

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Patrick Sultan President Total Cleaners 6900 Stirling Road Hollywood, Florida 33024

Re: Facility I.D. No. 0112283

Dear Mr. Sultan:

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

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

PERCALOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

V	

TYPE OF INSPECTION:

4	N	JT I	Δ.	T

- 8.,

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2283 DATE: 07/10/97 TIME IN: 11:00 TIME OUT: 12:30

FACILITY NAME: Total Cleaners

FACILITY LOCATION: 6900 Stinling Rol, Hollywood,

Florida 33024.

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	S a
2. New facility notified DARM 30 days prior to startup	
3. 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) Ł 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gallyr 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<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before L2/9/91) (constructed on or after 12/9/91) This is a correct facility classification $\mathbf{Z}Y$ $\square N$ 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 tacility was 90 gallons.

PART III: GENERAL COL ROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	À A ⊡M
2. Examining the containers for leakage?	M Y ON
3. Closing and securing machine doors except during loading/unloading?	À DN DA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	\$ DY □\
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND YO

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 on 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)

١.	Equipped all machines with the appropriate vent controls?	ØY	ДИ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	γKQ	.Ωй	AWD
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПΩ	ØN/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ŻΥ	QИ	÷
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ĄХ	ДИ	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ζ λ ι.	ОN	

B.	Has the responsible offic. If 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?	אס עם
	Is the temperature differential equal to or greater than 20° F?	אם אם
3.	Measured and recorded the pero 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?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	אס אס
Ĵ.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
		*
P.	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	. ,
H (c	as the responsible official:	≱ ¢. □n . `
H (c	as the responsible official: heck appropriate boxes)	Д БУ ОИ ДБУ ОИ .Л
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	/
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	/
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	NO YE
日 (c 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	OY ON QUIA OY ON QUY ON
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	DY ON TAX ON TAX
H (c L. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	OY ON QUIA OY ON QUY ON
H (c 1. 2. 3. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON DINA
H (c 1. 2. 3. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON DANA OY ON DANA OY ON OY ON OY ON OY ON OY OY OY OY OY OY OY OY OY
H (c 1. 2. 3. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY ON ON AND ON
H (c 1. 2. 3. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON WAY
H (c 1. 2. 3. 6. 7. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON WAY

2.	Which method of detection is used by the	ie respon	sible offi	cial?	-		
	Visual examination (condensed so	lvent on	exterior :	antjacez)	Ø		
	Physical detection (airflow felt through gaskets)						
	Odor (naticeable perc adar)			,	À		
	Use of direct-reading instrumenta	tion (FII)/PD/cal	orimetric tubes)	ū	DD - N/A	f i
	If using direct-reading instrume	ntation,	is the eq	uipment:			ĺ
	a. Capable of detecting p	erc vapo	r concent	trations in a range of 0-500 ppm?	ΩY	ND	
	b. Calibrated against a s (PID/FID only)?	tandard ;	gas prior	to and after each use	ΩY	ЙD	İ
	c. Inspected for leaks an	d obvicu	s signs of	wear on a weekly basis?	ΩY	ИП	
	d. Kept in a clean and so	scme ste	a when n	ot in use?	QΥ	אם	
	e. Verified for accuracy	by use of	Eduplicat	e samples (calorimetric only)?	ΠY	MП	
3.	3. Has the facility maintained a leak log?				QY	. ON	
‡ .	Does the responsible official check the	followin	g areas fo	r leaks?			
	Hose connections, fittings, couplings, and valves	ØΥ	ПN	Muck cookers	Ģ Y	. Ой	
	Door gaskets and seating	ĠΑ	ΩИ	Stills	ÞΥ	_ UN	W/
	Filter gaskets and seating	ØY	ПИ	Exhaust dampers	ΩY	אם י	
	Pumos	ĊΊΥ	ΠN	Diverter valves	ΩŸ	C ON	1/
	Solvent tanks and containers	\$ J₹	ПИ	Cartridge filter housings	€ D Y	ר סא	
	Water separators	PY	ПИ				
_	SHERRY RAMBY Name of Responsible Offici						
_	OCTAVIAN OPR	15		07/10/9	7		

