

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Cheong K. Lim Village Cleaners 3909 North Federal Highway Pompano Beach, Florida 33064

Dear Mr. Lim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

otty blietz

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

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

#0112251

	Village Cleaners
	Spoke with Cheong K. Lim-9/16/96
p./3	6. add title - Owner
P.14	1.(c) mark out "V" and initial
	3. Should be new small area Source 4. Should be new small area Source
	W/refrig. con., mark out "V"
	and initial
	:

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•				
1.	Facility Owner/Company Name (Name of	corporation, ag	gency, or individu	ual owner):	
	CHEONG K. LIM				
2.	Site Name (For example, plant name or num	nber):			\neg
	VILLAGE CLEANERS	r			
3.	Hazardous Waste Generator Identification N	Number:	_		П
	FLD 981003460			·	
4.	Facility Location: 39.9 W. R. Street Address:	KOEVAL	Hichway	,	
	City: PomPoro BEACU	unty: Ba.	~ * * * * *	Zip Code: 33064	
·5:	Facility Identification Number (DEP Use):		0/	72257	
	Re	sponsible Off	icial		
(6)	Name and Title of Responsible Official:				
	CHEONG K Lim	•			
7.	Responsible Official Mailing Address: Organization/Firm: 3909 W. / Street Address:	KEOKNA	HICHL	; n 7	
	City: PomPara Beach	County: 5	ويد وس م	Zip Code: 73°19	
8.	Responsible Official Telephone Number:				٦
	Telephone: (914) 943 - 8337		Fax: ()		
	Facility Contact (If o	lifferent from	Responsible Of	ficial)	
9.	Name and Title of Facility Contact (For exa	mple, plant m	anager):		٦
			•		
10.	Facility Contact Address:				٦
	Co. and Add are				
	Street Address: City: C	ounty:		Zip Code:	
	•				
11.	Facility Contact Telephone Number:		P ()		٦
	Telephone: () -		Fax: ()	•	
				RECEIVED	

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

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.

Example	ID	Machine Initially Purchased	Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Cont Devi
,	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-1
Dry-to-Dry Unit	Di	14 7. 0	ny		•				•
(1) w/ ref. condenser	(1)	12/1994	17,994						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1	.,.	•		. :	11 / 12 / 1			:
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls								·	
Reclaimer Unit		•	1.1				· .		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are © No control devices 2.(a) What was the total of	are re quantit gallor	quired to be	installed [_	perc)	purchased in	n the latest 1.	2 mor	nths?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".))
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursual or 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:	nt
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 toiler 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	t:
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

Surrender of Existing Air Permit(s)

()	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	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.
comply w	

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



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 July 2, 2001

David B. Struhs Secretary

Mr. Cheone K. Kim Village Cleaners 39.09 North Federal Highway Pompano Beach, Florida 33064

Dear Mr. Kim:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Village Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112251). 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"

BEST AVAILABLE COPY	RE-INSPECTION
TIME IN: 3:05 TIME OUT: 3:30	AIRS ID#: 0[1225]
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: VILLAGE CLEAVERS	DATE: 10/3/97
FACILITY LOCATION: 3909 N. PEDERAL HUY.	PROMPANO OCH FL. 33064
RESPONSIBLE OFFICIAL: CHEONG K: LIM	PHONE NUMBER: 954-943-8337
Based on the results of the compliance requirements evaluate 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
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES YES NO
DATE OF NEXT INSPECTION: CCT 19	98
INSPECTION CONDUCTED BY: ART PELLE	ease Print)
INSPECTOR'S SIGNATURE: Athen Small	PHONE NUMBER: <u>954-519-1428</u>

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	/ 8	COMPLAINT/DISCOVI	ERY 🗆
AIRS ID#: 0112251 FACILITY NAME: VILLA			n: <u>3·25</u> time o	оит: <u>З:3</u> с
FACILITY LOCATION: _3	909 N. FEDER	RAL HOLY.	POMPAUS BOH, F	7. 33 <u>0</u> 64
RESPONSIBLE OFFICIAL :	CHEONG K.	Lim	_phone: <u>954–943</u>	3-8337
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	пр		, z
2. Facility failed to notify DAR	M to use general perm	nit ——————		
PART II: CLASSIFICATION	٧			
Facility indicated on notificati (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ness/petroleum
Facility indicated on notificati	on form that it is: ce	transfer only, x both types, $x <$	□ Drop store/out of busing trea source	_
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	ce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	□ Drop store/out of busing the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	_
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 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 g	on form that it is:	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of busing trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Therefore $x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$	_
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 If no, please check the	on form that it is: ce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, 2 both types, 140 (constructed on DN tion:	Drop store/out of busing trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) There are source $x \le 140 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) The proposition of the properties of the properti	_

