INSP-INSZ- compliance Inspection walk-through-2/6/2007-IN Insp Broward Co-CBiHle



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

November 16, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Jeanty Charles
Pompano Dry Cleaners
207 South Federal Highway
Pompano Beach, Florida 33062

Re: Facility No.: 0112282-004

Dear Ms. Charles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 2007.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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.

Sandra F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	cility Name and Location			
1.	Facility Owner/Company Name (Name of corporation, agen	cy, or in	ndividu	ial owner):
T	ABBLOUS CLEANERS INC	7	SA	A POMPANOCIO
	Site Name (For example, plant name or number):	7		<i>y</i> = 0,777
			·	1
2	Hazardous Waste Generator Identification Number:			
٥.	Hazardous waste Generator Identification Number.			·
4.	Facility Location: Street Address: 2075 FEDERAL HWY			
	Street Address: Sold PEDER AL MOY	100		7in Code: 3000
	City: POMPANO BEACH County: BROW	HK!)	Zip code. 35064
·5.	Facility Identification Number (DEP Use ONLY - do not fill	in):" /	$\overline{\gamma}$	10000=4
				VAANA II
un a				
Res	sponsible Official			
6.	Name and Title of Responsible Official:			
Nar	me: Jean'ty CHARLES	Title:	VG	President
7	Responsible Official Mailing Address:			
٠.	Organization/Firm:			
	Street Address:			
	City: County:			Zip Code:
8	Responsible Official Telephone Number:			
0.	Telephone: (954) 882 25/2	Fax: () -
	Telephone: (954) 882 25 12 954 709 96.34			
_	,			
	cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant many	ager).		
٦.	rame and rate of racinty contact (10) example, plant main	15 01).		,
10.	Facility Contact Address:			. "
	Street Address:			
	City: County:			Zip Code:
	<u> </u>			•
11.	Facility Contact Telephone Number:			
	Telephone: () -	Fax: () -

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	•
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	•
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	= carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12	months?
[] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	: New owner: [] Did not ke	ep records: []
		New store: [] New machin	ne []
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser Carbon adsorber Carbon adso
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site? []
For each boiler, indicate its horsepower (HP) rating: [] []
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w I will pro	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 is 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 eith all terms and conditions of this general permit as set forth in Part II of this notification form. I mptly notify the Department of any changes to the information contained in this notification. Lean Les eof responsible official
Signature	antyClares <u>g/14/07</u>

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facinty Name and Epcatron	
1. Facility Owner/Company Name (Name of corporation, ages	ncy, or individual owner):
Fabulous Cleaners	INC
2. Site Name (For example, plant name or number):	
Pompanose Cleaner	\sim
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 207 South FEDE Street Address: 207 South FEDE City: Pompano Beach County: Brown	pard flus 4 Dip Code: 3. 3062
Responsible Official	
6. Name and Title of Responsible Official:	ma 1/2 / 4
Name: JEANTY CHARLES	Title: (reside t
7. Responsible Official Mailing Address: Organization/Firm: To Galous Cleaners Street Address: 207 S Teneral Hwy	MC DBA Pompar Day Clama
City- Tompano Beach County: Brown as d	Zip Code: 🗷 🖰 🚱 🚱
8. Responsible Official Telephone Number:	
Telephone: (954) 889 25/2 -	Fax: () -
Facility Contact (If different from Responsible Official)	
Name and Title of Facility Contact (For example, plant man	ager):
10. Facility Contact Address:	, · <u> </u>
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: () -	Fax: () -
	<u> </u>

DEP Form No. 62-213.900(2)