Date of Inspection Inspector's Name (Please Print) Inspector's Signature

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
TOTAL CLEANERS INC.
2. Site Name (For example, plant name or number):
TOTAL CLEANERS. SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 10 and CT, P, 10/10 PO
4. Facility Location: 6900 STIRLING ROPD. Street Address:
City: HOLLYWOOD County: F2. Zip Code: 33024
-5. Facility Identification Number (DEP Use):
1985年1995年1995年1995年1995年1995年1995年1995年
Responsible Official
6. Name and Title of Responsible Official:
PATRICK SULTAN PRESIDENT
7. Responsible Official Mailing Address: 6900 (TIRIINII PA
Organization/Firm: Street Address:
City: HOLLYWOOD County: LLA. Zip Code: 3 3024
8. Responsible Official Telephone Number:
Telephone: (954) 962 - 6166. Fax: () -
Facility Contact (If different from Responsible Official)
Tuelini, Contact (I discrete it om Nesponsiale Citieda)
9. Name and Title of Facility Contact (For example, plant manager):
SHERRY RAMDASS- MANAGER
10. Facility Contact Address: 6900 STIRUNG RD
Street Address: City: HOLLYWOOD - County: FL Zip Code: 33074
City: HOLLYWOOD County: FL Zip Code: 330 Zy
11. Facility Contact Telephone Number:
Telephone: (954) 962 - 6/66 Fax: () -
RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

#011-2283

	Total Cleaners
D.14	1./a) add datescentral device(s)
7	1.(a) add datescentrol device(s) installed, if washer unot
	+dryer unit part of
	dry-to-dry unit, mark out
	Information on lines (4)
	(5), (7), +(8) and initial 1.(c) mark out X" and initial
	1.10) mark out 1X" and includ
	3. Should be new small area
	Source.
D.15	5.(f) required
p./5	5.(f) required
P.15	Source 5.(f) required
P.15	Source 5.(f) required

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93		#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		/3 /000 /	, , , , , , ,		en en la			erija je je j	<u>.</u>
(1) w/ ref. condenser			1	Ι		T	<u> </u>	T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2) w/ carbon adsorber		NA						1	
(3) w/ no controls		 		 					
Washer Unit	1.5				San Self of State	TANK N	- ;		Talley To Astron
(4) w/ ref. condenser		X		<u> </u>				T	T .
(5) w/ carbon adsorber		NA							
(6) w/ no controls		· · · · · · · · · · · · · · · · · · ·							
Dryer Unit	, Altrica		Aturi (H. Astr.	ja järjatelikyeni	i ne i de	50 -		-
(7) w/ ref. condenser		X							
(8) w/ carbon adsorber		MM							
(9) w/ no controls		1 1 1							
Reclaimer Unit	Jeff			A CONTRACT	rgar er brûkting				Jan Sagrice
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlons ow many? [e installed [oroethylene (perc)	_] purchased in				
What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classif urce [X]	ication only.)	ew sm	nall area sour	rce [3) of	Part II?	·
Existing large are	ea soi	ırce []	Ne	ew lai	ge area sour	ce [

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

4. What control technology is required on machines p (Indicate with an "X".)	ursuant 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 []	
5 A facility which contains non-exempt emissions up	nits shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	d 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	المحا
(b) Leak detection inspection and repair	ىلچا
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	oring N
(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)

	,
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
لك	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	LOR TOOK CLEANERS Date Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259257

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

MAIL ROOM

JAN 29 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

TOTAL CLEANERS INC PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024 AIRS ID# 0112283

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY INSPECTION SUMM	LAINT/DISCOVERY RE-INSPECTION
YPE OF FACILITY: Dry Chequers - P.	Perc. DATE: 07/10/97
ACILITY LOCATION: 6900 Stinling R	DATE: 07/10/97 d., Hollywood, Fl, 33024
ESPONSIBLE OFFICIAL: SHERRY RAMDA	S PHONE NUMBER: (954) 962-6166
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in Cougliance	
	-
· ·	
OMMENTS:	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES X NO
DATE OF NEXT INSPECTION: July 19	ravimata)

(Please Print)

INSPECTOR'S SIGNATURE:

PHONE NUMBER: (954/519-1420

Page 2 of 2.

