

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 16, 1996

Mr. Rajendra Chauhan Sunshine Cleaners 6734 North University Drive Tamarac, Florida 33321

Dear Mr. Chauhan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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,

Stocky Suitz
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"

0112234 9-3 Spoke to Rajendra Chauhan he is the President p. 13 6 add title. p. 14 16) should be marked p.15 (4) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Communication and an individual arrange.
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SAI-R INC DIB/A SUMSHINE CLEANERS.
2.	Site Name (For example, plant name or number):
	SUNSHINE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 0662\$95767
4.	Street Address: 6734, NORTH UNIVERSITY DRIVE.
	City: TAMARAC County: BROWARD Zip Code: 3:3321.
5.	Facility Identification Number (DEP Use): O112234
	Responsible Official
6.	Name and Title of Responsible Official:
	RAJENDRA CHAUHAN.
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 6734, North University Drive, City: TAMARAC County: Broward Zip Code: 33321.
	City: TAMARAC County: BROWARD Zip Code: 33321.
8.	Responsible Official Telephone Number: Telephone: (954) 722 - 9280 Fax: (94) 722 - 9280
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	DECETTE

RECEIVED

AUG 2 1 1995

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

(Indicate with an "X".)	m?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit put 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 (2 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailmed 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 pe	rmit:
(a) Purchase receipts and solvent purchases	
(a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

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.

	ŀ	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	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-92
Dry-to-Dry Unit			•						
(1) w/ ref. condenser	#1	JULY'85.			JULY'83				
(2) w/ carbon adsorber					1				
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1.4			14.			•	· And Andrews
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	T								
Reclaimer Unit			•		• • • • • • • • • • • • • • • • • • • •			January 1981 – January January 1981 – January 198	•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant	equired to be ity of perchloons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.) Ne	ew sm	nitions found nall area sour rge area sour	ce [3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Joyntham 10 96 - Date D

0112234	ANNU COMP	LIANCE CERTI	FICATIO	L PERMIT	cel-
FACILITY NAME:		RE21 WAVITHORI	L VVI I	•	: 10-17-97
FACILITY LOCATION:			Prive		10 11 17
	Tamarac F	,	3321		
Annual Reporting Period:	October	19 76	то	October	1997
Based on each term or condit 62-213.300, Florida Adminis	-				EP Rule NO
If NO, complete the followin	g:				
#1. Term or condition of the	general permit that has r	not been in continuous	compliance d	uring the reporting peri	od stated above:
Exact period of non-complia	nce: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
#2. Term or condition of the	egeneral permit that has r	not been in continuous	compliance d	uring the reporting peri	od stated above:
Exact period of non-complia	nce: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina RESPONSIBLE OFFICIA	true, accurate and composition facilities.	lete. Further, my annuzzceed 2,100 gallons p	ial consumption	on of perchloroethylene	solvent, based
*This form is made available discretion of the responsible	e to you as an aid in order official to use this form.	to meet your annual c	ompliance cer	tification requirements	

NOV 1 2 1997

BEST AVAILABLE COPY

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

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112234

SAI-R RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

AIRS ID#: 0112234

XIL

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sun Mine Cleaners	DATE: 12/10/98
FACILITY LOCATION: 6734 North University Dine	,
Termanae, Florida 33321	
1 2000 2000 33327	
Annual Reporting Period: Oct. 1997 TO Dec.	19 98
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 report	ting period stated above:
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	i A
#2. Term or condition of the general permit that has not been in continuous compliance during the repair	rting 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 incomade in this notification are true, accurate and complete. Further, my annual consumption of perchlore upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,300 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	oethylene 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.