Facility Information				
1.(a) DRY-TO-DRY M	ACHINES ONLY	X _		•
How many dry-to-dry me	achines do you hav	e on-site?		
For each dry-to-dry mach	hìne on-site, plcasc	provide the following information	n:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Date (if already inches purchase, write	ed at time of
1994	Exicting	W ROCA/None required ~		
	Existing/Ne	w RC/CA/None required	- 18	
	Existing/Ne	w RC/CA/None required		- .
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclair	ou have on-site?	n-site?		·
unit. If the transfer mach	ine was purchased to units purchased	the manufacturer prior to or on Defrom the manufacturer between Deafter September 22, 1993 are allow please provide the following information Device Required* (circle one)	ecember 9, 1991 and wed to operate under	September 22, this general ice Installed ed at time of
	Existing/New	RC/CA/None required		
	Existing/New	RC/CA/None required		
	Existing/New	.RC/CA/None required		_
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber	
	roethylene (perc) h ns (You must fill t	nave you used within the last 12 mi	onths?	
(b) If less than 12 mor	nths, how many?	months		
Check why it is les	s than 12 months:	New owner: Did not keep	p records: []	
		New store: New machine	: []	
		Unopened store [] (date of a	averaged agening	1

PAGE 04

BEST AVAILABLE COPY

Indicate with an "X". Select		/-)
Small Area Source	$i \times i$	
Dry-to-dry macl Transfer only or Both machine ty	r-site (t	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source	[]	
Dry-to-dry mack Transfer only or Both machine ty	r-site (u	used 140 - 2,100 gallons of perc per year; used 200 - 1,800 gallons of perc per year; used 140 - 1,800 gallons of perc per year;
	tired on machines pur	suant to section (5) of Part II of this notification form?
Existing machines at sma (NONE REQUIRED)	ll area source	New machines at small area source. Refrigerated condenser
Existing machines at large Carbon adsorber Refrigerated condenser	e area source	New machines at large area source Refrigerated condenser
5. A facility which contains non-e Rule 62-213.300, F.A.C. Verify the criteria or that no such units exist of All steam and hot water generating	nat all steam and bot w on-site (see attached n	s shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemptionemo for the criteria). 1 OR
No such units on-site		
How many hoilers do you have on	-site?	,
For each boiler, indicate its horsep	ower (HP) rating: [_][]
What type of fuel do you use?	propane No. 2 fuel oi	
6. Equipment Monitoring and Reco	ordkeeping Informatio	on
Check all logs which are required t	to be kept on-site in a	ecordance with the requirements of this general permit:
(a) Purchase receipts and solvent p	urchases/solvent addi	tion log
(b) Loak detection inspection and t	repair	[*]
(c) Refrigerated condenser temperated	ature monitoring	
(d) Carbon adsorber exhaust perc	concentration monitor	ing []
(e) Startup, shutdown, malfunction	n plan	ing

DEP Form No. 62-213.900(2)

ase indica	e with an "X" the appropriate selection:
ίΧι	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in the notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification f
sponsible	Official Certification
I the sun.	
this notif statemen maintain comply w	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable is quiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
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DEP Form No. 62-213.900(2)

NOV 0 8 2007

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	ility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individu	al owner):
	Fabulous Cleaners In	- (C
2.		
- الما	Sile Name (For example, plant name or number): Fan pano De Cleaners	
3.	Hazardous Waste Generator Identification Number:	·
4	Facility Location:	
握	Street Address: 207 SOUTH FEDERAL HOS	
	Estreet Address: 207 South FEDERIC HWY Esty: Pompano Beach County: Broward	Zip Code: 33062
5.7	Facility Identification Number (DEP: Use ONLY (do not fill in):	
- Alle		March
	ponsible Official	· · · · · · · · · · · · · · · · · · ·
O. Nar	Name and Title of Responsible Official:	
INAL	Jeanly Charles Title: U	President.
7.	Responsible Official Mailing Address:	<i>= 11</i>
	Organization/Firm: FAPULOUS CLEMITERS -	
	Street Address: 207 South FEDERAL HWY City Tompono Bea County: Broward	Zip Code: 33062
8.)
	Telephone: (954) 882- 25/2. Fax: (, -
i de la compansión de l	ility Contact (If different from Responsible Official)	
· Innerentation	Name and Title of Facility Contact (For example, plant manager):	
	the rate of the state of the st	
1 40	D. 70. 0. 1. 1. 1. 1.	
10.	Facility Contact Address:	
	Street Address:	
	City: County:	Zip Code:
111	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -
ı		

DEP Form No. 62-213.900(2)

