Mr. Robert Wong, Broward County .

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

## #0112218

One Price Dry Cleaning
1.(c) mark out "V" and initial
3. Should be new small area source
3. Should be new small area source 5. (f) required
V

THE AFFORDABLE CLEANER Mon to Fri

(954).747-8860

Mon to Fri 7 a.m. to 7 p.m. Sat. 7 a.m. - 6 p.m.



7268 W. Oakland Park Blvd. Lauderhill, FL 33313



## Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 2001

Mr. Ron Antin One Price Dry Cleaning 23197 Via Stol Boca Raton, Florida 33483

Dear Mr. Antin:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 21.

In reviewing your submittal, it was noted that One Price Dry Cleaning elected to surrender its existing Title V air general permit (AIRS ID 0112218). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

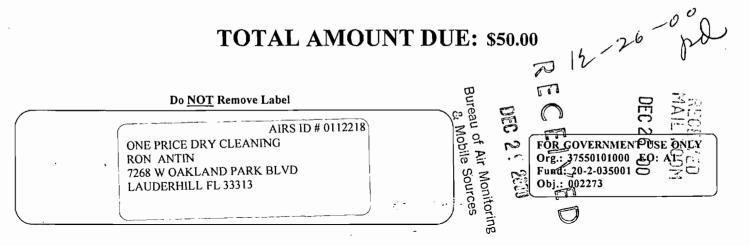
cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

400921

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



### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

<u> </u>
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAST INC diph one price pry creamin
2. Site Name (For example, plant name or number):
ONE PAICE DAY CLEANING
3. Hazardous Waste Generator Identification Number:
FLR000008789
4. Facility Location: 72 68 W. ON MUNDO DATA BLVO Street Address:
City: LAUDENIAU County: Browns Zip Code: 33313
5: Facility Identification Number (DEP: Use): 10.000 (1.00
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
RON ANTIN (SECTION)
7. Responsible Official Mailing Address: ONE PRICE DAY CLESNISE
Organization/Firm: 7268 W., OMLOND PARK 8WD Street Address:
City: LANGENHILL County: Browns Zip Code: 33313
8. Responsible Official Telephone Number:
Telephone: (914) 747 - 8860 Fax: (-)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
. Name and Thie of Lacinty Contact (Lor example, plant manager).
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11 Facility Contact Telephone Number:
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
- Tun. ( ) -
No. of the second secon

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AUG 1 6 1996

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	· .	Day i	1. Dry						
(1) w/ ref. condenser	11	9-11-95	9-11-95	F		T			
(2) w/ carbon adsorber									
(3) w/ no controls				<b></b>					
Washer Unit						<del> </del>	•	· .	<u> </u>
(4) w/ ref. condenser		<u> </u>	1						
(5) w/ carbon adsorber				<u> </u>					-
(6) w/ no controls									
Dryer Unit	1.30	J. O. Bert	Action .		• • •	4 - 2 - 3 - 4	:	i sa a sa	
(7) w/ ref. condenser									
(8) w/ carbon adsorber				T					
(9) w/ no controls							İ		
Reclaimer Unit	15 4 B					*1.17 1			<u>.L</u>
(10) w/ ref. condenser		T							
(11) w/carbon adsorber	-	-			1	-			
(12) w/ no controls	-					_			
(b) Control devices are  No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control of t	are requant	equired to be ity of perchlons	e installed [_ oroethylene (	(perc)	50 Gr	LUSA	u o	NII mo	~741
What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	urce	ication only.)	) ew sr	nall area sou	ırce [	(3) of _]	Part II?	
Existing large are	ea so	urce []	Ne	ew la	rge area sou	rce [	_]		

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

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
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 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
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
① Start-up, shutdown, malfunction plan

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### 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							
this notific statement maintain	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 prod	mptly notify the Department of any changes to the information contained in this notification.							