TIME IN: 10:30 TIME OUT: 11:30	1D#: 011 2234
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Sunshine Cleaners	DATE: 10-17-97
FACILITY LOCATION: 6734 North Univer	-sity Prive
Tamarac Florida 3	3321
RESPONSIBLE OFFICIAL: Rejendra Charhan	PHONE NUMBER: 722-9280
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
	<u> </u>
COMMENTS:	
	,
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: October	- 1998'
INSPECTION CONDUCTED BY: Sob TI	•
	PHONE NUMBER: 519-1459

Page ___ of ___. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKL

RE-INSPECTION: RE-INSPECTION	ON COMPLAINI/DISCOVERI
AIRS ID#: 01/2234 DATE: 10-17- FACILITY NAME: Sunshine Cle	-97 TIME IN: 10:30 TIME OUT: 11:30
	the University Drive
	Florida 73321
ll '	
	Chauhan PHONE: 722-9280
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to state	
2. Facility failed to notify DARM to use general p	ermit
The same of the sa	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification qualified for a general source of the source of t	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 $12/9/91$) 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 $12/9/91$) \square Y \square N \square Can not determine

P.	RT III: GENERAL CONTRO	EQUIREMENTS	
	the responsible official of the dry check appropriate boxes)	leaning facility:	
1.	Storing perchloroethylene in tightly	sealed and impervious containers?	ØY □N □N/A
2.	Examining the containers for leakage	ge?	ØY □N □N/A
3.	Closing and securing machine doors	s except during loading/unloading?	ØÝ ON
4.	Draining cartridge filters in their holeast 24 hours prior to disposal?	using or in sealed containers for at	PY ON ON/A
5.	Maintaining solvent-to-carbon ration beds according to the manufacturer'	s and steam pressure for carbon adsorber specifications?	OY ON ØÑ/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

Α.	Has the responsible	official of	f all new	sources	and	existing	large	area	sources:
(che	ck appropriate boxes)								

1.	Equipped all machines with the appropriate vent controls?	P	ΩИ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	94	ΩИ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØÝ	ПΝ	□N/A
∔ .	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	øÝ	מם	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	øý	ПΝ	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΔY	ПN	

BEST AVAILABLE COPY

_				
[B. Has the responsible official of an existing large or new large area source also:			
ļ	 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	□N	
] 	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	DN/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?	ΩY	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	\square N/ \triangle
 	4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	מם	ON/A
	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	ON/A
١,	6. Routed airflow to the earbon adsorber (if used) at all times?	ΠY	ΠИ	DNA
║`			٠,٠	-1147.FC
Ĺ				
	PART V: RECORDKEEPING REQUIREMENTS			
	PART V: RECORDREEPING REQUIREMENTS Has the responsible official:		□N □N	
	PART V: RECORDKEEPD'G REQUIREMENTS Has the responsible official: (check appropriate boxes)	27		
	PART V: RECORDKEEPD'G REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased?	27	Z	
	PART V: RECORDKEEPENG REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monuly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	24 24	NO N	ON/A
	PART V: RECORDKEEPERG REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monuly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	24 24 24	0 X C C X C C X C C X C C X X C C X X C C X X C X X C X X C X	
	PART V: RECORDKEEPEG REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monulay averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	24 24 24 24		□N/A
	PART V: RECORDKEEPE/G REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monulay averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		X	□N/A □N/A □N/A □N/A
	PART V: RECORDKEEPENG REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)			□N/A □N/A □N/A □N/A
	PART V: RECORDKEEPENG REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling monulary averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?			□N/A □N/A □N/A □N/A
	PART V: RECORDKEEPC/G REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pure purchased? 2. Maintained rolling money averages of pere 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained enhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan?			□N/A □N/A □N/A □N/A

