

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Felix Karavasilis Pompano Dry Cleaners 207 South Federal Highway Pompano, Florida 33062

Re: Facility I.D. No. 0112282

Dear Mr. Karavasilis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January 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, Florida 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/jw

cc: Mr. John Coppola, Broward County



Department of Environmental Protection

Twin Towers Office Building
Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
September 4, 2001

David B. Struhs Secretary

Mr. Kwi Son Kong Pompano Dry Cleaners 207 South Federal Highway Pompano Beach, Florida 33062

Dear Mr. Kong:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 31.

In reviewing your submittal, it was noted that Pompano Dry Cleaners elected to surrender its existing Title V air general permit (AIRS 1D 0112282). 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 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Jarrett Mack, Broward County "More Protection, Less Process"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1 Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
FELIX KARAVASILIS (POMPANO DRY CLEAVERS,),							
2. Site Name (For example, plant name or number):							
POMPANO DRY CLEANED							
POMPANO DRY CLEANEN 3. Hazardous Waste Generator Identification Number:							
FLD 980846349							
4 Facility Location							
Street Address: 2075, FED, HWY,							
City: Pompano County: Blown D. Zip Code: 33062							
5. Facility Identification Number (DEP Use):							
FLD 984/67291 - 01/2282							
Responsible Official							
6. Name and Title of Responsible Official:							
FELIX KARAVASIZHS OWNER 7. Responsible Official Mailing Address: Organization/Firm: Pompano DRV CLEANERS Street Address: 207 S. FED. Hund City: Pompano							
7. Responsible Official Mailing Address:							
Street Address: On FO TO DEV CECTS to TEST							
City: Pour 20 County: Zip Code:							
8. Responsible Official Telephone Number:							
Telephone: (954) 783-9472 Fax: () -							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
· · · · · · · · · · · · · · · · · · ·							
10. Facility Contact Address:							
10. I actify Contact Address.							
Street Address:							
City: County: Zip Code:							
11. Facility Contact Telephone Number:							
Telephone: $(954)783 - 2479$ Fax: () -							
SECEIVE							

RECEIVED

SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

#011.2282

•	Dun air a Dian Manne
-	Pompano Dry Cleaners
D.14	1.la) add date control device installed
	installed
	1.(c) mark out "\" and initial
	3. Should be new small area
-	Source
p./5	4. Should be new small area
	Source W/refrig. Con. 5.(1) required
	5.(1) required
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Facility Information

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.

Machine Initially Device Initially Initially Device Initially	Example Dry-to-Dry Unit					Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Purchased Installed ID Purchased Installed Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-M Dry-to-Dry Unit (1) w/ ref. condenser	Example Dry-to-Dry Unit		Initially	Control		Machine	Control		Machine	1
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MDry-to-Dry Unit (1) w/ ref. condenser w/ 03 - 94	Example Dry-to-Dry Unit		imuany	Device		Initially	Device		Initially	Devic
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [2] S gallons (b) If less than 12 months, how many? [] months	Dry-to-Dry Unit		Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Instal
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(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [12] w/ no control devices are required to be installed [13] w/ arbon adsorber (12) w/ no control devices are required to be installed [13] w/ arbon adsorber (14) w/ arbon adsorber (15) w/ no controls (b) Control devices are required to be installed [14] w/ no control devices are required to be installed [15] w/ no control devices are required to be installed [16] w/ no control devices are required to be installed [17] arbon the latest 12 months? [18] What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [18] What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [18] What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?			_						•	
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(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? [] months	•		T			T	-1		T	
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Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 2.5 gallons (b) If less than 12 months, how many? [] months	` '	r								<u> </u>
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No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(12) w/ no controls									
, , , , , , , , , , , , , , , , , , , ,	© No control device 2.(a) What was the total	es are re l quanti] gallo	equired to be ity of perchlons	e installed [_	perc)	د	n the latest 1	2 moi	nths?	