Revised 10/96

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0112283 TOTAL CLEANERS INC PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024

		Do NOT Remove	Label	,		_
Annual Reporting Period:	AN 1	19 <u>97</u>	то	DEC	31	19_9
	TIME A REHEIST ST	r permit, my tacility	has rem	ained in com	pliance with I	DEP Rule
62-213.300, Florida Administrative Co	_	-		,		□NO
If NO, complete the following:		V. V. Dr				
#1. Term or condition of the general pe	ermit that has not	been in continuous co	ompliar	nce during the	reporting per	riod stated above:
		; ;				
Exact period of non-compliance: from		1 h		to		
Action(s) taken to achieve compliance:		, h			, Au , E.	,
Method used to demonstrate compliance	e:	1		•	· ·	
#2. Term or condition of the general pe	ermit that has not t	been in continuous co	omplian	ice during the	reporting per	riod stated above:
Exact period of non-compliance: from		<u>.</u>	t	o		
Action(s) taken to achieve compliance:		·			· ·	,
Method used to demonstrate compliance	e: <u>'</u>)		;	:	
		; h !				
As the responsible official, I hereby certify notification are true, accurate and complet does not exceed 2,100 gallons per year for	te. Further, my ani	nual consumption of p	erchloro	oethylene solve	nt, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: $PATR$	<i>IOK SULTS</i> Name (Please Pri	nt)	Luc	D full Signature	Town .	2/16/98/ Date
		· ·		,	<u>.</u>	

^{*}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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Total (Leoners		•	DATE: <u>07/10/97</u>
FACILITY NAME: Total C FACILITY LOCATION: 6900	Stilling	Rd; Hol	ly wood,	F1. 33024
				_
Annual Reporting Period:	ly	_19 <u></u> 97 to _	July	19_ <i>5</i> 2
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	that has not been in o	ontinuous complian	ce during the repor	ting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
#2. Term or condition of the general permit	that has not been in c	ontinuous complian	ce during the repor	ting 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: National Action (National Property of National Property	and complete. Furthe	r, my annual consun gallons per year fo	nption of perchloro r dry-to dry faciliti	ethylene solvent, based
				

Page \int of 2.

AUG 8 1997

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

BEST AVAILABLE COPY	MOITDESCRIBER AS NO SPECTION
TIME IN: 10:00 TIME OUT: 12:00	AIRS 10#: 0/1 2283
TYPE OF FACILITY: Dry Cleaning - 1	e.c.
FACILITY NAME: Total Cheaver's be	OATE: 04/07/98
FACILITY LOCATION: 6900 Stilling B	ol.
Hollyword, Fl. 330	
RESPONSIBLE OFFICIAL: PATRICE SULTAN	PHONE NUMBER (454) 962-6166
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Faulty 15 = Couplionce	Pr
	Bus May C. L
	THE SERVICE STATE OF THE SERVI
	B. A.
COMMENTS:	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector YES(** NO(**)
DATE OF NEXT INSPECTION:	1999
INSPECTION CONDUCTED BY: OCTAVIA	oximate) NOPRIS
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (957/519-142)
220-12	Seviced 10/96