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MA 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 ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber EY ON GN/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) DAY DN 1. Equipped all machines with the appropriate vent controls? ZY ON ONA 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 ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD VE 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 $\mathbf{M}_{\mathbf{N}} \cup \mathbf{N}$ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מם עם
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	רס אם אס.
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)	
1. Maintained receipts for perc purchased?	DA DN
2. Maintained rolling monthly averages of perc consumption?	SATA DM
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON WON/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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	איעשט אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONIA
6. Maintained startup/shutdown/malfunction plan?	BY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON WINA

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspect	ion?			ay □n		
2. Has the	e facility maintained a leak log?			®Y □N		
3. Does th	ne responsible official check the fo	ollowing areas for leaks?				
	lose connections, fittings, couplings, and valves	ZY ON ON/A	Muck cookers	אואם אם אוא		
D	Ooor gaskets and seating	OY ON ON/A	Stills	MY ON ON/A		
F	ilter gaskets and seating	MY ON ON/A	Exhaust dampers	OY ON QN/A		
· P	rumps	MY ON ON/A	Diverter valves	ØY □N □N/A		
S	olvent tanks and containers	DY ON ON/A	Cartridge filter housings	ZY ON ON/A		
W W	Vater separators	DY ON ON/A				
4. Which	method of detection is used by the	e responsible official?				
V	isual examination (condensed sol	vent on exterior surfaces)				
P	hysical detection (airflow felt thro	ough gaskets)				
0	Odor (noticeable perc odor)					
ט						
н	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipm	ent:	□N/A		
	a. Capable of detecting pe	erc vapor concentrations is	a range of 0-500 ppm?	OY ON		
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and aft	er each use	□У □И		
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	ND YD		
	d. Kept in a clean and sec	cure area when not in use?	- -	ОУ ОИ		
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON		
L	·					
1	Λ Ω					
<u>.</u>	RT IEVINETIA		CCT 3 1997			
	Inspector's Name (Please Print	()	Date of Inspe	CUON		
	Hotel front		OCT 1998			
	Inspector's Signature		Approximate Date of I	Next Inspection		

DRY CLEANER AIR QUALITY GENERAL PERMIT
01/225/ ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: VILINGE CLENGES	DATE: <u>io/3/97</u>
FACILITY LOCATION: 3909 N., FEDERAL HWY. POMPANO BCH	FL. 330x64
<u> </u>	
Annual Reporting Period: CCT 3 1976 TO CCT	- 3 19 <u>97</u>
Based on each term or condition of the Title V general air permit, my facility has remained in com 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	e 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 th	e 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 reasonal made in this notification are true, accurate and complete. Further, my annual consumption of per upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	rchloroethylene 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.

RECEIVED

Page _____ of ____.

NOV 1 2 1997

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112251

CHEONG K LIM CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 Bureau of Air Monitoring & Mobile Sources

70

Do NOT Remove Label

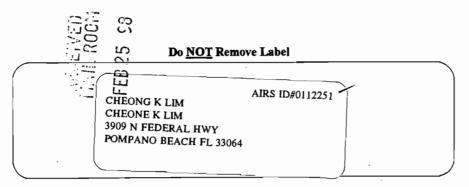
Annual Reporting Period: JANNA	my 1	19 <u>9</u> 2 то	DECEMBER	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (l	•		<u>-</u> /	vith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in	continuous complia	ance during the reportin	g 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	t that has not been in	continuous complia	ance during the reportin	g 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, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	Further, my annual con	sumption of perchlo	roethylene solvent, based	upon purchase receipts,
RESPONSIBLE OFFICIAL: CHEON	M K Um me (Please Print)	Cherry	Signature	7/23/75 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.