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(4) What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part 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	
·	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
Start-up, shutdown, malfunction plan	<u></u>

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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)				
凶	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notif statemen maintain	dersigned, 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 inquiry, that the its 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.				
I will pro	mptly notify the Department of any changes to the information contained in this notification.				
(+)	Laurel 8-23-96				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
FACILITY NAME: RMPANO D	RY CLEANERS EDERAL Hwy. Pompano, FL. 33062
	KON G PHONE: (954) 783-2472 PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to state. 2. Facility failed to notify DARM to use general positions.	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification If no, please check the appropriate classifi facility qualified for a ge	cation: eneral permit as number above

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? BY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at BY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MYA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? DO 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

BEST AVAILABLE COPY

				14.
₽.	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	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□y:
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?	ΟY	ПN	
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	ΠN	D :
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	ΩИ	□ir _{ic} .'.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/÷
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□ì% ·
				a. 7:
P.	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	T Y	ПИ	
2.	Maintained rolling monthly averages of perc consumption?	ØÝ	ΠN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	⊠ Y	ПN	□N/A
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	9 Y	ПN	□N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	\Box Y	ПΝ	© 1√1,A
5.	Maintained exhaust duct monitoring data on perc concentrations?	ΩY	ПN	⊇ N/A
6.	Maintained startup/shutdown/malfunction plan?	3 Ý	ПИ	
7.	Maintained deviation reports?	<u>G</u> Ý	ΩИ	□N/A
	Problem corrected?	OY.	ПN	□N/A
8.	Maintained compliance plan, if applicable?	\Box Y	ΠN	OPN/A

P.	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DY □N				
2.	Has the facility maintained a leak log?	?		®Y □N				
3.	Does the responsible official check the	following areas for leaks	s?					
	Hose connections, fittings, couplings, and valves	egy on on/a	Muck cookers	on on/a				
	Door gaskets and seating	ety on on/a	Stills	MY ON ON/A				
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	Y ON ON/A				
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A				
l	Solvent tanks and containers	ery on on/a	Cartridge filter housings	BY ON ON/A				
	Water separators	GY ON ON/A						
4.	Which method of detection is used by	the responsible official?		_				
	Visual examination (condensed	solvent on exterior surfac	ces)	छ				
	Physical detection (airflow felt the							
	Odor (noticeable perc odor)							
	Use of direct-reading instrument							
	Halogen leak detector							
	If using direct-reading inst	ipment:	MN/A					
	a. Capable of detecting	NO YO.						
	b. Calibrated against a (PID/FID only)?	OY ON						
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and	use?	OY ON					
	e. Verified for accurac	OY ON						
								
	ARTTENNETTA		10/17/97					
	Inspector's Name (Please Pr	int)	Date of Inspe	ction				
	2104		a= 100	0				
	Inspector's Signature		Approximate Date of	Next Inspection				

BEST AVAILABLE COPY ANNUAL J COMPLAINT/DISCOVERY JARE OF MOLECHON: RE-INSPECTION TIME IN: 10:45 TIME OUT: 11:20 AIRS ID#: 0112282 TYPE OF FACILITY: DRY CLEANER FACILITY NAME: POMPANO DRY CLEANERS DATE: 10(17/97 FEDERAL Huy. Pompano, FACILITY LOCATION: 207 RESPONSIBLE OFFICIAL: KWI SON KONG PHONE NUMBER: (954) 783-2472 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in V compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector.

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

ARTHUR PENCETCA

(Please Print)

INSPECTOR'S SIGNATURE:

Page of Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
TOMPANO DRY CLEANERS
2. Site Name (For example, plant name or number): SAME AS ABOVE
3. Hazardous Waste Generator Identification Number: FLD 980846349
4. Facility Location: 207 S. FEDERAL HWY. Street Address: City: POMPANO BCH. County: BROWARD Zip Code: 33062
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official: KWI SON KONG
7. Responsible Official Mailing Address: Organization/Firm: Street Address: Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 783-2472 Fax: () - N/A
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOUE
10. Facility Contact Address:
Street Address: N/A County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - NA Fax: () - RECEIVE

