

Department of Environmental Protection

Lawton Chiles

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Harry Green President Plaza Cleaners 9980 Griffin Road Cooper City, Florida 33328

Re: Facility I.D. No. 0112288

Dear Mr. Green:

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 November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

#0112288
9-30 Spoke to Harry
Green, he uses
approx. 3,120gal/yr
of propane

P. 14

1.(a) place dates in approp. boxes

3. New Small area Source Should De marked

P.15

5. first box should be marked

(b), (c) + (f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Shelly Cuterpris Tue						
2.	Site Name (For example, plant name or number):						
	Ploza Cleavers						
3.	Hazardous Waste Generator Identification Number:						
	FLD 087 359 105 Facility Location: 9980 Bruffur Rd.						
4.	Facility Location: 9980 Briffin Rd. Street Address:						
	City: Cooper City County: Broward Zip Code: 33328						
5.	Facility Identification Number (DEP Use)						
Responsible Official							
6.	Name and Title of Responsible Official:						
	Harry Free pres.						
7.	Responsible Official Mailing Address:						
	Organization/Firm: Street Address: 9980 Griffin Rd						
	City: County: Broward Zip Code: 3 33 > 8						
8.	Responsible Official Telephone Number:						
	Telephone: (954) 434-4469 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10	Facility Contact Address:						
10.	active Contact Facilities.						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

RECEIVED

SEP. 3 1996

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

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 Machino Example 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	#1	Purchased 03-OCT-93	Installed 12-NOV-93	#2	08-DEC-91	Installed	#3	Purchased 02-MAR-92	02-MAR-9
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		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(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									
(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							-		
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser							-		
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser		47.1					· · .		
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser									
(6) w/ no controls Dryer Unit (7) w/ ref. condenser					1				
Dryer Unit (7) w/ ref. condenser		1: " + 1							
(7) w/ ref. condenser	Į	1: " 1	1						
							٠.,	A STATE OF THE STATE OF	
(8) w/ carbon adsorber									
I(a) w empon adaptives									
(9) w/ no controls									
Reclaimer Unit							. :	2004	Search of the
(10) w/ ref. condenser							_		
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are a (c) No control devices a 2.(a) What was the total question of the control devices a (b) If less than 12 month Check why it is less	are re uantii galloi ns, ho	quired to be ty of perchlons w many? [_	installed [_ proethylene (] months	perc)	_] purchased in				[:]
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large area	Select a sou	one classifi	p∕ation only.) Ne	w sm	nitions found nall area sour	ce [3) of 1	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notifical (Indicate with an "X".)	tion 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 units shall not be eligible to use the general per to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the fo 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curduring which propane or fuel oil containing no more than one percent sulfur is fired.	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirements of this gen	eral permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

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)
	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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	Harry Free 7/29/96

BEST AVAILABLE COPY AN SUMMMART REPURI ANNUAL P RE-INSPECTION TYPE OF INSPECTION: COMPLAINT/DISCOVERY TIME OUT: 4:30 TIME IN: AIRS ID#: DATE: 12-1597 FACILITY LOCATION: 9980 Griffin Road 33328 PHON'E NUMBER: 434-4469 RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in 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. YES NO DATE OF NEXT INSPECTION: B Romas
(Please Print) INSPECTION CONDUCTED BY: PHONE NUMBER: 519-1459 INSPECTOR'S SIGNATURE:

Page of

Revised 10/96

BEST AVAILABLE COPY ANNUAL	ER AIR QUALITY C	GENERAL PERMIT	0112288
FACILITY NAME: PLZZ FACILITY LOCATION: 9980 9 Cooper		•	TE: <u>12-15-9</u> 7
		TO Decemb	1997
Based on each term or condition of the Title V62-213.300, Florida Administrative Code (F.A. If NO, complete the following: #1. Term or condition of the general permit to	A.C.), during the period covered	by this statement. TYES	□ио
Exact period of non-compliance: from	that has not been in continuous o	JAN 2 6 1998 Bureau of Air Monitoria compliance during the reportations of Mobile Sources	
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:		to	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL: HARRINA	nd complete. Further, my annu ioes not exceed 2,100 gallons pe	al consumption of perchloroethy er year for dry-to dry facilities o	lene solvent, based r 1,800 gallons per
*This form is made available to you as an aid discretion of the responsible official to use the	l in order to meet your annual cois form.	ompliance certification requirem	ents. It is at the