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

COMPL	ZAINTIDISCOVERT RE-INSPECTION
TIME IN: 9:30 - ME OUT: 10:30	All P#: 01/22 18
TYPE OF FACILITY: Dry Credners	
FACILITY NAME: One Price Dry Clean	pers DATE: 10-17-97
FACILITY LOCATION: 7268 West Oakland	Park Boulevard
Lauderhill Florida	
RESPONSIBLE OFFICIAL: Ron Antin	PHONE NUMBER: 747.8860
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	BEST AVAILABLE COP
	·
	· · · · · · · · · · · · · · · · · · ·
	·
	<del></del>
COMMENTS:	
The Annual Compliance Certification form has been properly certified	I and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: October (Appr	- /198
(Appr	oximate)
INSPECTION CONDUCTED BY: Bob	Thomas
	se Print)
INSPECTOR'S SIGNATURE: Bob Thomas	PHONE NUMBER: 5 19 - 145 9

. Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

Ø

COMPLAINT/DISCOVERY

# TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKL

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION					
FACILITY NAME: One Price Dry	_				
FACILITY LOCATION: 7268 Wes	T Oakland Park Boulevard				
Lauder hill	Florida 33313				
RESPONSIBLE OFFICIAL: Ron Ant	PHONE: 747-8860				
CONTACT NAME:	PHONE:				
DART I. NOTIFICATION					
PART I: NOTIFICATION					
(check appropriate box)	tup D				
New facility notified DARM 30 days prior to star     Facility failed to positive DARM to use general per-					
2. Facility failed to notify DARM to use general per					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum				
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. 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	□Y □N □Can not determine				
	ation: leral permit as number above lits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) pu facility was 200 gallons.	rchased within the preceding 12 months by this dry cleaning				

PART III: GENERAL CONTRA REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly scaled and impervious	containers?					
2. Examining the containers for leakage?	ZÝ ON ON/A					
3. Closing and securing machine doors except during loading	/unloading?					
4. Draining cartridge filters in their housing or in sealed cont least 24 hours prior to disposal?	ainers for at					
5. Maintaining solvent-to-carbon ratios and steam pressure fo beds according to the manufacturer's specifications?	r carbon adsorber					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls ar	e 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 e (check appropriate boxes)	xisting large area sources:					
1. Equipped all machines with the appropriate vent controls?	מלי טא					
2. Equipped dry-to-dry machines with a closed-loop vapor ver	nting system?					
Equipped the condenser with a diverter valve so airflow wi condenser upon opening the door?	I) be directed away from the ☑Ý □N □N/A					
4. Measured and recorded the temperature of the outlet exhau condenser on a weekly/bi-weekly basis?	stream of a refrigerated					
<ol> <li>Repaired or adjusted the equipment within 24 hours if the condenser exceeded 45° F?</li> </ol>	exhaust temperature of the					
6. Conducted all temperature monitoring after an appropriate verifying that the coolant had been completely charged?	cooldown period and after -ਈY ロN					

В. Н	as the responsible official of an existing large or new large area source also:			
	easured and recorded the exhaust temperature on the outlet side of the condenser lo dry-to-dry, reclaimer, and dryer machines on a weekly basis?		ΩИ	
	easured and recorded the washer exhaust temperature at the condenser let and outlet weekly?	ΩY	ОИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПΝ	□N/A
at	casured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber, machines are equipped with a carbon adsorber?	ΩY	ПN	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
pe or	essured that the sampling port on the carbon adsorber exhaust for measuring erc concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 duct diameters upstream from any bend, contraction, expansion; and downstream from no other inlet?		ИΩ	ON/A
	quipped transfer machines (dryers, reclaimers, and washers) with individual indenser coils?	ΩY	Ωи	□N/A
6. R	outed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	
		<del></del>		
PAR	T V: RECORDKEEPING REQUIREMENTS			
	the responsible official: k appropriate boxes)			
1. M	aintained receipts for perc purchased?	ØY	ПN	
2. M	aintained rolling monthly averages of perc consumption?	py	ПN	
3. M	aintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	QX	ПN	□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?	124	ПN	□N/A
4. M	aintained calibration data? (for applicable direct reading instruments)	PY	ПN	□N/A
5. M	aintained exhaust duct monitoring data on perc concentrations?	ÞΥ	ПN	□N/A
6. M	faintained startup/shutdown/malfunction plan?	•	ПN	
7. M	aintained deviation reports?	p v	.ПN	□N/A
	Problem corrected?	ps.	ПN	□N/A
8. M	aintained compliance plan, if applicable?	Q Y	ПN	□N/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible officialduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	ection?			ZY ON		
2. Has	the facility maintained a leak log	•		ZÍÝ ON		
3. Does	?					
	Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	ØY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	A/NO NO YQ	Exhaust dampers	AND NO YE		
	Pumps	AND NO YA	Diverter valves	DY ON ON/A		
 	Solvent tanks and containers	ØÝ □N □N/Ä	Cartridge filter housings	MY ON ON/A		
	Water separators	DY ON ON/A				
4. Whi	ch method of detection is used by	the responsible official?		:		
	Ø					
	₽ ·					
	<b>P</b>					
	<b>2</b> r					
	<b>P</b>					
	ØN/A					
	NO YO					
	מם עם					
	NO YO					
<ul><li>c. Inspected for leaks and obvious signs of wear on a weekly basis?</li><li>d. Kept in a clean and secure area when not in use?</li></ul>				OY ON		
	e. Verified for accurac	y by use of duplicate samp	les (calorimetric only)?	OY ON		

