

Department of Environmental Protection

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

June 29, 2001

David B. Struhs Secretary

Mr. Audie Galliguez ABC Cleaners 7919 Pines Boulevard Pembroke Pines, Florida 33024

Dear Mr. Galliguez:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 28.

In reviewing your submittal, it was noted that ABC Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112255). 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"

403375

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112255

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026 FOR GOVERNMENT (SE ONLY)
Org.: 37550101000 EO: A1 0 (Fund: 20-2-035001 Obj.: 002273



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. Audie Galliguez ABC Dry Cleaners 7919 Pines Boulevard Pembroke Pines, Florida 33024

Dear Mr. Galliguez:

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
Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258628

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

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MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112255

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

:	#0112253
	ABC Dry Cleaners
	-spoke with Audie Galliguez-9/13/96
p./3	6. add title - Owner
p./5	5.(f) required
	· · · · · · · · · · · · · · · · · · ·

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	AUDIE GALLIGUEZ LIBA
2.	Site Name (For example, plant name or number):
	ABC Dry Classical
3.	Hazardous Waste Generator Identification Number:
	FLN 0000 13375
4.	Facility Location: 7919 PINES BWD Street Address:
	City: PEngrape Pivor County: Blowns Zip Code: 33024
,5. ************************************	Facility Identification Number (DEP Use)
	Responsible Official
6)	Name and Title of Responsible Official:
	AUDIE GALLIGVEZ
7.	Responsible Official Mailing Address:
	Organization/Firm: 7919 () PINES BLVO Street Address:
	City: PEMBRACE PINES County: Blowing Zip Code: 73024
8.	Responsible Official Telephone Number:
	Telephone: (954) 963-2244 Fax: (-)
	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: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 2 6 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	 	12-NOV-93	#2	08-DEC-91	, msumed	#3	02-MAR-92	
Dry-to-Dry Unit	200 C 1 7		* 44 (8) (T. G. T.	(7	Lagi A National	
(1) w/ ref. condenser	(1)	1976	1976			<u> </u>			1
(2) w/ carbon adsorber		7,-							
(3) w/ no controls									
Washer Unit	T. J.				t right i.		1.5		
(4) w/ ref. condenser		The state of the s			1	1			
(5) w/ carbon adsorber									1
(6) w/ no controls								*.	
Dryer Unit		Latination (1971) Tarritor (1984)		Log distrib	CALLET SUES				
(7) w/ ref. condenser		and the same of th	11 Orașia (C. 1970)		1				
(8) w/ carbon adsorber		·				·			
(9) w/ no controls			·						
Reclaimer Unit				T TO	Alban No	- - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ng P		
(10) w/ ref. condenser	1			W-200			<u> </u>		
(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 contr	are requanting gallo	equired to be ty of perchlons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	all area sour	ce []	3) of	Part II?	
> Existing large are	ea sul		Ne	w lar	ge area sour	LE	ı		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	red on machines j	oursuant to section (5) of P	art II of this notification form?
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-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such under the such a such and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and nits exist on-site: units on-site (1) h exclusively by no ntaining no more	hot water generating units have a total heat input of 10 htural gas except for period	on-site meet the following O million BTU/hr or less (298 Is of natural gas curtailment
	_	nd Recordkeeping Inforn	
Check all logs which are required to	be kept on-site in	n accordance with the requ	
(a) Purchase receipts and solvent pu	rchases		
(b) Leak detection inspection and re	pair		\preceq
(c) Refrigerated condenser temperat	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(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)

s currently exist for the operation of the facility indicated in on form. Responsible Official Certification
Responsible Official Certification
e responsible official, as defined in Part II of this form, of the facility addressed in vertify, based on information and belief formed after reasonable inquiry, that the otification are true, accurate and complete. Further, I agree to operate and temissions units and air pollution control equipment described above so as to deconditions of this general permit as set forth in Part II of this notification form.
Department of any changes to the information contained in this notification.