Page _____ of _____.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Wrong Pates Broward

AIRS ID#0112288
SHELLY ENTERPRISES INC
HARRY GREEN
9980 GRIFFIN ROAD
COOPER CITY FL 33328

(ce)

				<u> </u>	
]	Do <u>NOT</u> Remo	ve Label		
Annual Reporting Period:		19	_ то		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•	, •	-	<u> </u>	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been	n in continuo	us compliance dur	ring the reporting per	iod 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	1 in continuou	ns compliance dur		·
Exact period of non-compliance: from			to	RECE	IVED
Action(s) taken to achieve compliance:				TIAN	1 1998
Method used to demonstrate compliance:				Bureau of	Air Monitoring le Sources
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annua	l consumption	of perchloroethyle.	ne solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: #A ROT Nar	e (Please Print)	EF N	Herry	Low	1/1498 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112288 SHELLY ENTERPRISES INC HARRY GREEN 9980 GRIFFIN ROAD COOPER CITY FL 33328

•	•	D0 <u>NC</u>	T Remove I	Label				
Annual Reporting Period:	<u> </u>	12	_19 <u>97</u>	то	ZW	ι2		19 <i>2</i> 7
Based on each term or condition of the	Title V gener	ral air permit,	my facility	has remaine	d in comp	liance with	DEP Rule	2
62-213.300, Florida Administrative Co						YES	\square_{N}	
		•						
If NO, complete the following:								
#1. Term or condition of the general pe	ermit that has	not been in c	ontinuous c	ompliance d	luring the	reporting p	eriod 570	d above:
						100	1	1
				•		2 6 5	E (7
Exact period of non-compliance: from				to		N N N	2	<u>n</u>
Action(s) taken to achieve compliance:		•				of Air Aobile	~ .	
risdon(s) alicen to delibere compriance.		ě.				hair Monitori Sources	199	
Method used to demonstrate complianc	e:					<u> </u>	6	<u></u>
						is sing		
+ #2. Term or condition of the general pe	ermit that has	not been in co	ontinuous c	ompliance d	uring the	reporting pe	riod state	d above:
-						\ F (C)	- 116	- D
Exact period of non-compliance: from				to	<u> </u>	(EC		
Action(s) taken to achieve compliance:							A 6 600	
Method used to demonstrate compliance	a·					JAN	2 1 199	0
rection used to deficits take compilation	- .					Bureau o		
·						& Mo	bile Sour	ces
As the responsible official, I hereby certify	, based on inf	ormation and b	elief formed	after reason	able inquir	y, that the s	atements	made in this
notification are true, accurate and comple	te. Further, n	ny annual consi	imption of p	erchloroethy	lene solver	u, based upo	n purchas	
does not exceed 2,100 gallons per year for	ary-to ary fac.	шиes or 1,800 <u>(</u>	gallons per y	ear for trans	fer or com	bination Jac	шпеѕ.	
148	アスン	CDGC	- N -	1612	,			(Sap
RESPONSIBLE OFFICIAL:	Name (Please	U人 V C	<u> </u>	- Jarry		eu _	- <u> </u>	1 24 /5
·	raine (Fleat	se fillit)		, j	guatare		D	alc
				. <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.

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2288 DATE: 12-15-	97 time in: 3:30 time out: 4:30					
FACILITY NAME: Plaza Clesners						
FACILITY LOCATION: 9980 Griffin Road						
Cooper Cit	Florida 33328					
· · · · · · · · · · · · · · · · · · ·	PHONE: 434-4469					
	ree~ PHONE: 434-4469					
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DAFM 30 days prior to sta	rtun 🗆					
2. Facility failed to notify DARM to use general pe						
2. Facility failed to notify DARWI to use general pe	mut , d					
PART II: CLASSIFICATION						
Facility indicated on antification form that it is: (check appropriate botto	☐ No notification form ☐ Drop store/out of business/petroleum					
Facility indicated on antification form that it is:	β					
Facility indicated on notification form that it is: (check appropriate botto A. 1. Existing small areas source dry-to-dry only, x < 1+3 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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					
Facility indicated on notification form that it is: (check appropriate botto 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 \(\leq x \leq 2.100\) gal/yr transfer only, 200 \(\leq x \leq 1.800\) gal/yr both types, 140 \(\leq x \leq 1.800\) gal/yr	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr					
Facility indicated on notification form that it is: (check appropriate bott) 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 \(\leq x \leq 2.100\) gal/yr transfer only, 200 \(\leq x \leq 1.800\) gal/yr both types, 140 \(\leq x \leq 1.800\) gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification of the constructed for a general construction fo	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 $12/9/91$) 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 $12/9/91$) $\square Y \square N \square Can not determine$					