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
1994	Existing	OR CA/None required	· · · · · · · · · · · · · · · · · · ·
3 <u> </u>	Existing/Nev	v RC/CA/None required	the state of the s
:	Existing/Nev	v RC/CA/None required	de comment de la directiva de la commencia de
*CONTROL DEVICE KE	Y: RC = re	frigerated condenser CA	A = carbon adsorber
unit. If the transfer machine	have on-site? ers do you have on s purchased from e was purchased f	the manufacturer prior to or on from the manufacturer between	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	have on-site? ers do you have on s purchased from e was purchased i units purchased	the manufacturer prior to or on from the manufacturer between	December 9, 1991 and September 22 lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	have on-site? ers do you have on s purchased from e was purchased i units purchased i machine on-site, Status	the manufacturer prior to or on from the manufacturer between lifter September 22, 1993 are al please provide the following in Control Device Required*	December 9, 1991 and September 22 llowed to operate under this general aformation: Date Control Device Installed
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer	have on-site? ers do you have on s purchased from e was purchased i units purchased i machine on-site, Status	the manufacturer prior to or on from the manufacturer between lifter September 22, 1993 are al please provide the following in Control Device Required*	December 9, 1991 and September 22 lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer	have on-site? ers do you have or e purchased from e was purchased i units purchased i machine on-site, Status (circle one)	the manufacturer prior to or on from the manufacturer between lifter September 22, 1993 are al please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 22 lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer	have on-site? ers do you have or spurchased from e was purchased if units purchased if machine on-site, Status (circle one) Existing/New	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 22 lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
How many washers do you How many dryers/reclaime If the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer	have on-site? ers do you have on a purchased from e was purchased a units purchased a machine on-site, Status (circle one) Existing/New Existing/New	the manufacturer prior to or on from the manufacturer between ifter September 22, 1993 are all please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22 lowed to operate under this general aformation: Date Control Device Installed (if already included at time of

New Mess			
3. What is the facility's source cla Indicate with an "X". Select		The state of the s	3) of Part II?
Small Area Source	\searrow		
Dry-to-dry mac Transfer only o Both machine t		(used less than 140 gallons of per (used less than 200 gallons of per (used less than 140 gallons of per	erc per year)
Large Area Source			··· .
Dry-to-dry mac Transfer only o Both machine t		(used 140 - 2,100 gallons of per (used 200 - 1,800 gallons of per (used 140 - 1,800 gallons of per	c per year)
4 What control technology is req (Indicate with an "X".)	uired on machines p	pursuant to section (5) of Part II o	f this notification form?
Existing machines at sm (NONE REQUIRED)	all area source	New machines at small Refrigerated condenser	
Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source	New machines at large Refrigerated condenser	
5. A facility which contains non- Rule 62-213.300, F.A.C. Verify criteria or that no such units exist All steam and hot water generating	that all steam and h on-site (see attache	ot water generating units on-site n	
No such units on-site			
How many boilers do you have o	n-site?	•	
For each boiler, indicate its horse	power (HP) rating:	5 10 (5)	
What type of fuel do you use?] propane] No. 2 fue] No. 6 fue		i) ELECTRIC
6. Equipment Monitoring and Re	cordkeeping Inform	ation	
Check all logs which are required	to be kept on-site i	n accordance with the requiremen	ts of this general permit:
(a) Purchase receipts and solvent	purchases/solvent a	ddition log	<u>J</u>
(b) Leak detection inspection and	repair	(X	ز
(c) Refrigerated condenser tempe	rature monitoring	í×	j
(d) Carbon adsorber exhaust perc	concentration mon]
(e) Startup shutdown malfunction	on ກໍໄສກ	ı×.	1

urrender o ase indica	e with an "X" the appropriate selection:
\leq	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification is
ponsible	Official Certification
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this notif statemen maintain comply w	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.
this notification in the statement maintain comply we will produce the statement of the sta	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is maile 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

Papalous Cleaners of 6a Ponypano Cleanero.
307 S FEDERAL HWY
Ponypano Beach FL 33062 D5 OCT 2007 PM 1 T