Signature AUDIE GALLICUEZ

Date

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

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION _
TIME IN: 10:20 TIME OUT: 11:50	OAIRS ID#:
TYPE OF FACILITY: Dry Cleaning -	Perc.
FACILITY NAME: ABC Duy Clebuer	OS DATE: 06/18/97
FACILITY LOCATION: 7919 Pines Boulez	roud, Pembroue Pine,
Florida 33024	
RESPONSIBLE OFFICIAL: AUDIE GALLIGU	EZ PHONE NUMBER: (954) 963 -2244
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in compliance	·
	
	•
	
	•
COMMENTS:	
•	
- ·	
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES X NO
DATE OF NEXT INSPECTION: Jeene 1	998
INSPECTION CONDUCTED BY: OCTAVIA	oroximate) NOPRIS ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (954) 5/9-142
Page 2	· · · · · · · · · · · · · · · · · · ·

BEST AVAILABLE CUPY

PER LOROETHYLENE DRY CLINERS RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST V JUL 2 1 1997

COMPLAINT/DISCOVER Mobile Sources **∡** TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 01/2255 DATE: 06/18/97 TIME IN: 10:20 TIME OUT: 11:50 FACILITY NAME: Boule vand FACILITY LOCATION: PART I: NOTIFICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source . 2. New small area source X dry-to-dry only, x<140 gal/yt dry-to-dry only, x<140 gallyr transfer only, x<200 gallyr transfer only, x<200 gallyr 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<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gaVyt transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types. 140<x<1,300 gallyr both types, 140<x<1,300 gallyt (constructed before 12/9/91) (constructed on or after 12/9/91) This is a correct facility classification **80** Y $\square N$ If no, please check the appropriate classification:

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

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

facility was 90 gallons.

PART III: GENERAL COTTROL REQUIREMENTS (
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	AY ON
2. Examining the containers for leakage?	AY ON
3. Closing and securing machine doors except during loading/unloading?	®Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ANMA ND YD

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification I 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)

L.	Equipped all machines with the appropriate vent controls?	শ্র	ПN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	χοί	MП.	AWD
3 .	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПN	A.V/ A
‡ .	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	QΥ	ПN	× ¼/H
<i>3</i> .	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the conductue, exceeded 45° F?	QY	ΩN	x N/A
ó.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	QΥ	ВD	· M/A

B. Has the responsible officiar an existing large or new large area source o:	
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 O
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY ON
Is the temperature differential equal to or greater than 20° F?	OY OH
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?	AND ND YD
Is the perc concentration equal to or less than 100 ppm?	OJ ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pero 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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	AWD WD YD
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON OWA
DIRTY DECORDOTEDING DECIMAL	
PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MD AQ
Has the responsible official: (check appropriate boxes)	MO YEO
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ØA. □M
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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	QTY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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?	OY ON OBY ON OAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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 direct reading instruments only)	OY ON OXNA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	10
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	01 ON X M/Y 01 ON X M/Y 02 ON X M/Y
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/situtdown/malfunction plan? 7. Maintained deviation reports?	64 0 M C A C C C C C C C C C C C C C C C C C
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	10
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	10

2.	. Which method of detection seed by the responsible official?	7	•						
	Visual examination (condensed solvent on exterior surfa	aces)	₹						
	Physical detection (airflow felt through gaskets)	X.							
	Odor (noticeable perc odor)	À							
	Use of direct-reading instrumentation (FID/PID/calorim	🖸 🤘 /	VIA						
	If using direct-reading instrumentation, is the equipment:								
	a. Capable of detecting perc vapor concentration	ons in a range of 0-500 ppm?	QΥ	אם					
	 b. Calibrated against a standard gas prior to an (PID/FID only)? 	nd after each use	QΥ	ΩX					
	c. Inspected for leaks and obvious signs of wea	QΥ	Qγ						
	d. Kept in a clean and secure area when not in	QΥ	אם						
	e. Vertified for accuracy by use of duplicate say	ΩY	ON						
3. Has the facility maintained a leak log?									
4.	4. Does the responsible official check the following areas for lea	ıks?							
	Hose connections, fittings, couplings, and valves OY ON	Muck cookers	Μ̈́Υ	ПИ					
	Door gaskets and seating MY DN	Stills	. (2) Y	ДИ					
	Filter gaskets and seating MY ON	Exhaust dampers	QΥ	עא. אם					
	Pumps ŒY QN	Diverter valves	ΦY	אוע אם					
	Solvent tanks and containers M Y D N	Cartridge filter housings	XX	МD					
	Water separators MY ON								