FEB 2 0 1998

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine		ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	<u>.</u>	#3	02-MAR-92	02-MAR-92
Dη	y-to-Dry Unit									
	(1) w/ ref. condenser	ŀ	3/94							
	(2) w/ carbon adsorber									
	(3) w/ no controls								!	
Wa	sher Unit									
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
Dry	ver Unit									
	(7) w/ ref. condenser							ı		
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Red	claimer Unit									
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls									
	c) Control devices are									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [50] gallons						
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []						
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.)						
Existing small area source New small area source						
Existing large area source [] New large area source []						
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source Carbon adsorber [] Refrigerated condenser []						
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt [] No such units on-site						

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Equipment Monitoring and Recordkeeping Information

Check all logs	which are required to be kept on-site in accordance w	rith the requirements of this general permi
(a) Purchase re	eceipts and solvent purchases	
(b) Leak detec	tion inspection and repair	
(c) Refrigerate	ed condenser temperature monitoring	
(d) Carbon ads	sorber exhaust perc concentration monitoring	
(e) Instrument	calibration	
(f) Start-up, sl	hutdown, malfunction plan	
	Surrender of Existing Air Per	rmit(s)
Please indicate	e with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifical	- •
	No air permits currently exist for the operation of the this notification form.	e facility indicated in

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Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

'Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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BEST AVAILABLE COPY

KEY1500 10/10/90

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Del)

FACILITY NAME: POMPANO 1	DRY CLEANERS	DATE: <u>10/17/97</u>
FACILITY LOCATION: 207 S.	FEDERAL HWY. POMPANO, FL.	33062
	,	
Annual Reporting Period:	T 17 1996 TO	OCT 17 1997
	V general air permit, my facility has remained in o .A.C.), during the period covered by this statement.	<u> </u>
#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	to	Bu
Action(s) taken to achieve compliance:		FE C
Method used to demonstrate compliance:		B 2 0 of Air obile
#2. Term or condition of the general permit	that has not been in continuous compliance during	Sources sping the reporting period sping
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 rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: KWI	based on information and belief formed after reasonand complete. Further, my annual consumption of does not exceed 2,100 gallons per year for dry-to a SON KONG Signature (Please Print)	perchloroethylene solvent, based
*This form is made available to you as an ai discretion of the responsible official to use the	d in order to meet your annual compliance certifications form.	ation Brife Guerre It Is Whe D

Page _____ of ____.

NOV 1 2 1997

RECEIVED

RECEIV DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0112282 KWI SON KONG FELLY KARAVASILOS 207 S FEDERAL HWY POMPANO FL 33062 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES \square 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 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 Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Kur Son Kond January

*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

	TYLENE DRY CLEANERS
	TYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY 12 8 14449
	RECE
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 0 8 1444) N. 0
RE-INSPECTIO	MAN III Noni
	MAR Monite Source
AIRS ID#: 0/12282 DATE: 12/21	170 ILME IN: ILME OUT:
FACILITY NAME: Jourpan	198 TIME IN: TIME OUT: Bureau of Air Monie Sour
FACILITY LOCATION: 207 S	· Federal Huy. PompavoFl.
	33062
RESPONSIBLE OFFICIAL: Kasi Son	Kong PHONE: 783-2472
	Kong PHONE: 783-2472
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	
2. Facility failed to notify DARM to use general pe	mut
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1.300 \text{ gal/yr}$	transfer only, $200 \le x \le 1.300$ gal/yt
both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1.800$ gai/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐N ☐Can not determine
If no, please check the appropriate classific	ration.
	neral permit as number above
	nits and is not eligible for a general permit
	and and is not engiote for a general permit
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining contridge filters in their heaving as in seeled containers for at

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

ON ON/A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

OY ON ONA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B helow). 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)

-	(check appropriate boxes)	
	i. Equipped all machines with the appropriate vent controls?	ON .
į	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ONA
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NE PE
	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אביאה
	5 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	2 ₹ DN DNA
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ब्राप्त चर