BEST AVAILABLE COPY

01/22 83 DRY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOTAL	CLEANER.	I INC.	DATE:	4/7/98
FACILITY LOCATION: 6900	STIRUNG	RONA	0′	/ / .
HOLLYWOOD	FLD 33		54-962-6	1166
		/	2	
Annual Reporting Period: Mand	19	97 to	Conoli	19 <i>PP</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•	***	P Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in contin	uous compliance duri	ng the reporting period	1 stated above:
Exact period of non-compliance: from		to	Bur May &	
Action(s) taken to achieve compliance:			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~
Method used to demonstrate compliance:			The Month	, 0
#2. Term or condition of the general permit	that has not been in contin		og the reporting person	I crared above:
#2. Ferm of contagon of the general permit				
Exact period of non-compliance: from		. to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
		•		
Als the responsible official. I hereby certify, to made in this notification are true, accurate to upon purchase receipts, does not exceed 2, it combination facilities. RESPONSIBLE OFFICIAL: ### Constant Con	and complete. Further, my 00 gallons per vear for dry	Jaurel Consumption of the control of	oj perchloroethylene si 800 gallons per vear ji Man	olvent, based
िया	ine (r lease r rint)		ature /	/ / /

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

Page ____ of ____

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY O

TYPE OF INSPECTION: ANNUAL

RE-INSPECTIO	. С , ИС	PK
	7/98 TIME IN: 10:00 TIME 8417:1	N. O. W.
FACILITY NAME: Total Cle	72	ا رحم
FACILITY LOCATION: 6900 ST	Mino Rd.	4 39
Holly wor	N, Fl. 33024	TO THE STATE OF TH
RESPONSIBLE OFFICIAL: Patrick	Sultan PHONE: (954) 962-	6/66
CONTACT NAME:	PEONE:	
	· · · · · · · · · · · · · · · · · · ·	
PART I: NOTFICATION		
(check appropriate box)		
L. New facility notified DARM 30 days prior to sta	πυρ	ם :
2. Facility failed to notify DARM to use general pe	mit	ت ت
Facility indicated on notification form that it is: (check appropriate box)	☐ No nottlication form ☐ Drop store/out of business/pe	:toleum
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 \$279/91)	2. New small area source dry-to-dry only, $x \le 140$ gallyr transfer only, $x \le 200$ gallyr both types, $x \le 140$ gallyr (constructed on or after $\{2/9/91\}$)	;
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.300$ gal/yr both types, $140 \le x \le 1.300$ gal/yr reconstructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$)	·
5. This is a correct facility classification	XOY □N □Cun not determine	
	cation: necal permit as numberabove nits and is not eligible for a general permit	
B The total quantity of perchloroethylene (perc) perculing was 46 gallons	urchased within the preceding 12 months by this dr	y cleaning

(check appropriate boxes) AIND ND YE 1. Storing perchloroethylene in tightly sealed and impervious containers? BY DN DNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MY DW 4. Draining cartridge filters in their housing or in sealed containers for at AND NO YE least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AWE NO YOU 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 8 below). Curbon adsorber must have been installed prior to September 22, 1993 (f classification 4 has been chécked, 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) NC YC 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AME NE YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AME NE YE condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45" E? AME NE YE 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

DY DN

verifying that the coolant had been completely charged?

_		
	B. Has the responsible official of an existing large or new large area source also:	
	1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צם
-	 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	אאם אם צם
	Is the temperature differential equal to or greater than 20° F?	אואם אם אם.
	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?	אַעָם אָם אָרַם.
	Is the perc concentration equal to or less than 100 ppm?	אאם אם אם
	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?	אעם אם אם
	 Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 	אואם אם יצם
Ĺ	6. Routed airflow to the carbon adsorber (if used) at all times?	באם אם צם
_		
	PART V: RECORDKEEPING REQUIREMENTS	
3	Has the responsible official: (check appropriate boxes)	
	1. Maintained receipts for perc purchased?	AY ON

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	gar on
2. Maintained rolling monthly total of perc consumption?	MY DN
3 Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired with 24 hrs? or:	אואם אם אאי
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אליא בו אם אלא בו
4 Maintained calibration data? Gor applicable direct reading instruments)	איאבל אם אם
5 Maintained exhaust duct monitoring data on perc concentrations?	ANA NO YO
6 Maintained startup/shutdown/malfunction plan?	12 Y □ W
7 Maintained deviation reports?	MY ON OWA
Problem corrected?	אואם אם אַל
3 Maintained compliance plan, if applicable?	אאם אם אם
1	