AUGIE GALLIGUEZ	
Name of Responsible Official	· · · · · · · · · · · · · · · · · · ·
OCTAVIAN OPRIS	06/18/97
Inspector's Name (Please Print)	Date of Inspection
1.1.	June 1998
Inspector's Signature	Approximate Date of Next Inspection

302495

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECE VED WEBUREAU of Air Monitoring Mobile Sources	AUDIE GALLIGUEZ AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL	AIRS ID#0112 33026 C Remove Label	2255	De le la como
Annual Reporting Period:	rry /	_19 <i>97</i> TO _	DECEMBEL	-3! 19 ⁹⁷
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the perio	d covered by this s	statement. AYES	□NO
Exact period of non-compliance: from	,		to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance: Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in cor	ntinuous compliand	ce during the reporting	ng 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, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual consu	mption of perchloro	ethylene solvent, based	l upon purchase receipts,
RESPONSIBLE OFFICIAL: Avoie Nan	Goul Gue Z ne (Please Print)	- Breez	Signature	2/3/9F 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302 495
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 RECEIVED

FEB 1 6 1998

Do NOT Remove Label

AIRS ID#0112255

AUDIE GALLIGUEZ AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026 Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 AIRS ID#: 01/2255

ACC/ Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ABC Dry (leaners DATE: 06/18/97 FACILITY LOCATION: 79/9 Pines Boulevourd, Pembroke Pine,
FACILITY LOCATION: 7919 Pines Boulevourd, Pembroke Pine,
Flouida 33024
Annual Reporting Period: Teene 1997 TO June 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: ALLO E GALLIGUEZ 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.

RECEIVED

Page $\sqrt{}$ of 2.

JUL 2 1 1997

BEST AVAILABLE COPY	FLAMY IL DISCOVERY LI RE-INSPECTION T
TIME IN: 12:30 p. w. TIME OUT: 13:30	p. w. AIRSID#: 01/2255
TYPE OF FACILITY: Dry Cleoning	
FACILITY NAME: ABC Dry Cheoners	DATE: 03/16/98
FACILITY LOCATION: 7919 Pines Blue	·d,
l'embrane lines	F1. 33024
RESPONSIBLE OFFICIAL: Audie Callique	2 PHONE NUMBER: (954) 963-2244
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213,300, Florida Administration of the compliance requirements evalual	tive Code (F.A.C.).
discrepancies were noted:	tea daring ans inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
facility 1s in Compliance	RECEIVE Sources
COMMENTS:	
INSPECTION CONDUCTED BY: OCTAV	
?ag=_2	Dof Z. Revised 10/96

AIRS D#:	6 5 6 1 W Revised 09/15/97
DRY CLEAN ANNUAL	VER AIR QUALITY GENERAL PERMIT COMPLIANCE CERTIFICATION FOR MAR 8 1998
FACILITY NAME: ABC DA	y Cleaner BROWARD COUNTY DN B P3/16/98
FACILITY LOCATION: 79/9	Picos Blvd.
Pembro	oue Pines, F1. 33024 1 10 10
Annual Reporting Period:	de 1997 to March 1998
	V general air permit, my facility has remained in compliance with SEP Rule A.C.), during the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	0
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities.	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based 00 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or

^{*}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.

NOT THE PRINT DRY CLEARINGRY

Ø.