Revised 8/11/9

PAR	PART VI: LEAK DETECTION AND REPAIRS						
1. D	1. Does the responsible official cuct a weekly (for small sources, bi-weekly) leak detection and repair						
iı	nspection?			ØY ON			
2. H	Has the facility maintained a leak log?			ØY ON			
3. E	Does the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØÝ □N □N/A			
	Door gaskets and seating	ZY ON ON/A	Stills	ØÝ □N □N/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ANO NO YES			
i I	Pumps	AVO NO YA	Diverter valves	A/NO NO YK			
	Solvent tanks and containers	DY ON ON/A	. Cartridge filter housings	AT ON ON/A			
	Water separators	ØY ON ON/A					
4. V	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed so	olvent on exterior surfac	es)	a a			
	Physical detection (airflow felt the	rough gaskets)		Ø			
	Odor (noticeable perc odor)			Ø			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	D .			
	Halogen leak detector			Ø			
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and s	_	•	OY ON			
	e. Verified for accuracy			OY ON			
	·						
	Bob Thomas		Otober 1	7 1997			
	Inspector's Name (Please Prin	nt)	October 1 Date of Inspe	cuon			
	1 , 1		, ,				
	Inspector's Signature		October				
	Inspector's Signature		Approximate Date of	Next Inspection			

4 of 5

Revised 8/11/97

BEST AVAILABLE COPY	.A.C. ICI OICI
TYPE OF INSPECTION: ANNUAL Y - COMPL	AINT/DISCOVERY AE-INSPECTION
TIME IN: 11:30 or un TIME OUT: 13:30	p. u. AIRS ID=: 01/2234
TYPE OF FACILITY: Dry Cleaners - Per	<i>C</i> .
FACILITY NAME: Sunchine Cleaner	DATE: 12/10/98
	inersity by-e
Tamarac, Flor	
RESPONSIBLE OFFICIAL: KASENDRA CHAV	144N PHOME NUMBER: (95 4) 722-9280
Based on the results of the compliance requirements evaluates 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
Faitety is in compliance	,
·	
	-
	
}	
COMMENTS:	
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certifie N	d and submitted to the inspector. YES NOTE NOTE
DATE OF NEXT INSPECTION: Dec. 19	7 4 4 m
	AN OPRIS
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (954/519-142
Pag= 2	08 <u>2</u> . Revise 2 12/8

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVER	XY 🗖	
AIRS ID#: O112234 D FACILITY NAME:	Gensli-	ne () orth cc, t havhau	Leavers Cluiversity Dr Variola PHONE: (954) 72	u're	
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM			·	a :	
DADE H. CLASSIFICATION					
PART II: CLASSIFICATION				-	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source 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)	te 🕱 2. i tran boti	usfer only, x h types, $x < x$	x < 140 gal/yr < 200 gal/yr	ess/petroleum	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 go both types, 140 \le x \le 1,800 go (constructed before 12/9/91)	te 2. in dry trans both (constant dry trans dry dry dry dry trans al/yr both (constant dry trans dry tran	-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20 h types, 140 nstructed on	Drop store/out of business trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) trea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ess/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 go (constructed before 12/9/91) 5. This is a correct facility class of the please check the analysis of the please check the analysis of the property of the please check the analysis of the property of the please check the analysis of the property of the property of the property of the please check the analysis of the property of the prop	te 2. in dry trans both (considered 4. loo gal/yr dry loot (consisting trans al/yr both (consisting trans al/yr both (consisting trans al/yr both (consisting trans appropriate classification 2. look appropriate classification 2. look appropriate classification 4. look appropriate 4	nsfer only, x h types, x < nstructed on New large a to-dry only, asfer only, 20 h types, 140 nstructed on New large and types, 140 nstructed on New large and New large an	Drop store/out of business Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ess/petroleum	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? AND NO YE 3. Closing and securing machine doors except during loading/unloading? **M**Y ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? MY ON ONA 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) OY ON i. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AWD ND YD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AME NO YE 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? DY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DNA 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
	Is the temperature differential equal to or greater than 20° F?	OY ON ONA
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 ONA
	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 ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
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?	ABA □N ·			
2. Maintained rolling monthly total of perc consumption?	ØYY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or:	AND NO YAP			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י אמ וע מם צם א			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON Y NA			
6. Maintained startup/shutdown/malfunction plan?	MD AQ			
7. Maintained deviation reports?	OY ON ØNA			
Problem corrected?	EK Ç KE YD			
8. Maintained compliance plan, if applicable?	oy on ≉ na			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Has the facility maintained a leak log? MY ИD 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ONA Muck cookers AMD ND YKK couplings, and valves AND UN DAVA AND NO YES Door gaskets and seating Stills Filter gaskets and seating MY ON ONA Exhaust dampers DY ON SINA AND ND YA Diverter valves DY DN XXNA Pumps AND ND YE Cartridge filter housings □Y □N ♥N/A Solvent tanks and containers MY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Z Ø Physical detection (airflow felt through gaskets) X Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ם *№/Ң* Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ND YD c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YE