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

303650



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Of Edopewie to dot Jean evil to additional services. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.	
your RETURN ADDRESS completed	3. Article Addressed to: AIRS ID 0112251 CHEONG K LIM CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4b. Service T Registere Express N Return Rec	Fype Id Certified Mail Insured Dept for Merchandise COD Desirery O's Address (Only if requested	Thank you for using Return Rec
ls)	PS Form 3811, December 1994		Domestic Return Receipt	{

	Z 333 b	ъз	584
	US Postal Service Receipt for Cert No Insurance Coverage Foo not use for Internation Sent to	Provide al Mai	ed. I <i>(See reverse)</i>
		A)	IRS ID 0112251
	HEONG K LIM HEONE K LIM		
	009 N FEDERAL HWY		
	OMPANO BEACH FL 3	3064	
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	Actinion i. co		
	- Ceramou i co		
	Special Delivery Fee		
_	Restricted Delivery Fee		
1999	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
80,	TOTAL Postage & Fees	\$	
Š	Postmark or Date		
E			

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COM	PLIANCE INS	SPECTION (CHECKLIST		
	NUAL INSPECTION		COMPLAINT	DISCOVERY	0
AIRS ID#: 0112251 DATE:	10-1-98	7 TIME	in: <u>9:45</u>	TIME OUT: _	10:30
FACILITY NAME: VILLAGE (<u>LLEANERS</u>	·			
facility location:3909	N. FEDER	⊇AL HWY	. Pom Pano	BCH, FC.,	33064
RESPONSIBLE OFFICIAL:CH	IEONG K.	LIM	_ phone: <i>(95</i>	4)943-8337	7
CONTACT NAME:			_ PHONE:	_	
DART IN NOTIFICATION					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days	prior to startur)			g a
2. Facility failed to notify DARM to use	e general permi	t			0
PART II: CLASSIFICATION					
Facility indicated on notification form	that it is:		☐ No notificat	ion form	
(check appropriate box)			☐ Drop store/o	out of business/po	etroleum
A.	• • • • • • • • • • • • • • • • • • •	. New small			7
I. Existing small area source dry-to-dry only, x < 140 gal/yr			area source /, x < 140 gal/yr	<u> </u>	
transfer only, $x \le 200 \text{ gal/yr}$			x < 200 gal/yr	P	2
both types, x < 140 gal/yr		oth types, x <		% &	2 0
(constructed before 12/9/91)	(0	constructed or	n or after 12/9/91)	300	A 0 6 1440 Monitorine
3. Existing large area source		. New large	area source		136
dry-to-dry only, $140 \le x \le 2,100$ gal.			x , 140 $\le x \le 2,100$	gal/vr	100
transfer only, $200 \le x \le 1.800$ gal/yr	•		$200 \le x \le 1.800 \text{ g}$	al/yr	દ્રે છું
both types, $140 \le x \le 1.800$ gal/yr			$0 \le x \le 1.800 \text{ gal/s}$	yr	" B
(constructed before 12/9/91)	(C	constructed or	n or after 12/9/91)		
5. This is a correct facility classifica	tion 🖸	NO YE	□Can not dete	ermine	
If no please check the appropr	iale classificati	on:			

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

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

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MC JW 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON 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) MC ON 1. Equipped all machines with the appropriate vent controls? 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 BY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY ON 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 verifying that the coolant had been completely charged?

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ДN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ВΝ	□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?	ΩY	מם	ON/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, or expansion; and downstream from no other inlet?	QΥ	. Ои	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩN	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MY DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: OY ON ON/A 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 OY ON ON/A and parts installed w/in 5 days of receipt? DY ON TONIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DEN/A 5. Maintained exhaust duct monitoring data on perc concentrations? BY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DNIA 7. Maintained deviation reports? DY DN TN/A Problem corrected? DY DN THYA 8. Maintained compliance plan, if applicable?