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?	אם צם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	אואם אם צם
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 ONA
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 OWA
		. St St Styn .
) آ ا	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 ONA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DRY ON			
2. Maintained rolling monthly total of perc consumption?	· DA DA			
3. Maintained leak detection inspection and repair reports for the following:	<i>/</i> .			
a. documentation of leaks repaired w/in 24 hrs? or:	AND NO YE			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days of receipt?	אַעם אם אַם אַבּ			
4. Maintained calibration data? (for applicable direct reading instruments)	אינע אם אם			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PKA			
6. Maintained startup/shutdown/malfunction plan?	or on			
7. Maintained deviation reports?	₽Y ON ONA			
Problem corrected?	ארם אם אם			
8. Maintained compliance plan, if applicable?	OY ON BACA			

PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	DY ON			
2.	Has the facility maintained a leak log? Does the responsible official check the following areas for leaks?	DY ON			
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers	AND NO YES			
	Door gaskets and seating 'TY ON ON/A Stills	AWD ND YD			
	Filter gaskets and seating	מעם אם צם			
	Pumps OY ON ON/A Diverter valves	ON ONA			
	Solvent tanks and containers UY ON ON/A Cartridge filter housings	DX ON ONA			
	Water separators ON ON/A				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)	0			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ONIA			
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:	ON/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	DY DX			
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	אם אם			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	NO, AO			
	d. Kept in a clean and secure area when not in use?	'אם אם			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	אם אם			

specific s Signature

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SOL	npano	Des	Clean	10R C	DATE: 4	2/1/08
FACILITY NAME: 504		50 /-0/	2001	11		70/
FACILITY LOCATION:	(L)	SERAT	Aug		 ′
 		omporo	•			· · · · ·
	· ·					
Annual Reporting Period:		19	TO			19
Based on each term or condition of the Title	V ganami air	- nacmit imu facili	n has tamaina	d in complian	ice with DED	Dula
62-213 300, Florida Administrative Code (F	•	•];iO
If NO, complete the following:	• •					
#1. Term or condition of the general permit	that has not	been in continuou	s compliance d	luring the rep	orting period s	stated above:
	,					
Exact period of non-compliance: from		· .	to			· .
Action(s) taken to achieve compliance:		· · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · ·
Method used to demonstrate compliance:		,	· · · ·		·	
#2. Term or condition of the general permit	that has not	been in continuou	s compliance of	lunng the rep	orung period :	stated acove:
· · · · · · · · · · · · · · · · · · ·	· .	 	 	· · · · · · · · · · · · · · · · · · ·	•	
Exact period of non-compliance: from		2 <u> </u>	to	· · · · · · · · · · · · · · · · · · ·	·	
Action(s) taken to achieve compliance:					·	
						
Method used to demonstrate compliance:			 .			
· · · · · · · · · · · · · · · · · · ·						
As the responsible official. I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2.1 combination facilities.	and complete	. Further, my ani	nual consumpti	on of perchlo	roeinviene soi	vent, zased
12	SON	KONG	9/	, ,	7/2 A	
	me (Please Pr	int)	puis S	ignature	ang_	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

JLD994908202

FLD984167791

TYPE OF INSPECTION:

ANNUAL

D/

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 01/3393 DATE: 11 23 99 TIME IN: 11.15 TIME OUT: 11.45
FACILITY NAME: Dompano Dry Cleaners
FACILITY LOCATION: 207 S. Federal Highway
Pompano, FL 33062
RESPONSIBLE OFFICIAL: KWI Son Bong PHONE: 783-2472
CONTACT NAME: KWI Son Kong PHONE: 783 - 2470
fulltime # 1

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	<u> </u>	

PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a gen facility exceeds above lim				
B. The total quantity of perchloroethylene (perc) pu facility was 1111-12 (gallons.	archased within the preceding 12 months by this dry cleaning			

DEC 1 0 2000

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? BY ON ON/A 2. Examining the containers for leakage? OMY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DÝ ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □N □N/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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY∕ □N 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?	ΟY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/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 DY DN DN/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 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 DN/A Problem corrected? OY ON ON/A 8. Maintained compliance plan, if applicable?