OCTHUIAN OPRIS	12/10/98
Inspector's Name (Please Print)	Date of Inspection
A, A	Dec. 1999
Inspector's Signature	Approximate Date of Next Inspection

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

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

DY ON

DY DN

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
AIRS ID#:01/0034 DATE: 8/4/9 FACILITY NAME: Durshive of FACILITY LOCATION: 6734 7/2 Tomorod RESPONSIBLE OFFICIAL: Region do CONTACT NAME:	2, FL 33321 5 M
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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 $12/9/91$)
	□Y □N □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) per	urchased within the preceding 12 months by this dry cleaning

(check appropriate boxes) ON ON/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 DN DN/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? DY DN DY DN DN/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 DY DN DN/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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ΠN $\Box Y$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A ON ON/A couplings, and valves Muck cookers DY ON ON/A ON ON/A Door gaskets and seating Stills DY ON ON/A ON ON/A Filter gaskets and seating Exhaust dampers □N □N/A □N □N/A Diverter valves **Pumps** OMY □N □N/A Solvent tanks and containers Cartridge filter housings □N □N/A Water separators ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: ON/A UY UN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N NO YO c. Inspected for leaks and obvious signs of wear on a weekly basis? UA UM d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? UA ON of Inspection (Please Print)

Date of Next Inspection

Inspector's Signature

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: SUNShine Clegner'S	DATE: \$ 4 9
FACILITY LOCATION: 6734 n: University Dive	[• [
Tamarac, FL	
Annual Reporting Period: August 1998 TO August	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 report	ing 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 reports	ng period stated above:
Exact period of non-compliance: from	
Acuon(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 inquing made in this notification are true, accurate and complete. Further, my annual consumption of perchloroe upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per sembination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	thylene 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 ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY			
RE-INSPECTION	ON 🗆			
AIRS ID#: 012234 DATE: 05 18	00 TIME IN: 11: 00cm TIME OUT: 11:20au			
FACILITY NAME: <u>Dunstine Cles</u>	anora			
FACILITY LOCATION: 6734 N. (Iniversity Drue			
Tumarac,	j j			
RESPONSIBLE OFFICIAL: Rajendro				
,	Chaucham PHONE: (98) 22 920			
	e Air on			
PART I: NOTIFICATION	200 Sound			
(check appropriate box)	ces			
1. New facility notified DARM 30 days prior to sta	artup 3			
2. Facility failed to notify DARM to use general po	ermit O			
DADWIN OF ACCUMANT				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)			
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification 	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 $12/9/91$)			
at a time to a control tability bladding				

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50-7 Pallons.