PA.	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
i	inspection? □Y □N					
2.]	Has the facility maintained a leak log?		OY ON			
3. 3	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	ब्र । । । । । । ।	Muck cookers	SY ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	WY ON ON/A	Exhaust dampers	אומם מם אַפּ		
	Pumps	ZY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	SY ON ON/A				
1.	Which method of detection is used by the	he responsible official?				
	Visual examination (condensed so	olvent on exterior surface	es)			
	Physical detection (airflow felt the	rough gaskets)				
	T					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instr	umentation, is the equip	pment:	ON/A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in u	sc?	NO YC		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
•						
	ART PENNETCA Inspector's Name (Please Pri	nt)	10-1-98 Date of Inspe	ection		
	lotte Vita		OCT 1999	7		
	Inspector's Signature		Approximate Date of			



Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: VILLAGE CLEANERS		DAT	E: 10-1-98
FACILITY LOCATION: 3909 N. FEDERAL HW	y. Pompauo Bo	FL 33064	<u> </u>
		·	
Annual Reporting Period: 10-3	19 97 то	10-1	. 19 . 78
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the			DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous compliance	c during the reporting pe	riod stated above:
Exact period of non-compliance: from)	
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been	in continuous compliance	e during the reporting pe	riod 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 informa made in this notification are true, accurate and complete. Fu			
upon purchase receipts, does not exceed 2,100 gallons per ye combination facilities.		or 1,800 gallons per ved	ar for transfer or
RESPONSIBLE OFFICIAL: Cheong-K Name (Please Print)	Lim Che	Signature	10/1/98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	NSPEC.	HON C	HECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N		COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: 01/225/				n: <u>/: 50</u> time out:	2:30
FACILITY NAME:V_LL FACILITY LOCATION:				Y. POMPANOZ BC	
RESPONSIBLE OFFICIAL :	CHEONG			PHONE: 943-8357	0
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	f 30 days prior to star	tun			ø
Facility failed to notify DAF	• •	•			
		·			
PART II: CLASSIFICATION	N				
<u></u>			,		
Facility indicated on notificat (check appropriate box)	ion form that it is:			☐ No notification form☐ Drop store/out of business/p	vetroleum
A.	•			Drop store/out of business p	ACI OICUIN
1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yτ -	dry-to-d transfer both typ	lry only, only, x es, x < 1	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr 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 $12/9/91$)			ry only, only, 20 es, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	
5. This is a correct facility of	lassification	T Y	ПN	□Can not determine	

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

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:

a

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? CHY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber EY 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) er on 1. Equipped all machines with the appropriate vent controls? EN ON/A 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated M< UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after 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?	OY ON
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?	OY ON ON/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?	OY ON ON/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) OY ON 1. Maintained receipts for perc purchased? MD M 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: CHY ON ON/A 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 EY ON ON/A and parts installed w/in 5 days of receipt? DY ON MYA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DRYA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN WN/A Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection as	nd repair		
inspection?					
2. Has the facility maintained a leak log?			ody □n		
3. Does the responsible official check the	following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A		
Door gaskets and seating	ØY □N □N/A	Stills	DAY ON ON/A		
Filter gaskets and seating	⊠Y □N □N/A	Exhaust dampers	ØY □N □N/A		
Pumps	ØY ON ON/A	Diverter valves	ØY □N □N/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ØY □N □N/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed so	olvent on exterior surface	s)	র		
Physical detection (airflow felt the	rough gaskets)		٠ .		
Odor (noticeable perc odor)	d				
Use of direct-reading instrumenta					
Halogen leak detector			י ם		
If using direct-reading instr	umentation, is the equip	ment:	Ø∕Ñ/A		
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	□Y □N		
c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	מם צם		
d. Kept in a clean and so	cure area when not in us	e?	OY ON		
e. Verified for accuracy	OY ON				
And Princes					
Inspector's Name (Please Print) 7-28-99 Date of Inspection					
0.0 11-					
Inspector's Signature		Approximate Date of 1			
F					

BEST AVAILABLE COPY DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



0112251

FACILITY NAME: VILLAGE CLEANERS . DATE: 7-28-99
FACILITY LOCATION: 3909 N FEDERAL HWY POMPAND BOH FL
Annual Reporting Period: CCT 1 1998 TO JUL 28 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
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 3,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Cheong K LIM RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date 7.28.

*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 ____.