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTION
1110	\mathbf{v}	111011	CIIOI

ANNUAL

COMPLAINT/DISCOVERY

	ſ	7
	٠.	_

RE-INSPECTION

AIRS ID#: 0112255 DATE: 03/16/98 TIME IN: 12:30 TIME OUT: 9230
FACILITY NAME: AB() in Cleaners & 10 15
FACILITY LOCATION: 7919 Pines Blud. Phos 20.
Sembone Pius, F/. 3302 4512
RESPONSIBLE OFFICIAL: Audie Galliquezphone (957) 963 44
CONTACT NAME: AGNES UY PHONE (9-4) 963-2244

PART I: NOTIFICATION	
(check appropriate box)	
t. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
PART U: 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, $x \le 140$ gal/yr transfer only x < 200 gal/yrboth 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, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1.800$ gal/yr (constructed before 12/9/91)
 - 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, $x \le 140$ gablyr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2.100 \text{ gaVyr}$ 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)
- □Can not determine ΥŒ ИD

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	אואם אם אנא		
2. Examining the containers for leakage?	AND ND YA		
3. Closing and securing machine doors except during loading/unloading?	ØY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AMD MD A Ú		
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואנל אם פם		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
in rart it-A:			
If classification I 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?	אס אם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	באם אם צם		
3. Equipped the condenser with a diverter valve so airtlow will be directed away from the condenser upon opening the door?	ביאם אם צם		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated			

ND YD

MD AD

YND ND YD

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

-condenser exceeded 45° F?

В.	Has the responsible official of an existing large or new large area source also:	_		
l.	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?	ΟÝ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	_ □N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ИΩ	□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,	-7 1		73.54
	if machines are equipped with a carbon adsorber?	ΠY	ИL	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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,			i i
	or expansion; and downstream from no other inlet?	ΟY	ИD	□N/A :
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	Пh	ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	אם	□N/A

PART V: RECORDREEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
l. Maintained receipts for perc purchased?	ØYY □Y
2. Maintained rolling monthly total of perc consumption?	da on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired with 24 hrs? or;	कार जय जयात्र
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	女人 ロケ ロANY
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ANY
6. Maintained startup/shutdown/malfunction plan?	AN DN
7. Maintained deviation reports?	DY DN XDNA
Problem corrected?	DY DN ANY
8. Maintained compliance plan, if applicable?	אואולל אם אם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? \square N 2. Has the facility maintained a leak log? ØΥ ИD 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves AND ND YE Muck cookers AND AD AD Door gaskets and seating AND ND YER Sulls AME NO YO Filter gaskets and seating AMER NO YO AND ND YED Exhaust dampers Pumps AMD ND AB Diverter valves AMK ND YD Solvent tanks and containers AIND ND YE Cartridge filter housings AND NO YA Water separators AIND ND YER 4. Which method of detection is used by the responsible official? Z Visual examination (condensed solvent on exterior surfaces) 囟 Physical detection (airflow felt through gaskets) 匈 Odor (nouceable perc odor) 风 Use of direct-reading instrumentation (FID/PID/calorimetric tubes) - FN/A Halogen leak detector If using direct-reading instrumentation, is the equipment: AINK a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? NO YO b. Calibrated against a standard gas prior to and after each use (PO/FO only)? DY DW DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? MD YD MC YD e. Verified for accuracy by use of duplicate samples (calorimetric only)?