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

If no, please check the appropriate classification:

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/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 □N □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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YO

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
Maintained receipts for perc purchased?	MON YES	
2. Maintained rolling monthly total of perc consumption?	DY ON	
3. Maintained leak detection inspection and repair reports for the following:	nodeaks docume	n Jed
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?	DY, DN EN/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	DAY ON ON/A	
6. Maintained startup/shutdown/malfunction plan?	ďY ⊡N- ″	
7. Maintained deviation reports?	אואם אם אם	
Problem corrected?	DY ZIN OZN/A	
8. Maintained compliance plan, if applicable?	DAY ON ON/A	

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the r	esponsible official conduct a	weekly (for small sou	rces, bi-weekly) leak detection as	nd repair		
inspection	en on					
2. Has the fa	DY ON					
3. Does the r	responsible official check the f	ollowing areas for lea	aks?			
	e connections, fittings, uplings, and valves	OY ON ON/A	Muck cookers	DY ON ON/A		
D00	r gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filte	er gaskets and seating	DY ON ON/A	Exhaust dampers	DN DN/A		
Pum	ips	DY ON ON/A	Diverter valves	אורם אם צבו		
Solv	ent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
Wate	er separators	DY ON ON/A				
4. Which me	ethod of detection is used by the	e responsible official	?	,		
Visu	al examination (condensed so	lvent on exterior surf	aces)	Q		
Phys	sical detection (airflow felt thr	ough gaskets)				
Odo	r (noticeable perc odor)			D .		
Use						
Halo						
נ	uipment:	JOXI/A				
1	a. Capable of detecting p	erc vapor concentrati	ons in a range of 0-500 ppm?	ND Y		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to a	nd after each use	OY ON		
	c. Inspected for leaks and	l obvious signs of wea	ar on a weckly basis?	OY ON		
	d. Kept in a clean and se			□Ү □И		
	-			OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N					
	*					
John	n Coppola		05 18 00 Date of Inspec			
1	nspector's Name (Please Print	:)	Date of Insper	ction		
	(An)		Kloln			
	Inspector's Signature		Approximate Date of 1	Next Inspection		

AIRS ID#: 011 2034/

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sunshine Cleaners DATE: 05/18/0
FACILITY LOCATION: 6734 N. University Dive
Tamarac, FL 33321
Annual Reporting Period: May 1999 TO May 20
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: fromto
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: fromto
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 may 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

^{*}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.

977B	U:S. Postalis CERTIFIED Pomestic Mattic	Setvice DWAIL-REC		led)		
47.29	Postage Certified Fee	\$				
#	Certilled Fee		Postmark			
0026	Return Receipt Fee (Endorsement Required)		Here			
00	Restricted Delivery Fee (Endorsement Required)					
070	Total Postage & Fees	\$				
4	Recipi 10	AIRS ID # 0112	234001AG			
	RAIENDRA CHAUHAN					
7000	SUNSHINE CLEANERS					
2	city, S. 6734 NORTH UNIVERSITY DRIVE					
,	TAMARAC	FL 33321		1980 - 1975 -		
				nstructions		

	,P. 26,5 30	2	341
F	IS Postal Service Receipt for Cert Io Insurance Coverage F Io not use for Internation Sent to	rovi	ided.
67 TA	AIRS I AI-R INC AJENDRA CHAUHAN 34 NORTH UNIVERSI MARAC FL 33321 Certified Fee		0112234 DRIVE
- }	Special Delivery Fee		
- 1	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date 2/13/97		

TO THE RIGHT OF RETURNADDRESS V	
PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
Complate items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0112234001AG RAJENDRA CHAUHAN SUNSHINE CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321	3. Service Type Certified Mail
2. Article Number (Copy from service Jabel) 700006006000026412997	78
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

SENDER: Complete items 1 and/or 2 for auditional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so to card to you. Attach this form to the front of the mailpiece, or on the back in permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	that we can return this if space does not e article number.	following services (for an
AIRS ID#: 0112234 SAI-R INC RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321	4b. Service ☐ Register ☐ Express	7 - 302 - 341 Type ed □ Certifier Mail □ Insured ceipt for Merchandise □ COD
5. Received By: (Print Name) 6. Signature (Addressee or Agent) X	8. Addresse and fee is	e's Address (Only if requested s paid)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