Z 094 212 739

US Postal Service

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No Insurance Coverage Provided.
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Sent to

AIRS ID # 0112251

VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064

	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	\$
щ П	Postmark or Date	
PS Form 3800, April 1995		





0360852

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

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AIRS ID # 0112251)

VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 have the services of the services.	<u> </u>	I also wish to red following service	
card to you. Attach this formato the front of the mailpiece, or on the back if spepermit. Write "Return Receipt Requested" on the mailpiece below the artise Return Receipt will show to whom the article was delivered a	cle number.	Address Restricte Consult postmas	ed Delivery
3. Article Addressed to: AIRS ID # 0112251 VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064	4b. Service Registere	33 660 Type od Mail ceipt for Merchandise	Certified
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressed and fee is	o's Address (Only paid)	if requested

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, , ,	Z 333 LI US Postal Service Receipt for Cert	ified Mail
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	Postage	\$
	Special Delivery Fee Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800 , April 1995	TOTAL Postage & Fees Postmark or Date	\$

Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spar permit. Write *Return Receipt Requested* on the mailpiece below the article.	e can return this ce does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
AIRS ID # # 12251 VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064	4b. Service Registere Express Retum Re	74 052 224 Type ed Mail □ Insured ceipt for Merchandise □ COD	for using Return
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Learny K Learny	paid)	Thank you	
	SENDE © Colore (Colore (Colore)) (Colore (Colore)) (Colore (Colore)) (Colore) (Colo	SENDE © Complete Terms 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # \$12251 VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 5. Received By: (Print Name) 8. Addressed and fee is	SENDE Complete Compl

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PS Form 3800 , April 1995	Postmark	or Date				

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0112251 VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 	A. Received by (Please Print Clearly) C. Signature X
2. Article Number (Copy from service label) Z 333 667 220	
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PERCHLOROETHYLENE DRY CLEANE TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL **RE-INSPECTION** ^{од}ім**і**ў оит: <u>//: 35</u> AIRS ID#: 01(225) DATE: 7/26/00 TIME IN: 11:00 FACILITY NAME: VILLAGE CLEANIERS FACILITY LOCATION: 3909 N FEDERAL HWY PEMPANO BCH, FL RESPONSIBLE OFFICIAL: CHEONG K. LIM PHONE: (954)943-8337 CONTACT NAME: ____ PHONE:

PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit

			_
P	ART II: CLASSIFICATION		
F	acility indicated on notification form that it is:	☐ No notification form	=
(c	heck appropriate box)	☐ Drop store/out of business/pctrolcum	
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 < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$	
	both types, $x < 140$ gal/yr	both types, $x < 140$ gal/yr	
	(constructed before 12/9/91)	(constructed on or after 12/9/91)	
	3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$		dry-to-dry only, $140 \le x \le 2,100$ 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	both types, $140 \le x \le 1,800$ gal/yr	
	(constructed before 12/9/91)	(constructed on or after 12/9/91)	
	5. This is a correct facility classification	☐N ☐Can not determine	
	If no, please check the appropriate classific	ation:	
	☐ facility qualified for a gen	eral permit as number above	
	☐ facility exceeds above lim	its and is not eligible for a general permit	
В.	The total quantity of perchloroethylene (perc) pu facility was <u>CO</u> gallons.	rchased within the preceding 12 months by this dry cleaning	

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	'ΟΥ	ПN	□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,	ΠV	CIN	
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	□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	ПΝ	□N/A
_				
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИΩ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY ON
2. Maintained rolling monthly total of perc consumption?	MD A50
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ORY 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?	on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OWN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA
6. Maintained startup/shutdown/malfunction plan?	CHÝ ON
7. Maintained deviation reports?	OY ON ON
Problem corrected?	DY ON LEN/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND	REPAIRS	
1. Does the responsible official conduct a	a weekly (for small sources, bi-weekly) leak detection	and repair
inspection?		urý on
2. Has the facility maintained a leak log?	?	ogý on
3. Does the responsible official check the	e following areas for leaks?	
Hose connections, fittings, couplings, and valves	Muck cookers	, way on on/a
Door gaskets and seating	UY ON ON/A Stills	CY ON ONA
Filter gaskets and seating	☐Y ☐N ☐N/A Exhaust dampers	ey on ona
Pumps	☐Y □N □N/A Diverter valves	OY ON ON/A
Solvent tanks and containers	Y ON ON/A Cartridge filter housing	gs Øy on on/a
Water separators	DY ON ON/A	
4. Which method of detection is used by	the responsible official?	:
Visual examination (condensed s	solvent on exterior surfaces)	a
Physical detection (airflow felt th	rough gaskets)	œ j
Odor (noticeable perc odor)		d
Use of direct-reading instrumenta		
Halogen leak detector	۵ .	
If using direct-reading instr	umentation, is the equipment:	DAN/A
a. Capable of detecting	perc vapor concentrations in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and after each use	OY ON
c. Inspected for leaks an	nd obvious signs of wear on a weekly basis?	OY ON
d. Kept in a clean and so	ecure area when not in use?	OY ON
e. Verified for accuracy	by use of duplicate samples (calorimetric only)?	QY QN
	·	
۸ . 0	-[1	
ART PENNETTA Inspector's Name (Please Prin	1/2610 Date of Inst	ection
Anapostor a reame (rease rim	and of maj	
attento	July 2	2000
Inspector's Signature	Approximate Date of	Next Inspection