Bob Thonas October 17, 1997

Inspector's Name (Please Print)

Bob Thomas October 1998

Inspector's Signature

Approximate Date of Next Inspection

## 0112218

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNU! COMPLIANCE CERTIFICATIO! DRM

acc	

FACILITY NAME: One Price D	Dry Cleaners	DATE:	10-17-97
FACILITY LOCATION: 7268 W			
Lauderhi	Il Florida 333.	13	
Annual Reporting Period: Octobe	1996 TO	Octo ber	19.97
Based on each term or condition of the Title V g			P Rule □NO
If NO, complete the following:	,		
#1. Term or condition of the general permit tha	nt has not been in continuous complian	nce during the reporting perio	d 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 tha	nt has not been in continuous complia	nce during the reporting perio	d stated above:
Exact period of non-compliance: from	·	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· ·	<del></del>	
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name	complete. Further, my annual consues not exceed 2,100 gallons per year f	Imption of perchloroethylene for dry-to dry facilities or 1,8	solvent, based
rest of Subble of Fichie.	(Please Print)	Signature	Date

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

Page \_\_\_\_\_ of \_\_\_\_\_.

NOV 1 2 1997

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. RECEIVED MAIL ROOM

JAN 2 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112218

**JAST INC RON ANTIN** 7268 W OAKLAND PARK BLVD LAUDERHILL FL 33313

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

## #01/22/18

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNU! COMPLIANCE CERTIFICATIO! ORM

FACILITY NAME: One Price	, ,	
FACILITY LOCATION: 4513	Pine Island Road	
Sunrise	Florida 33351	
	<u> </u>	
Annual Reporting Period: Octo	ber 1996 TO	October 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		
If NO, complete the following:	•	
#1. Term or condition of the general permit	that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	·	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance	ce 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual consum	nption of perchloroethylene solvent, based

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

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Page \_\_\_\_\_ of \_\_\_\_\_.

NOV 1 2 1997

Bureau of Air Monitoring & Mobile Sources

77

DRY CLEANER AIR QUALITY GENERAL PERMITDING Mobile Sources

ANNUAL COMPLIANCE CERTIFICATION FORM

JAST INC
RON ANTIN
7268 W OAKLAND PARK BLVD
LAUDERHILL FL 33313

### Do NOT Remove Label

				•	
Annual Reporting Period:		19	то		19
Based on each term or condition of the T					_
62-213.300, Florida Administrative Cod	e (F.A.C.), during the p	eriod covere	d by this statement.	YES	□NO
If NO, complete the following:			•		
#1. Term or condition of the general per	mit that has not been in	n continuous	compliance during th	e reporting per	iod 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 per	mit that has not been ir	ı continuous	compliance during th	e reporting per	iod stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:		•			
Method used to demonstrate compliance:	<u> </u>				
As the responsible official, I hereby certify, notification are true, accurate and complete loes not exceed 2,100 gallons per year for d	. Further, my annual co	nsumption of	perchloroethylene solv	ent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Print)		K the	フ	2/3/58
	Name (Please Print)		Signature		Date

<sup>\*</sup>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.

### **BEST AVAILABLE COPY**



# DRY CLEANER AIR QUALITY GENERAL PERMITTION FORM ANNUAL COMPLIANCE CERTIFICATION FORM JAST INC RON ANTING RON ANTING

JAST INC
RON ANTIN
7268 W OAKLAND PARK BLVD
LAUDERHILL FL 33313

Do NOT Remove Label

TO 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 YES YES 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. OM If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period states above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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. Signature

<sup>\*</sup>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#:	112218
-------------	--------

NUC

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ONE PRICE DRY CLE	AMERS	DA	TE: <u>12-29-98</u>
facility location: <u>7268 w. oakland pk</u>	BLUD LAUDERHI	L, Fl. 33313	
Annual Reporting Period:OCT 17	19 <u>97</u> то		19 <u>98</u>
Based on each term or condition of the Title V general air po	• •		n DEP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not bee	en in continuous compli	ance 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 bee	n in continuous compli	ance during the reporting p	period stated above:
		ance during the reporting p	
Exact period of non-compliance: from			
#2. Term or condition of the general permit that has not bee  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:			
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	ation and belief formed Further, my annual cons year for dry-to dry facili	to after reasonable inquiry, umption of perchloroethyl	that the statements ene 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.