405686 FEB**20**2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112234

SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401197

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 # 0112434

CONDER QUALITY DRY CLEANER ASHOK THANKEY 7224 W MCNAB ROAD NORTH LAUDERDALE FL 33068 FOR GÖVERNMENT USE ONLY Org.: 37550101000 EO: AIC

Fund: 20-2-035001 Obj.: 002273

12-28-00/00 =

	(Domestie Mail C	Service D MAIL REC July: No liisurance (ed)	
6701		ica was war	Mercan Andrews West	, Art ye.	
35	Postage	\$			
77	Certified Fee		Postmark		
1 1	Return Receipt Fee (Endorsement Required)		Here		
00	Restricted Delivery Fee				
2000 0600	- DATENDDA CHA	AUHAN IVERSITY DRIVE	 Estiri	instructions	
	US Postal Serv	4 052 225 Cor Certified Macoverage Provided.	ail X		
	ATRS ID # 0112234				
	SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE				

· •	TA	MARAC	FL 3332	1			es 2018 e	-		Înstri
-		Р	174	058	2	225		. ()	~	
	Ì	Recei	al Service pt for ance Cov	Cert	ifi Prov	ed Ma vided.	il	6	,	
	R 6	AJENI 734 NC		IAUHA NIVER	٩N			# 0112	2234	
		AMAR Postage	AC FL	33321	\$				ļ	
		Certified I	Fee		L					
		Special D	elivery Fee	•						
		Restricte	d Delivery I	Fee						
	1995		eceipt Shor		Г					
	April	Return Rec	ceipt Showing	to Whom, dress	·					
Ì	300		Postage & f		\$					
	PS Form 3800, April 1995	Postmar	k or Date					~~~		

新年間のHi のBirinin yddisess Se Siicken Minob of Enaelobe i daas	S SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
or on the front if space permits. 1. Article Addressed to: AIRS ID # 0112234 SUNSHINE CLEANERS RAJENDRA CHAUHAN	D. As delivery address different from item 1? Yes If YES enter delivery address below: No
6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0600 0026	4126 6701
	eturn Receipt 102595-99-M-1789
e tidyt of the return address	
at fine over top or envelope to	I also wish to receive the following services (for an extra fee):
at fine over top or envelope to	I also wish to receive the following services (for an extra fee):
at fille over top or envelope to	I also wish to receive the following services (for an extra fee):
at fine over top or envelope to	I also wish to receive the following services (for an extra fee):
at fine over top or envelope to	I also wish to receive the following services (for an extra fee):
Ol adolanua to dol tano autilities Confide terms 3, 4a, and 4b. Print your name and address on the reverse of this form so card to you. Attach this form to the front of the mailpiece, or on the back permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: ATR'S TD # 01122 SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 174 052 235 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery

٠,

2 333 613 590

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to

AIRS ID 0112234

SAI-R INC RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

		•
	Special Delivery Fee	_
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E	Postmark or Date	
PS Form 3800,		
ď		