OCTAVIAN OPRIS	03/16/98
Inspector's Name (Please Print)	Date of Inspection
11/2	March 1999
laspector's Signature	Approximate Date of Next Inspection

Revised 09/15/97



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 3 0 1999

FACILITY NAME: ABC Dry Che	ravers_		DATE: 03/26/99
FACILITY LOCATION: 7919 Pines	Blud.		
Perula oke lie	1es: F/. 3	3 OR FC	ELVED
			C 1999
Annual Reporting Period:	19	TO	of Air Monitoring 19
_		Bureat	Mobile Sources
Based on each term or condition of the Title V general as	ir permit, my facility		
62-213.300, Florida Administrative Code (F.A.C.), durin	ng the period covered	by this statement.	YES UNO
If NO, complete the following:			
≠1. Term or condition of the general permit that has not	been in continuous c	ompliance during t	he reporting period stated above:
Every residue from compliance: from			
Exact period of non-compliance: from	ari v		· ·
Action(s) taken to achieve compliance:			· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
	. <u>. </u>		المحادث فيتمان والمرادي والمحادث
#2. Term or condition of the general permit that has not	been in continuous c	ompliance during t	he reporting period stated above:
			·
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		,	
Method used to demonstrate compliance:	-	•	,
viculou used to demonstrate compitance.	· .		
• "			
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete upon purchase receipts, does not exceed 2,100 gallons prombination facilities.	e. Further, my annua	l consumption of p	erchloroethylene solvent, based
RESPONSIBLE OFFICIAL: AUDIE GA	LLIGUE	Z A	regardied 3/24/99
Name (Please P	rint)	Signatur	el OJ Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	INNUAL E-INSPECTIO	N	□ À	COMPLAINITH	SCOVERY	u
responsible official : <u>A</u>	Dry Cla 19 Pin mbrosse	es B lin allig	s Ivol es, j nej	/ <i>F/. 33024</i> _phone:(954		
PART I: NOTIFICATION						
(check appropriate box) 1. New facility notified DARM 30 d 2. Facility failed to notify DARM to		•				. a
PART II: CLASSIFICATION						
Facility indicated on notification for (check appropriate box)	orm that it is:		•	□ No notification □ Drop storc/out		:trolcum
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)	Þ	dry-to-c transfer both typ	lry only, only, x bes, x <	fea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	٥	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gallyi (constructed before $12/9/91$)	l/yr	dry-to-c transfer both typ	try only, only, 20 oes, 140	rea source $140 \le x \le 2,100 \text{ gai}$ $00 \le x \le 1,800 \text{ gai/y}$ $\le x \le 1,800 \text{ gai/yr}$ or after $12/9/91$)		
5. This is a correct facility classifi	ication	Y	ΠN	□Can not determ	ine	
	alified for a ger	neral pen		nmber ab		
B. The total quantity of perchloroeth facility was gallons.	nylene (perc) pu	ırchased	within th	ne preceding 12 mor	nths by this dr	y cleaning

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

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?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□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?	QΥ	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□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?	QY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

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

PA	ART VI: LEAK DETECTION AND R	LPA	<u>K2</u>						
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?					Ş Y	C	אנ	
2.	Has the facility maintained a leak log?		•			7 0Y	C	אנ	
3.	Does the responsible official check the fo	ollow	ing aı	eas for leaks?					
	Hose connections, fittings, couplings, and valves	M Y	ПΝ	□N/A	Muck cookers	7 4Y	ΩИ	□N/A	
	Door gaskets and seating	ЦY	ПΝ	□N/A	Stills	ŻΥ	ПΝ	□N/A	
	Filter gaskets and seating	Y	ПΝ	□N/A	Exhaust dampers	7 9Y	ПN	□N/A	
	Pumps	A Y	ПИ	□N/A	Diverter valves	Ø Y	ΩИ	□N/A	
	Solvent tanks and containers	\$ Y	ПΝ	□N/A	Cartridge filter housings	4 Y	ПΝ	□N/A	
	Water separators	ÒΣΥ	ПΝ	□N/A					
4.	Which method of detection is used by the	e resp	onsit	ole official?					
	Visual examination (condensed sol	lvent	on ex	terior surfaces)		Δį.			
	Physical detection (airflow felt thro	ough	gasko	ts)		R			
	Odor (noticeable perc odor)					囱	1.1		
	Use of direct-reading instrumentat	ion (F	ID/P	ID/calorimetric	tubes)	<i>ا</i> ر 🗆	///		
	Halogen leak detector						v/A		
	If using direct-reading instru	ment	ation	, is the equipme	ent:	N/K	A		
	a. Capable of detecting po	erc va	por c	oncentrations ir	a range of 0-500 ppm?	ΠY	ПΝ		
b. Calibrated against a standard gas prior to and after each usc (PID/FID only)?						ΟY	ΩΝ		
	c. Inspected for leaks and	l obvi	ous si	gns of wear on	a weekly basis?	ΩY	ПN		
	d. Kept in a clean and sec	cure a	irea w	hen not in use?		ΩY	ПN		
	e. Verified for accuracy b	y use	of du	iplicate samples	(calorimetric only)?	ΩY	ПN		
					<u> </u>				