BEST AVAILABLE COPY

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		•	AL ON	
2.	Has the facility maintained a leak log?			MD YM	
3.	Does the responsible official check the fo	llowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	AL ON ONA	Muck cookers	אין סא סאיא	
	Door gaskets and seating	AY ON ONIA	Stills	AND NO Y	
	Filter gaskets and seating	AND NO NA	Exhaust dampers	OY ON ANY	
	Pumps	RY ON ONIA	Diverter valves	אאש אם צם	
	Solvent tanks and containers	RY ON ONY	Cartridge filter housings	DY DN DKIA	
	Water separators	RY ON ONY			
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	DXN/A			
	Halogen leak detector	DXNA			
	ff using direct-reading instruc	nentation, is the equipme	ent:	×11/2	
	a. Capable of detecting pe	re vapor concentrations in	a range of 0-500 ppm?	אם אם	
	b. Calibrated against a sta (PD/FD only)?	ndard gas prior to and afte	er each use	אם צם	
	c. Inspected for leaks and	obvious signs of wear on a	a weekly basis?	אם פר	
	d. Kept in a clean and sec	ure area when not in use?		אם צם	
	e. Verified for accuracy by	vuse of duplicate samples	(calonimetric only)?	אם אם	
	•		•	:	
_					
			•		

OCTAVIAN OPRI	, c
---------------	-----

Inspector's Name (Please Print)

Inspector's Signature

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			,	
FACILITY NAME: Tota	(leoners		I	DATE: <u>07/10/97</u>
FACILITY NAME: Total FACILITY LOCATION: 69	00 Stirling	Ret; Holl	y wood, t	<u>-1. 33024</u>
·				
Annual Reporting Period:	July	19 <u></u>	July	19_ 5'8 2
Based on each term or condition of t 62-213.300, Florida Administrative		•	<u> </u>	vith DEP Rule
If NO, complete the following:	<i>,</i> '			
#1. Term or condition of the genera	I permit that has not been in	continuous compliance	during the reporting	ng period stated above:
Exact period of non-compliance: fro	m	to)	
Action(s) taken to achieve compliance	œ:			<u> </u>
Method used to demonstrate complia	nce:		· .	
#2. Term or condition of the general	permit that has not been in	continuous compliance	e during the reportin	ng period stated above:
Exact period of non-compliance: from	m	to_		
Action(s) taken to achieve compliance	ee: <u>· </u>			
Method used to demonstrate complia	nce:	·		
As the responsible official, I hereby a made in this notification are true, ac upon rolling averages of purchase re year for transfer or combination faci	curate and complete. Furtheceipts, does not exceed 2,10	er, my annual consump	otion of perchloroeth	hylene solvent, based
RESPONSIBLE OFFICIAL:	SHERRY R Name (Please Print)	AMDASS =	Sherry K Signature	ambles 9/1/19
		<u> </u>		·

*This form is made available to you as an aid in order to meet your annual compliance entitle the discretion of the responsible official to use this form.

Page \int of 2.

AUG 8 1997

on the reverse side?	■ Complete liergs 1 and/or 2 for additional services. ■ Complete Items 3, 4a, and 4b. ■ Print your haine 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. ■ White "Return Receipt Requested" on the mailpiece below the article was delivered and delivered.	e does not e number.	I also wish to rectiful owing service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address
IN ADDRESS completed	AIRS ID # 0112283 TOTAL CLEANERS PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024	4a. Article N 2 33 4b. Service Registere Express I Return Rec 7. Date of De	Type ad Mail ceipt for Merchandise	Certified COD COD Cor no. Neurun Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811, December 1994	8. Addressed and fee is	Pis Address (Only paid) Domestic Ret	Thar

.