Z 333 667 219 US Postal Service

Receipt for Certified Mail

AIRS ID # 0112234

SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

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

SENDER: COMPL	ETE THIS SECTION	COMPLETE THIS	SECTION ON DELIVER	Υ .
item 4 if Restricte Print your name a so that we can re	l, 2; and 3. Also complete ad Delivery is desired. and address on the reverse sturn the card to you.	A: Received by (Plana)	ease Print Clearly) B. C	Date of Delivery
Attach this card t or on the front if	o the back of the mailpiece,	X) Y)		☐ Agent☐ Addressee
Article Addressed to	<u> </u>	N / '	ss different from item 1? livery address below:	☐ Yes ☐ No
SUNSHINE CLEAN RAJENDRA CHAI	JHAN			
6734 NORTH ENT	ERSITY DRIVE	3. Service Type		
TAMARAC FL 333	21	Certified Mai	I ☐ Express Mail	
		☐ Registered☐ Insured Mail	☐ Return Receipt fo	or Merchandise
		Restricted Deliv		☐ Yes
2. Article Number (Con	oy from service label)			
Z 33	3 667 219			
PS Form 3811, July	y 1999 Domestic Ret	turn Receipt	10	02595-99-M-1789
	المستنظية والمام وماالته عططته			
	d at line over top of envelog	lo=		
SENDER!				
Complete items 1 Complete items 3 Print your name a	and/or 2 for additional services. , 4a, and 4b. nd address on the reverse of this form so	that we can retum this	I also wish to receive following services (for extra fee):	or an
Complete items 1 Complete items 3 Print your name a card to you. Attach this form to permit.	, 4a, and 4b. nd address on the reverse of this form so the front of the mailpiece, or on the back	if space does not	following services (f	or an
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write "Return Received" The Return Received	, 4a, and 4b. Ind address on the reverse of this form so the front of the mailpiece, or on the back eiot Requested* on the mailpiece below th	if space does not	following services (feextra fee):	or an
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write Return Received.	, 4a, and 4b. nd address on the reverse of this form so the front of the mailpiece, or on the back	if space does not	following services (featra fee): 1.	or an
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write Return Receipted delivered. 3. Article Address	, 4a, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eipt Requested* on the mailpiece below the twill show to whom the article was delivered.	if space does not e article number. ered and the date 4a. Article N	following services (feextra fee): 1. Addressee's 2. Restricted Description Consult postmaster amber 6/3-570	or an
Complete items 1 Complete items 3 Complete items 3 Primt your name a card to you. Attach this form to permit. Write Return Receivered. The Return Receivered. 3. Article Address SAI-R INC PATENDRA	Aa, and 4b. Ind address on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the pt will show to whom the article was delivered to: AIRS ID 0112234*	e article number. ered and the date 4a. Article N 2333 4b. Service	following services (fextra fee): 1. Addressee's 2. Restricted D Consult postmaster umber -6/3-570 Type	or an
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write Return Receipt delivered. 3. Article Address SAI-R INC RAJENDRA (6734 NORTH	Aa, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the twill show to whom the article was delive seed to: AIRS ID 0112234	if space does not e article number. ered and the date 4a. Article N 2333 4b. Service	following services (fextra fee): 1. Addressee's 2. Restricted D Consult postmaster umber -6/3-570 ype	or an
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write "Return Receipted delivered. 3. Article Address SAI-R INC RAJENDRA (6734 NORTH TAMARAC FI	Aa, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the twill show to whom the article was delive assed to: AIRS ID 0112234* CHAUHAN UNIVERSITY DRIVE	if space does not e article number. ered and the date 4a. Article N 2333 4b. Service Registere Express i	following services (feextra fee): 1. Addressee's 2. Restricted D Consult postmaster umber (//3 -5 70) Type dd Mail	s Address Delivery for fee. Certified Insured
Complete items 1 Complete items 2 Complete items 3 Complete items 1 Complete items 3 Complete items 4 Comple	Aa, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the twill show to whom the article was delive assed to: AIRS ID 0112234* CHAUHAN UNIVERSITY DRIVE	if space does not e article number. ered and the date 4a. Article N 2 3 3 3 4b. Service Registere Express I Return Rec	following services (feextra fee): 1. Addressee's 2. Restricted Consult postmaster umber ///3 570 ype dd wail eipt for Merchandise	s Address Delivery for fee. Certified Insured Insured