OCTAVIAN OPRIS	03/24/99
Inspector's Name (Please Print)	Date of Inspection
and the second s	March 2000
Inspector's Signature	Approximate Date of Next Inspection

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	·	COMPLAINT	T/DISCOVERY	α,
	RE-INSPECTIO	ОИ 🗆		ace	ess
AIRS ID#: 1/2255	DATE: 7/28/00	TIME	IN: 1 6 35	_ TIME OUT:	1700
FACILITY NAME:	ABC Dry	Cloaner	<u>-1</u>	B	
FACILITY LOCATION:	7919 Pin	és Bludi	<u>z.</u>	M	
	Rembroke 1	Pires, 7	% Prese	EM	
FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL:	: Agnes u	14 manage	PHONE:	34) 263 -3	244/
CONTACT NAME:	same		_ PHONE:	Se Se Se Contraction of the second	7
L				18 O	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to star	tup			
2. Facility failed to notify DAR	M to use general per	mit			
	-			-	
PART II: CLASSIFICATION	V				
Facility indicated on notificati			☐ No notificat	ion form	
(check appropriate box)	IOH IOI III tHAT IT IS.			out of business/petr	rolcum
A			_		
 Existing small area sour dry-to-dry only, x < 140 gal/ 		2. New small a dry-to-dry only,		a	
transfer only, $x < 200$ gal/yr		transfer only, x			
both types, $x < 140$ gal/yr		both types, x <			
(constructed before 12/9/91)		• •	or after 12/9/91)		
3. Existing large area sour	rce 🗆	4 Now large a		<u> </u>	
dry-to-dry only, $140 \le x \le 2$,		4. New large a dry-to-dry only	$140 \le x \le 2,100$		
transfer only, $200 \le x \le 1,80$			$0.0 \le x \le 1,800 \text{ ga}$		
both types, $140 \le x \le 1,800$ g			$\leq x \leq 1,800 \text{ gal/y}$		
(constructed before 12/9/91)	• •		or after 12/9/91)		
5. This is a correct facility cla	assification	DY ON	□Can not deter	rmine	
If no, please check the a	appropriate classificat	tion:			
☐ facilit	y qualified for a gene	eral permit as nu		above	
🗅 facilit	y exceeds above limit	ts and is not clig	ible for a general	permit	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY 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? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	N/	n	
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.	Й	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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?	ΠY	ПN	□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?	ΩY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	edy on
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	©Y 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)	dy on En/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	BÝ ON
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	מארם אם אפן
8. Maintained compliance plan, if applicable?	ØY 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 inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, PAY ON ON/A EY ON ON/A couplings, and valves Muck cookers DY ON ON/A DY ON ON/A Stills Door gaskets and seating CY ON ON/A Filter gaskets and seating MY ON ON/A Exhaust dampers MY ON ON/A DY ON ON/A Diverter valves Pumps CY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators 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: 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 DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? QY QN d. Kept in a clean and secure area when not in use? QY QN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Paul R. Shelton Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection ABC DRY CLEANERS **AGNES UY** MANAGER