	Z	333	P 17 3	462	a 01 (7
Rec No Ins	urance	for Ce	rtified e Provide	d.	1.99	١
Do no			AII	RS ID# (0112283	3
TOTAL						
PATRIC						
6900.ST						
HOLLY	WOOD	FL 330	24			
			Ψ			
Certifie	d Fee					
Special	Delivery	Fee				
	ed Delive	ary Fee				
Return Whom	Receipt \$ & Date D	Showing to elivered			$\neg \neg$	
	eceipt Sho lddressee's	wing to Whon Address	n,			
TOTAL	Postage	& Fees	\$			
Postma	rk or Date	8	_			
Ē						
S S						
ا يَهَ						

PERCHLOROETHYLENE DRY CLEANERS FLD 0975/1084

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	7 📮
	RE-INSPECTION		REC	
·			······	»
AIRS ID#: <u>८११ २</u> %३	•		: 13:45 TIME OUT	ED
FACILITY NAME:	al Cleaners, Inc	c	B_{II}	100
FACILITY LOCATION: <u>6</u>			Bureau of Air Mobile Sou	rcer ing
<u> Ho</u>	My wood, FL	33024		
RESPONSIBLE OFFICIAL :	Patrick Sultan		PHONE: <u>954-962</u>	- 616]
CONTACT NAME:		!	PHONE:	
PART I: NOTIFICATION				
(check appropriate box)	22.			
1. New facility notified DARM	•			
2. Facility failed to notify DAR	M to use general permit			
•				
PART II: CLASSIFICATION	T			
Facility indicated on notification			☐ No notification form	_
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business	s/petroleum
Facility indicated on notification	on form that it is:		☐ Drop store/out of business	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourdry-to-dry only, x < 140 gal/y	on form that it is: ce \$\forall 6 2. N yr dry-t	few small are	☐ Drop store/out of business ea source ☐ < 140 gal/yr	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce \$\forall 6 2. N dry-t trans	lew small are to-dry only, x sfer only, x <	☐ Drop store/out of business ca source ☐ < 140 gal/yr 200 gal/yr	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce 2. N yr dry-t trans both	few small are to-dry only, x sfer only, x < types, x < 14	☐ Drop store/out of business ea source ☐ < 140 gal/yr 200 gal/yr 0 gal/yr	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce 2. N yr dry-t trans both	few small are to-dry only, x sfer only, x < types, x < 14	☐ Drop store/out of business ca source ☐ < 140 gal/yr 200 gal/yr	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source.	on form that it is: ce 2. N dry-t trans both (cons	lew small are co-dry only, x sfer only, x < types, x < 14 structed on or	☐ Drop store/out of business ca source ☐ < 140 gal/yr 200 gal/yr 0 gal/yr c after 12/9/91) ca source ☐	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is: ce 2. N yr dry-t trans both (cons	lew small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 1	□ Drop store/out of business ea source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ gal/yr}$	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is: ce 2. N yr dry-t trans both (cons	Iew small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 1 sfer only, 200	□ Drop store/out of business ea source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ gal/yr}$	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is: ce 2. N yr dry-t trans both (cons ce 4. N 100 gal/yr dry-t 0 gal/yr trans gal/yr both	lew small are to-dry only, x sfer only, x < 14 structed on or to-dry only, 1 sfer only, 200 types, 140 \(\)	□ Drop store/out of business ea source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ gal/yr}$	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	on form that it is: ce yr dry-t trans both (cons ce 100 gal/yr 0 gal/yr gal/yr both (cons	lew small are to-dry only, x sfer only, x < 14 structed on or lew large are to-dry only, 1 sfer only, 200 types, 140 < structed on or structed or stru	Drop store/out of business a source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ gal/yr}$	s/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the please check the angle of the property	on form that it is: ce yr dry-t trans both (cons ce 100 gal/yr 0 gal/yr gal/yr both (cons	lew small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 1 sfer only, 200 types, 140 ≤ structed on or □N	□ Drop store/out of business a source	s/petroleum

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? XY ON ON/A MAY ON ON/A 2. Examining the containers for leakage? May □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXN/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 DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? QY QN QN/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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON	N/A
	Is the temperature differential equal to or greater than 20° F?		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?		V/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON	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?		N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם אם	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY □N 1. Maintained receipts for perc purchased? XY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: YOY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days SAY ON ON/A and parts installed w/in 5 days of receipt? □Y □N ÇXN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN \$MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YES 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN MANA OY ON MINA Problem corrected? DY DN ON/A 8. Maintained compliance plan, if applicable?