Page \_\_\_\_\_ of \_\_\_\_\_.

### **BEST AVAILABLE COPY** PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	78 TIME IN: 11:00 TIME OUT: 11:35
	•
FACILITY LOCATION: 1268 W. Of	AKLAND PK. BLVD. LAUDERHILL FL.
	<i>333/3</i>
responsible official : Ron A	NTIN PHONE: 747-8860
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	B
(check appropriate box)	80 77 15
1. New facility notified DARM 30 days prior to star	rup 80
2. Facility failed to notify DARM to use general per	rmit SN TO
PART II: CLASSIFICATION	S Ing
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	2. New small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x \le 200$ gal/yr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(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, $140 \le x \le 2,100 \text{ gal/yr}$	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, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □Y □Can not determine
	cation: neral permit as number above nits 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 1/65 gallons.

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? ØY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MY ON ON/A 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) MY ON 1. Equipped all machines with the appropriate vent controls? MY ON ONIA 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 MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD V condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ar on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON OM/A
	Is the temperature differential equal to or greater than 20° F?	OY ON OM/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 BYVA
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON 1215/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON O2√N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ORY ON			
2. Maintained rolling monthly total of perc consumption?	DEY □N			
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 and parts installed w/in 5 days of receipt?	ØY ON ON/A			
4. Maintained calibration data? ifor applicable direct reading instruments)	OY ON WIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	OY ON WN/A			
Problem corrected?	OY ON MINA			
8. Maintained compliance plan, if applicable?	ם או שלאוא			

P.	ART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				MD N	
2.	Has the facility maintained a leak log?		• .		OY ON	
3.	Does the responsible official check the f	following	areas for lea	aks?		
	Hose connections, fittings, couplings, and valves	a√ □	N □N/A	Muck cookers	ZY ON ON/A	
	Door gaskets and seating	ory o	N □N/A	Stills	MY ON ON/A	
	Filter gaskets and seating	ax o	N □N/A	Exhaust dampers	ON ON/A	
	Pumps	QY O	N □N/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	at o	N QN/A	Cartridge filter housings	MY ON ON/A	
	Water separators	ख्र □	N □N/A		•	
4.	Which method of detection is used by the	he respon	sible official	?		
	Visual examination (condensed so	olvent on	exterior surf	aces)	<b>12</b>	
	Physical detection (airflow felt thr	rough gas	kets)		<b>\(\overline{\pi}\)</b>	
	Odor (noticeable perc odor)				<b>Q</b>	
	Use of direct-reading instrumental	uon (FID	/PID/calorin	netric tubes)		
	Halogen leak detector					
	If using direct-reading instru	umentati	on, is the eq	uipment:	ΩΛV/A	
	a. Capable of detecting p	oerc vapo	r concentrati	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	tandard g	gas prior to a	nd after each use	אם אם	
	c. Inspected for leaks an	d obvious	s signs of we	ar on a weekly basis?	OY ON	
	d. Kept in a clean and se	cure area	a when not in	ı use?	OY ON	
	•			mples (calorimetric only)?	אם צם	
				·		
		_				
	ART PENNETTA		<del></del>	12-29-9		
	Inspector's Name (Please Prin	n <b>t)</b>		Date of Inspe		
_	Inspector's Signature			Approximate Date of		