7919 PINES BLVD. PEMBROKE PINES,FL 33024

4 of 5

Revised 9/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	INNUAL CO	MPLIANCE	E CERTIFICA	TION FORM		
FACILITY NAME: A FACILITY LOCATION: 7	BC Dry	1 Clear	HEY S	,	DATE:	7/28/00
FACILITY LOCATION:	919 Pine	er Bluck	<u> </u>			, ,
· ·	Combielke	Pines, I	Z			
			· ·			
Annual Reporting Period:	14 28		<i>30<u>0</u>0</i> TO	July 28	<u> </u>	20 0/
Based on each term or condition o 62-213.300, Florida Administrativ		•	-			Rule NO
If NO, complete the following:						
#1. Term or condition of the gener	ral permit that ha	s not been in co	ontinuous compliar	nce during the repo	rting period s	stated above:
Exact period of non-compliance: f	from			to		
Action(s) taken to achieve complia	nce:					
Method used to demonstrate comp	liance:				· · · · · · · · · · · · · · · · · · ·	
#2. Term or condition of the gener	al permit that has	s not been in co	ontinuous complian	ice during the repor	rting period s	tated above:
Exact period of non-compliance: f	rom			to		
Action(s) taken to achieve complia	nce:					
Method used to demonstrate compl	iance:				·	
As the responsible official, I hereby in this notification are true, accura purchase receipts, does not exceed combination facilities.	te and complete. 2,100 gallons pe	Further, my an er year for dry-t	nnual consumption	of perchloroethyle	ne solvent, b	ased upon
RESPONSIBLE OFFICIAL:	AGNES Name (Plea			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.

TO TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

WASTE GENERATED Waste Disposal 0 Chemical name Container Total Monthly Storage Hauler Name Type Method Method Size (Gal.) Use Quantity Code (Code1) (Code¹) or WT. (Callons) (Gallons) (LBS) **M3** 2-3 Perchloroethylene 16 10# 10# N ıΙ NO Dry Cleaning Filters 2 (continued) 10 Landfill - Govt. or Priv. Hauler Other Questionable Treatment Tanks - Above Ground 01 15 02 Tanks - Below Ground 02 Landfill - Generator Takes 16 Hazardous Waste Transporter 03 40 to 55-Gallon Drums **Buried on Property** Surface Discharge 03 17 04 Sm. Size Containers (0-9 Gals.) 04 Pit or Pond 18 Open Burning **Evaporation After Treatment** 05 05 Permitted Hazardous Waste Facility 19 Open Pits, Ponds, or Lagoons Piled on Ground, Floor, or Other Surface **Public Sewer** Used Oil Transporter 06 20 07 Garbage/Refuse Container 07 Septic Tank 21 Commercial Laundry Service-POTW 80 Lab Packs 80 Recycled or Reused 22 Metal Reclamation/Retort 09 Other-Good Storage Method 09 Blended or Burned for Fuel 23 Universal Waste Rule Treatment Hazardous Waste Incineration CESQG Waste to HHW Collection CTR Parts Cleaner/Washer Machines 24 10 10 11 Medium Containers (10 to 39 Gallons) 11 Deep Well Injection Waste to Energy SW Incinerator Antifreeze Stored Separately/Labeled Filtration Only 12 Onsite Neutralization Only 13 **Bulk RCRA Waste Container** 13 Wastewater Treatment Unit 0 Onsite F Off Site None Any other hazardous waste streams noted on property: Total amount of hazardous waste generated per month: _ gallons. Hazardous waste disposal manifests are maintained on-site for five years and are available upon request for ONo inspection. 9No Was any hazardous material/waste discarded into dumpsters or refuse containers? ONo All secondary containment has sufficient volume to hold material required. Floor drains in a hazardous material handling, usage or storage area, which lead to drain field, septic tank or ONo storm water system, are secured or permanently sealed to prevent the release of hazardous materials. Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an ONo accumulation date is marked on the label; and the waste has not been stored on site for more than 180 days (Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.) A follow up inspection by Pollution Prevention Personnel, to address possible enforcement activities, is OYes required at this site.