P	PART VI: LEAR DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				D Y	ПN	
2.	Has the facility maintained a leak log?				ÞΥ	ПN	
3.	Does the responsible official check the	follow	ing areas for leaks?				
	Hose connections, fittings, couplings, and valves	ΔIY	□N □N/A	Muck cookers	$\mathcal{R}^{\scriptscriptstyle \mathrm{Y}}$	מם אם	N/A
	Door gaskets and seating	M Y	□N □N/A	Stills	XY	מם אם	N/A
	Filter gaskets and seating	5 Y	□N □N/A	Exhaust dampers	YY	מם אם	N/A
	Pumps	YY	ON ON/A	Diverter valves	Μ Υ	מם אם	N/A
	Solvent tanks and containers	\$ Y	ON ON/A	Cartridge filter housings	PY	ום אם	N/A
	Water separators	5 Y	□N □N/A				
4.	Which method of detection is used by t	he resp	onsible official?				
	Visual examination (condensed se	olvent	on exterior surfaces)		A		
	Physical detection (airflow felt th	rough į	gaskets)		74		
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector						
	If using direct-reading instr	ument	ation, is the equipm	ent:	A(N)	A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				a range of 0-500 ppm?	ŪΥ	ПN	
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					ΟY	ПN	
	c. Inspected for leaks an	d obvi	ous signs of wear on	a weekly basis?	ΩY	ΠN	
	d. Kept in a clean and s	ccure a	rca when not in use?		ПY	ПN	
	e. Verified for accuracy	by use	of duplicate samples	(calorimetric only)?	ΩY	□N	
					•		
				-			
_	Elizabeth E SuSky Inspector's Name (Please Prin	nt)		6 2/99 Date of Inspe	ction		
)		, .			
	Elizabeth F. Qusky			6/2/00			
	Inspector's Signature			Approximate Date of 1	Next I	nspection	n

V61720 02/12/2/

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Total Cleaners	DATE: 6/2/99
FACILITY LOCATION: 6900 Strul	73 Rd. 33024
Annual Reporting Period:	1998 TO March 1999
	I air permit, my facility has remained in compliance with DEP Rule uring the period covered by this statement. YES NO
If NO, complete the following:	
il. 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:	
≠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:	·
made in this notification are true, accurate and comp	information and belief formed after reasonable inquiry, that the statements lete. Further, my annual consumption of perchloroethylene solvent, based is per year for dry-to dry facilities or 1,800 gallons per year for transfer or solvent. 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.

Page 1 of 1.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST			
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY			
RE-INSPECTIO	ри 🗆			
· · · · · · · · · · · · · · · · · ·	TIME IN: 9:59 ma TIME OUT: 10:15 mm			
FACILITY NAME: Total Cleaner,	Inc. P			
FACILITY LOCATION: 6900 Sheling	Rd.			
Hollywood, F				
RESPONSIBLE OFFICIAL: Patrick Su	11 Jun PHONE: 9-62762-614			
1	PHONE:			
	07			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to sta	rtup			
2. Facility failed to notify DARM to use general pe	rmit			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum			
1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr transfer only, x < 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 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	□N □Can not determine			
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 The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was Sqallons.				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A □N □N/A 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Curbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \square Y \square N