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

EPACENELLEH
FLDGESGG /

	ANNUAL		COMPLAINT/DISC	COVERY	
	RE-INSPECTION	٥		P	·
AIRS ID#: Olidai8	DATE: 10/26/99	TIME I	N: <u>10:15am</u> TIN	IE OUT:	0.250m
FACILITY NAME: <u>On</u>	Price Dey Clean	e( S	of the state of th	(C)	L.
facility location: 7	268 VV. Oakla	nd Per	Blvd. By	19. 19g	
<u>_</u>	-auderhill, Fl	<u>. 3331</u> 3	3	OUT OF THE	
RESPONSIBLE OFFICIAL :	Ron Antin		_PHONE: <u>747-</u> 9	3860 (3	254)
CONTACT NAME:	Full Time Employ	yets	PHONE: <u>747</u>	-68600	(954)
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				9
2. Facility failed to notify DAR	M to use general permit		<u>-</u>	F	
	7				
					l I
PART II: CLASSIFICATION					
Facility indicated on notificati			☐ No notification fo		troleum
			☐ No notification fo☐ Drop store/out of		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour	on form that it is:	√ew small a	☐ Drop store/out of		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:  ce	to-dry only,	☐ Drop store/out of  rea source x < 140 gal/yr		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	on form that it is:  ce	to-dry only, sfcr only, x	☐ Drop store/out of  rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:  ce	to-dry only, sfcr only, x typcs, x < 1	☐ Drop store/out of  rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour 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)	on form that it is:  ce	to-dry only, sfer only, x types, x < 1 structed on	□ Drop store/out of  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	to-dry only, sfer only, x types, x < 3 structed on	□ Drop store/out of  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is:  ce	to-dry only, x sfer only, x types, x < 3 structed on to-dry only, sfer only, 20	Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140	Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140	Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility cl	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility cl	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140 structed on	□ Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine above	business/pe	troleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility cl	on form that it is:  ce	to-dry only, x sfer only, x types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140 structed on	□ Drop store/out of  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine above	business/pe	troleum

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 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 IN □N/A 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? 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 DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם עוויי verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY 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?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/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?	The Reaks absented at time of instaction
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	חאם אם צם
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON DAVA
Problem corrected?	בואם אם אם A
8. Maintained compliance plan, if applicable?	DY ON ON/A

P.	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?						
2.	Has the facility maintained a leak log?				DY DN		
3.	Does the responsible official check the	following ar	eas for leaks?		·		
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY DN	□N/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY DN	□N/A	Diverter valves	DY ON ONA		
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	AVIO NO YE		
	Water separators	ZY ON	□N/A				
4.	Which method of detection is used by the	ne responsib	le official?	,			
	Visual examination (condensed so	olvent on ex	terior surfaces)				
	Physical detection (airflow felt thr	ough gaske	ts)	¥			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentar	tion (FID/PI	D/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	umentation,	, is the equipme	ent:	,DN/A		
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	אם אם		
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	tandard gas	prior to and afto	er each use	NO YO		
	c. Inspected for leaks and	d obvious si	gns of wear on a	a weekly basis?	OY ON		
	d. Kept in a clean and so	cure area w	hen not in use?		OY ON		
	e. Verified for accuracy l	by use of du	plicate samples	(calorimetric only)?	OY ON		
			<del></del>				
	<i>y</i> .			1			
f	The Lam & Cikk			n lates			

Inspector's Name (Flease Print)	Date of Inspection
Se det Paully	11/8/00
Inspector's Signature	Approximate Date of Next Inspection

# DKY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: One Price Dry Cleaners	DATE: 10/26/99
FACILITY LOCATION: 7269 W. Oakland PK. Blvd.	
Lauderhill, Fl. 33313	
Annual Reporting Period: October 1998 TO October	19 9 9
Based on each term or condition of the Title V general air permit, my facility has remained in compliance of 2-213 300, 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 re-	eporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
≠2. Term or condition of the general permit that has not been in continuous compliance during the re	eporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
is the responsible official, I hereby certify, based on information and belief formed after reasonable.	inguiry, that the statements
made in this notification are true, accurate and complete. Further, my annual consumption of perchapen purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons	loroethylene solvent, based
RESPONSIBLE OFFICIAL:  RESPONSIBLE OFFICIAL:	11/8/55
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.

Page \_\_\_\_ of \_\_\_\_.

ANNUAL COMPLIANCE CERTIFICATION FORM 0112218 FACILITY NAME: One Price Dry Cleaning \_\_\_\_\_DATE: <u>/0/26/</u>99 FACILITY LOCATION: 4513 Pine Island Rd. DunkisE, FL 33351 1998 TO <u>October</u> 1999 Annual Reporting Period: October Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: =1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: =2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based zon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gal ons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:

DRI CLEANER AIR QUALITY GENERAL PERMIT BEST AVAILABLE COPY

\*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.