P.	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON			
2.	Has the facility maintained a leak log?			CNY ON			
3.	Does the responsible official check the	following areas for leak	cs?				
	Hose connections, fittings, couplings, and valves	ĐÝ ON ON/A	Muck cookers	ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DA ON ON'Y					
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	olvent on exterior surfac	ces)	P			
	Physical detection (airflow felt thr	ough gaskets)					
	Odor (noticeable perc odor)			_Q /			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric 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?						
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and	i after each usc	OY ON			
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and se	cure area when not in t	ıse?	OY ON			
	e. Verified for accuracy l	by use of duplicate samp	ples (calorimetric only)?	OY ON			
_							
	Inspector's Name (Please Prin	t)	Date of Inspe				
	inspector 3 traine (Flease Fifth	7	Date of hispe				
	Inspector's Signature	<u> </u>	Approximate Date of 1	Next Inspection			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pampano Dry Cleaners	DATE: 111/23/99
	/ /
FACILITY LOCATION: 307 S. Federal Highway Pompono, Froeida 33062	
TOWARD, PLOVICE 33000	
Annual Reporting Period: November 1998 TO / Vivember	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance v 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	vith DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	g 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 reportin	g 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 inquirmade in this notification are true, accurate and complete. Further, my annual consumption of perchloroeth upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per combination facilities.	ylene solvent, based
RESPONSIBLE OFFICIAL: Sok SANG KANG Signature Name (Please Print) Signature	11/23/99
Name (Please Print) Signature	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 COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ом <u>п</u>	COMPLAINT/DIS	COVERY	<u> </u>
AIRS ID#: <u>O112282</u> FACILITY NAME: <u>P</u> FACILITY LOCATION:	mpauo Day	CLEANER	<u>s</u>	-	
RESPONSIBLE OFFICIAL CONTACT NAME:					72
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	f 30 days prior to star	tup			
2. Facility failed to notify DAF	lM to use general per	mit			۵
PART II: CLASSIFICATION	N				
	rce /yr ce ,100 gal/yr 00 gal/yr gal/yr assification appropriate classificaty qualified for a general	transfer only, x both types, x < (constructed or 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or IN)	, $x < .140 \text{ gal/yr}$ x < 200 gal/yr 140 gal/yr for after $12/9/91$) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	JAN 6 2001 Bureau of Air Monitoring &—Mobile Sources	RECEIVED
B. The total quantity of perchlo facility was <u>\(\frac{1}{2} \) gallons.</u>		chased within t	he preceding 12 months	s by this dry c	lcaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at EY 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) Lagγ ΓJN 1. Equipped all machines with the appropriate vent controls? DAY 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 MD YK 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

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?	ΩY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	מם	□N/A
	Is the temperature differential equal to or greater than 20° F?	'OY	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,		1	
	if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□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)	_
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly total of perc consumption?	®Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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 OMA
4. Maintained calibration data? (for applicable direct reading instruments)	OLY ON DAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OM/A
6. Maintained startup/shutdown/malfunction plan?	CAY ON
7. Maintained deviation reports?	ער ער אליא (A
Problem corrected?	OY ON DANA
8. Maintained compliance plan, if applicable?	DY DN DAN/A

PAR	T VI: LEAK DETECTION AND	REPAIRS		
1. D	oes the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	and repair
in	spection?			MD ON
2. H	as the facility maintained a leak log?	•		MC AR
3. D	oes the responsible official check the	following areas for leaks	s? ·	
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	. At on on/a
i	Door gaskets and seating	MY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	CY ON ON/A
	Water separators	MY ON ON/A		
4. W	hich method of detection is used by t	he responsible official?		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	
	If using direct-reading instr	umentation, is the equip	ment:	ØN/A
·	OY ON			
. ,	OY ON			
	_			
	ART PEUMETIA		12/14/00	>
	Inspector's Name (Please Prince)	t)	Date of Inspec	
	Inconstant's Signature		DEC ZOS	
	Inspector's Signature		Approximate Date of N	ext inspection