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write Return Receipt delivered. 3. Article Address SAI-R INC RAJENDRA (6734 NORTH TAMARAC FI	Aa, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the twill show to whom the article was delive assed to: AIRS ID 0112234* CHAUHAN UNIVERSITY DRIVE	if space does not e article number. ered and the date 4a. Article N 2333 4b. Service Registere Express i	following services (feextra fee): 1. Addressee's 2. Restricted Consult postmaster umber ///3 570 ype dd wail eipt for Merchandise	s Address Delivery for fee. Certified Insured Insured
Complete items 1 Complete items 3 Complete items 3 Print your name a card to you. Attach this form to permit. Write "Return Received levered. 3. Article Address SAI-R INC RAJENDRA (6734 NORTH TAMARAC FI	Aa, and 4b. Indicates on the reverse of this form so to the front of the mailpiece, or on the back eight Requested on the mailpiece below the twill show to whom the article was delive assed to: AIRS ID 0112234 CHAUHAN UNIVERSITY DRIVE L 33321	4a. Article N 2 3 3 3 4b. Service Registere Express Retum Rec 7. Date of De	following services (feextra fee): 1. Addressee's 2. Restricted Consult postmaster umber (//3 570) Type add Addressee's wail seipt for Merchandise Collivery S's Address (Only if reconstruction)	s Address Delivery for fee. Certified Insured Insured
Complete items 1 Complete items 1 Complete items 3 Print your rame a card to you. Attach this form to permit. Write Return Receidelivered. 3. Article Address SAI-R INC RAJENDRA 6 6734 NORTH TAMARAC FI 5. Received By: 6. Signature: (Ad	Aa, and 4b. Indicates on the reverse of this form so to the front of the mailpiece, or on the back eight Requested on the mailpiece below the twill show to whom the article was delive assed to: AIRS ID 0112234 CHAUHAN UNIVERSITY DRIVE L 33321	if space does not e article number. ered and the date 4a. Article N 2333 4b. Service Registere Express I Retum Ret 7. Date of De 8. Addresses	following services (feextra fee): 1. Addressee's 2. Restricted Consult postmaster umber (//3 570) Type add Addressee's wail seipt for Merchandise Collivery S's Address (Only if reconstruction)	S Address Delivery for fee. Certified Insured COD One
Complete items 3. Print your name a card to you. Attach this form to permit. Write Return Receipted delivered. 3. Article Address SAI-R INC RAJENDRA (6734 NORTH TAMARAC F) 5. Received By:	Aa, and 4b. Indicates on the reverse of this form so the front of the mailpiece, or on the back eight Requested* on the mailpiece below the twill show to whom the article was delivered to: AIRS ID 0112234* CHAUHAN UNIVERSITY DRIVE L 33321 (Print Name)	if space does not e article number. ered and the date 4a. Article N 2333 4b. Service Registere Express I Retum Ret 7. Date of De 8. Addresses	following services (feextra fee): 1. Addressee's 2. Restricted Consult postmaster umber (//3 570) Type add Addressee's wail seipt for Merchandise Collivery S's Address (Only if reconstruction)	s Address Delivery for fee. Certified Insured Insured

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361528

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

FEB 23 99

Do NOT Remove Label

AIRS ID # 0112234

SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

(cut nere)

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

303399

Do NOT Remove Label

AIRS ID#0112234

SAI-R INC RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321 MAIL RI FEB 23

FOR GOVERNMENT USE ONLY!
Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392396

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 # 0112234

SUNSHINE CLEANERS RAJENDRA CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321 RECEIVED MAIL ROOM FEB 21 00

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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			Taiso wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery	eipt Service.		
N ADDRESS completed o	3. Article Addressed to: AIRS ID # 0112234 SUNSHINE CLEANERS RAJENDRA: CHAUHAN 6734 NORTH UNIVERSITY DRIVE TAMARAC FL 33321	4b. Service 1 ☐ Registere ☐ Express I	Type d	ou for using Return Rece		
your BETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) COULTING 1. Signature: (Addressee or Agent)	8. Addresses and fee is	o's Addréss (Only if requested paid)	Thank y		
	PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt					

RA 673	Z 333 US Postal Service Receipt for Cer NSHINE CLEANERS JENDRA CHAUHAN 4 NORTH UNIVERSI MARAC FL 33321	AIRS ID # 0112234	\
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered	_	
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
S Form 3800 , April 1995	Postmark or Date		