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	אם אם				
2. Maintained rolling monthly total of perc consumption?	DY DN				
3. Maintained leak detection inspection and repair reports for the following:	No leaks past				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DYN/A				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY 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?	DAY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	OY ON DANIA				
Problem corrected?	OY/ON OX/A				
8. Maintained compliance plan, if applicable?	OV ON ON/A				

r P	RT VI: LEAR DETECTION AND R	CEPAIRS				
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?				DY DN	
3.	Does the responsible official check the	following are	eas for leaks?	•		
	Hose connections, fittings, couplings, and valves	מס אם	□N/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	DY ON	□N/A	Stills ·	DY ON ON/A	
	Filter gaskets and seating	MY ON	□N/A	Exhaust dampers	DY ON ON/A	
	Pumps	MY ON	□N/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	DAY ON ON/A	
	Water separators	MY ON	□N/A			
4.	Which method of detection is used by the	h e responsibl	le official?			
	Visual examination (condensed so	olvent on exte	erior surfaces)			
	Physical detection (airflow felt thr	rough gasket	s)		۵	
	Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					□N/A	
	OY ON					
	OY ON					
	c. Inspected for leaks an	d obvious sig	gns of wear on a	a weekly basis?	OY ON	
	d. Kept in a clean and so	cure area wl	hen not in use?		OY ON	
	c. Verified for accuracy			(calorimetric only)?	OY ON	
		·	• 			
_	Elizabeth F. Susky			06/15/cx)		
	Inspector's Name (Please Prin	nt)		Date of Inspec	ction	
	Charlet Dudy 66/15/01					
	Inspector's Signature			Approximate Date of I	Next Inspection	

And Arms

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Total Cleaners, Inc	DATE: 06/15/W
FACILITY LOCATION: 6900 Stirling Rd.	·
H	
Hollywood, Fr 33024	
Annual Reporting Period: Tune 1999 TO Dune	_20 <u>&</u> \
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.	S \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	ng period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquir in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities. RESPONSIBLE OFFICIAL: PNTRICK SULTAN Paluch Signature Name (Please Print) Signature	solvent, based upon

^{*}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.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0112283001AG	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
10 AIRS ID # 0112283001AG PATRICK SULTAN TOTAL CLEANERS	2. Contine Time
6900 STIRLING ROAD HOLLYWOOD FL 33024	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0520 0020 9372	7459
PS Form 3811, July 1999 Domestic Ret	urn Receipt / 102595-99-M-1789

	U.S. Postal Servi CERTIFIED M (Domestic Mail	ided)		
59		·		100
7			r	
75	Postage	\$		Z
93	Certified Fee			6,
밉	Return Receipt Fee (Endorsement Required)		Postmark Here	14.
	Restricted Delivery Fee (Endorsement Required)			13
믒	Total Postage & Fees	l. \$	l	7
0520	Recipie 10 PATRICK	AIRS ID # 011	2283001AG	0
_	Street, A TOTAL CI			,)
2000	6900 STIR	LING ROAD OOD FL 33024		- Eg
	PS Form		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	delions.



Piease 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

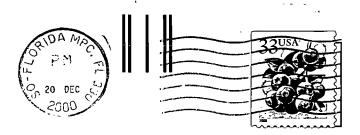
AIRS ID # 0112283

TOTAL CLEANERS PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024

of the

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQ: ALS
Fund: 20-2-035001 ODDI:: 002273

TOTAL CLEAMERS, INC. 6900 STIRLING ROAD DAVIE, FL 33024 (954) 962-6166



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 card to you. Attach this form to the front of the mailpiece, or on the back if signermit. Write "Return Receipt Requested" on the mailpiece below the authority and the second the seco	pace does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AIRS ID 0112283 TOTAL CLEANERS INC PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024	4a. Article N 4b. Service Register Express Retum Re 7. Date of Do	Type ed Certified Mail Insured ceipt for Merchandise COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Receipt

. Z 333 673 740 US Postal Service Receipt for Certified Mail No Incurance Coverson Provided AIRS ID 0112283 TOTAL CLEANERS INC PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303069

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 19 98

Do NOT Remove Label

AIRS ID 0112283

TOTAL CLEANERS INC PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL 33024 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03500: Obi.: 002273

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360932

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 # 0112283

TOTAL CLEANERS
PATRICK SULTAN
6900 STIRLING ROAD
HOLLYWOOD FL 33024

MAIL RO

FOR GOVERNMENT USE ON ATTEMPT OF 12
Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391675

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