deliever new

Comments:

02 Tanks — Below-Ground BEST AVAILABLE COPY 03 40 to 55-Gallon Drums Sm. Size Containers (0-09 Gals.) 04 05 Open Pits, Ponds, or Lagoons 06 Piled On Grnd, Flr, or Other Surface 07 Garbage/Refuse Container 80 Lab Packs Other-Good Storage Method 09 Parts Cleaner/Washer Machines 10 11 Medium Containers (10 To 39) Gallon Containers

03 **Buried on Property** 04 Pit or Pond Permitted Hazard. Waste Facil. 05 06 Public Sewer 07 Septic Tank

Landfill — Govt. or Priv. Hauler

Landfill — Generator Takes

Recycled or Reused 80 09 Blended or Burned for Fuel Hazardous Waste Incineration

10 11 Deep Well Injection

12 Filtration Only

01

02

13 **Onsite Neutralization Only** Wastewater Treatment Unit 14

15 Other Questionable Treatment 16 Hazardous Waste Transporter

17 Surface Discharge

18 Open Burning 19 **Evaporation After Treatment**

Used Oil Transporter 20

Commercial Laundry Service->POTW 21

22 Metal Reclamation/Retort

23 Universal Waste Rule Treatment

CESQG Waste to HHW Collection CTR 24

Waste to Energy SW Incinerator 25

CLASSIFICATION CODES

CODE DESCRIPTION

CESQG

Conditionally Exempt Small Quantity Generator Small Quantity Generator

Antifreeze Stored Separately/Labeled

Bulk RCRA Waste Container

HAZARDOUS WASTE GENERATOR CATEGORIES

SQG

12

13

= 200 kilograms (kg) hazardous waste (sometimes equivalent to about a 55-gallon drum)

Conditionally Exempt Small Quantity Generator Limits

Less than



In one month, you generate:

No more than 100 kilograms (220 lbs.). This is about half a 55-gallon drum, or about 25 gallons.

You generate less than 1 kilogram of an acute hazardous waste (e.g. arsenic and cyanide compounds) in one month.

AND

You never accumulate more than 1,000 kilograms (2,200 lbs.) of hazardous waste at any time.

100 to 1,000 Kg/mo Small Quantity Generator Limits



In one month, you generate:

More than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs.). This is approximately one-half of a drum to 5 drums, or 25 to 250 gallons.*

Generator Limits



In one month, you generate:

1,000 kilograms (2,200 lbs.) or more.

This is approximately 5 full drums, or 250 gallons or more.

OR

You generate 1 kilogram or more of an acute hazardous waste in one month.

* These volume limits are based on the weight of water (8 lb./gallon) and are only provided for the purpose of estimating ones status. Heavier wastes like heavy metal sludges (20 lb./gallon) and chlorinated solvents such as perchloroethylene, freon, and trichloroethylene (12-13.5 lb./gallon) will need to be evaluated based on their actual weight per gallon.

ONE TIME FORM

■ 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: 10 AIRS ID # 0112255001AG AUDIE GALLIGUEZ ABC DRY CLEANERS	COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
7919 PINES BLVD PEMBROKE PINES FL 33026	3. SEMERADE OF Air Monitoring A Certile Modifile Sorpress Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 30004	7.
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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0026-4329	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
2000 DP0D	10 AIRS ID # AUDIE GALLIGUEZ S ABC DRY CLEANERS 7919 PINES BLVD C PEMBROKE PINES FL	9 0112255001AG

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Is your RETURN	6. Signature: (Addressee or Agent) PS Form 3811. December 1994	and fee is	paid) Domestic Return Receipt	Thank

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361552

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

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TOTAL AMOUNT DUE: \$50.00 FEB 23 99

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AIRS ID # 0112255

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 w 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 article The Return Receipt will show to whom the article was delivered at delivered.	ce does not 1. Addressee's Address 2. Restricted Delivery
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AIRS ID # 0112255

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

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