Revised 01	71	8/	UU
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AIRS ID#: 01(2282



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

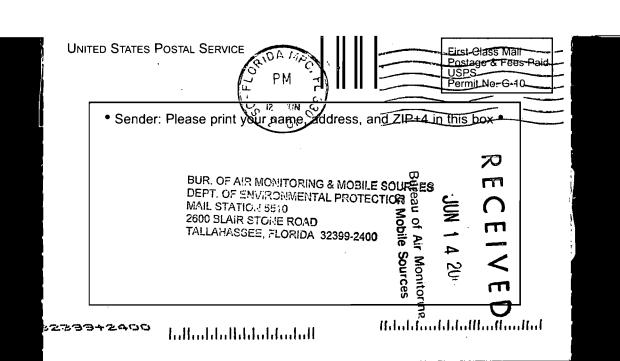
FACILITY NAME:	POMPALO	Da	CLEANER	S	DA	TE: 12/14/00
FACILITY LOCATION:			i		Pempano Fi.	33062
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Annual Reporting Period:	Nov	<i>2</i> 3	1999	то	Dec 14	20 <i>C</i> C
Based on each term or condi		_	-	-		
62-213.300, Florida Adminis	strative Code (F	.A.C.), du	iring the period co	vered by this	statement. YES	□NO
If NO, complete the following	ng:					
#1. Term or condition of the	e general permit	that has r	ot been in continu	ous complian	ce during the reporting pe	riod stated above:
					· · · · · · · · · · · · · · · · · · ·	
Exact period of non-complia	nce: from	-	<u> </u>		to	
Action(s) taken to achieve co	ompliance:		····			
Method used to demonstrate	compliance:					
#2. Term or condition of the	general permit	that has n	ot been in continu	ous complian	ce during the reporting per	riod stated above:
Evert period of non-complia	noor from					
Exact period of non-complian			·	······································	to	
Action(s) taken to achieve co	ompliance:					
Method used to demonstrate	compliance:					
	-					
As the responsible official, I i in this notification are true, a purchase receipts, does not e combination facilities.	accurate and con	nplete. F	urther, my annual	consumption	of perchloroethylene solve	ent, based upon
RESPONSIBLE OFFICIAI		ne (Please	facc Print)	S	Signature Kang	12/14/200 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.

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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.	C. Signature X
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207 S FEDERAL HWY POMPANO FL 33062	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
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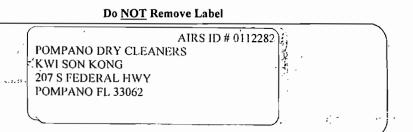
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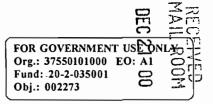


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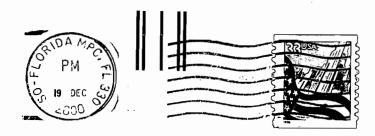
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00 /





POMPANO DRY CLEANERS 207 S FEDERAL HWY POMPANO BEACH FL 33062



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address
 ■Write "Return Receipt Requested" on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered and dalivered. 		Restricted Delivery Consult postmaster for fee.
AIRS ID 0112282 KWI SON KONG FELIX KARAVASILOS 207 S FEDERAL HWY POMPANO FL 33062	4a. Article N. 4b. Service Registere Express I Return Rec 7. Date of De	Type ad
Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested paid)

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TOTAL Postage & Fees	\$	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Fund: 20-2-035001 Obj.: 002273

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POMPANO DRY CLEANERS, INC. 04-97
207 SO. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

DATE DEC-13-98

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POMPANO FL 33062

Mobile Sources

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