Page of A

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION	ON C
AIRS ID#: 0110018 DATE: 11007 C  FACILITY NAME: One Dive Dry  FACILITY LOCATION: 7268 N. O  Louderhil, F  RESPONSIBLE OFFICIAL: Box Antil	Cleanurs  Oakland Park Rlvd.  1 33313  Saland Park Rlvd.
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. 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	→ □N □Can not determine
If no, please check the appropriate classified facility qualified for a gen facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pure facility was 105 gallons.	rchased 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) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A 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? 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 ØY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after EYY ON verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		<b></b>	D
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□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,		<b></b>	
ľ	or expansion; and downstream from no other inlet?	ΟY	UИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	ØY ON
2. Maintained rolling monthly total - f perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	No Leaks
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON DANIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/i: 5 days of receipt?	ANGO NO YO
4. Maintained calibration data? ye applicable direct reading instruments)	אואים אם צם
5. Maintained exhaust duct monitaring data on pere concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports:	OY ON ENVA
Problem corrected?	OY ON DAVA
8. Maintained compliance plan, if applicable?	ON ON/A

17	ART VI: LEAR DETECTION AND I	ETAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ND YE			
2.	Has the facility maintained a leak log?			CHY ON			
3.	Does the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DAY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	DY ON ON/A	•				
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed se	olvent on exterior surfac	cs)	₽⁄			
	Physical detection (airflow felt the	rough gaskets)					
	Odor (noticeable perc odor)			♥			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	tric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equi	pment:	□N/A			
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	DA DN			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and	after each use	OY ON			
	c. Inspected for leaks an	d obvious signs of wear	on a weckly basis?	OY ON			
	d. Kept in a clean and so	ccure area when not in u	sc?	מם עם			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON			
_							
_	Elizabeth F. SUSIN		Date of Inspec				
	Inspector's Name (Please Prin	nt)	Date of hisper	cuon			
	60. leho CA. IM		11/2 /2				
-6	Inspector's Signature		Approximate Date of N	Vext Inspection			

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1 1
FACILITY NAME: One Price Dry Cleaners DATE: 11/07/00
FACILITY LOCATION: 7268 W. Oakland Park Blyd
Lauderhill FL 33313
Annual Reporting Period: November 20 00
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

Page \_\_\_\_ of \_\_\_\_.

<sup>\*</sup>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.

### 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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50,00 20 98

Do NOT Remove Label

AIRS ID#0112218

JAST INC RON ANTIN 7268 W OAKLAND PARK BLVD LAUDERHILL FL 33313

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392256

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 # 0112218

ONE PRICE DRY CLEANING RON ANTIN 7268 W OAKLAND PARK BLVD LAUDERHILL FL 33313 RECEIVA

FOR GOVERNMENT US ONL Org.: 37550101000 EO: BF Fund: 20-2-035001

Fund: 20-2-0350 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356825

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

TOTAL AMOUNT DUE: \$50.00 MAIL ROOM

1411 1 22

RECEIVED

JAN 11 99

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AIRS ID # 0112218

ONE PRICE DRY CLEANING RON ANTIN 7268 W OAKLAND PARK BLVD LAUDERHILL FL 33313

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

10130C

9618		MAIL REC	EIPT Coverage Provided)
0026 4128	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0600	IO AI RON ANTIN ONE PRICE DRY 7268 W OAKLAN LAUDERHILL FL	D PARK BLVD	Perse for Instructions

	Z 333 6	67 234 <u>1</u> 660
1	US Postal Service  Receipt for Cer  No Insurance Coverage	tified Mail Provided AIRS ID # 0112218
R(	NE PRICE DRY CLEA ON ANTIN 168 W OAKLAND PA AUDERHILL FL 3331	RK BLVD
l	rusiage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
8	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

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.			t Sen
3. Article Addressed to:  AIRS ID 0112218  JAST INC RON ANTIN 7268 W:0AKLAND PARK BLVD LAUDERHILL FL 33313  5. Received By: (Print Name)	4a. Article Number 2333 613 207  4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery		for using Return
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only if requested paid)  Domestic Return Rece	Thai

	. Z 333	613 207		
]	US Postal Service Receipt for Cer No Insurance Coverage JAST INC RON ANTIN 7268 W OAKLAND PAR LAUDERHILL FL 33313	Provided.  AIRS ID 0112218		
		<b>3</b>		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
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, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

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