D	evised	$\Delta I/$	10/00
ĸ	evised	01/	10/00

AIRS ID#:	01	(225)	•

RC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: VILLAGE CLEANERS	DATE: 7/26/00
FACILITY LOCATION: 3909 N. FEDERAL HWY. POMPLIO BOH, F	FL 33064
Annual Reporting Period: Docy 28 1999 TO This	2io 20۩
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.	ewith DEP Rule
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	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the report	• .
Andrew Color II and the second	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inqui in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylen purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per yea combination facilities.	ne solvent, based upon
RESPONSIBLE OFFICIAL: Cheon 9 - K 1 (1) Marcay K) Name (Please Print) Signature	Date 7/26/00

^{*}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.

d on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that a card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write 'Return Receipt Requested' on the mailpiece below the artist The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to:	we can return this ace does not cle number.	Addressee's A	eceipt Sen
N ADDRESS completed	AIRS ID#: 0112251 CHEONG K LIM CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064	4b. Service Registere Express Return Re 7. Date OD	ed Certifi Mail Insure ceipt for Merchandise COD	for using
s your RETURN	5. Received By: (Print Name) 6. Signatura: (Addressee or Agent) X	8. Addresse and fee is	e's Address (Only if requested paid)	Thank you
<u> </u>	PS Form 3811 , December 1994		Domestic Return Rece	ipt

	• •	• P 265 302 379				
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to					
AIRS ID#: 0112251 CHEONG K LIM CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064						
		Special Delivery Fee				
	.0	Restricted Delivery Fee				
	1996	Return Receipt Showing to Whom & Date Delivered				
	Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address				
	800,	TOTAL Postage & Fees \$				
	PS Form 3800 , April 1995	2/14/97				

261229

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

VILLAGE CLEANERS
CHEONE K LIM
3909 N FEDERAL HWY
POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDE SERODA NAUTER 40 TABLES 3C	SECTION ON DELIVERY					
 ■ Complete items 1, 2, and 3. Also complete item 4 if-?astricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X. Leony D. Is delivery address different from item 1? Yes					
Article Addressed to:	If YES, enter delivery address below: No					
AIRS ID # 0112251 VILLAGE CLEANERS CHEONE K LIM	The state of the s					
3909 N FEDERAL.HWY POMPANO BEACH FL 33064	3. Service Type Certified Mail					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Copy from service label) 7000 0600 0026 4/26 6794						
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789						

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吕	Restricted Delivery Fee (Endorsement Required)				
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日	Stree 3909 N FEDER	AL HWY		,	
7000	City, POMPANO BEACH FL 33064				
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406160 FEB26 2001

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112251

VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

SOCOCOCOCOCOCO 56556565656565656565656565656565656565	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X					
3909 N FEDERAL HWY POMPANO BEACH FL 33064	3. Service Type Certified Mail					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Copy from service label) 7000 0 6.0-000 26 41299992/						
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789						

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<u> </u>	CHEONE K LIM Stree VILLAGE CLEANERS		
7000	City, 3909 N FEDE	RAL HWY BEACH FL 33064	
	PSR		finethrotions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392852

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

TOTAL AMOUNT DUE: \$50.00 Bureau of Air Monitoring & Mobile Source

& Mobile Sources

Do NOT Remove Label

AIRS ID # 0112251

VILLAGE CLEANERS CHEONE K LIM 3909 N FEDERAL HWY POMPANO BEACH FL 33064 FOR GOVERNMENT USE 1 Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273