(check appropriate boxes) ØY ON ON/A 1. Storing perchloroethylene in tightly scaled 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OX 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) OY ON 1. Equipped all machines with the appropriate vent controls? MY 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 CY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated מני טא condenser on a weekly/bi-weekly basis? באס אם אוא 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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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?	QY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩX	ПN	$\square N / \triangle$
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	O _Z	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ДΝ	□N//-
_				

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY ON 1. Maintained receipts for perc purchased? DY ON 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ONA 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 ND YO and parts installed wiin 5 days of receipt? AMD ND PR 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ONA 5. Maintained exhaust duct monitoring data on perc concentrations? MD YD 6. Maintained startup/shutdown/malfunction plan? AIN'D ND YM 7. Maintained deviation reports? ON ON/A Problem corrected? MY ON ONA 8. Maintained compliance plan, if applicable?

P.A	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	nd repair			
	inspection?			ØÝ ON			
2.	Has the facility maintained a leak log	?		ETY ON			
3.	Does the responsible official check the	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	ØY ON ON∕A	Muck cookers	ØÝ □N □N/A			
	Door gaskets and seating	ØY □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	ZÝ ON ON/A	Exhaust dampers	ZY ON ON/A			
	Pumps	QY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	מאס מס אפ			
	Water separators	ØÝ □N □N/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)	e			
	Physical detection (airflow felt t	hrough gaskets)		ø .			
	Odor (noticeable perc odor)			a			
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	Ø ;.			
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and	secure area when not in u	se?	OY ON			
	e. Verified for accurac	ry by use of duplicate samp	oles (calorimetric only)?	OY ON			
<u> </u>							
	2 1		D. a. la/	15.197			
-	Inspector's Name (Please P	rint)	December Date of Insper	ection			
	a am 1		Decen	ber 1998			
_	Inspector's Signature		Approximate Date of				

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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Plaza Cheavers	: 64/05
FACILITY LOCATION: 9980 Griffig	Rol. CE 199
Cooper City	Flacido DE 22 200 monitorino
	Air could
Annual Reporting Period:	1998 TO April 1999
Based on each term or condition of the Title V general air p	ermit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during t	ne period covered by this statement. TYES NO
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been	en 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 bee	n in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<i>,</i>
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. I	ation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based therefore dry-to dry facilities or 1,800 gallons per year for transfer or REEN Harry Green 04/05/99 Sibhature Date
ivanie (riease Princ	Jake 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

TYPE OF INSPECTION:	ANNUAL	COMPLAINT	/DISCOVERY		
	RE-INSPECTION	a	•		
					
AIRS ID#: 01/2288 I			TIME OUT: _/	1:00	
FACILITY NAME:					
FACILITY LOCATION:9	1980 Gri	Sin Rol			
(Cooper Cit	y, Florida 33	328		
RESPONSIBLE OFFICIAL :		PHONE: (95	-4) 434-	4469	
CONTACT NAME:		PHONE:			
				:1	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	30 days prior to startu	p			
2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box)	n form that it is:	☐ No notificat ☐ Drop store/o	tion form out of business/pet	rolcum	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r d u b	. New small area source ry-to-dry only, $x < 140$ gal/yr ransfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/91$)			
3. Existing large area sourcedry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ graph (constructed before 12/9/91)	00 gal/yr d) gal/yr tu al/yr b	New large area source ry-to-dry only, $140 \le x \le 2,100$ ransfer only, $200 \le x \le 1,800$ galon oth types, $140 \le x \le 1,800$ galon constructed on or after $12/9/91$)	gal/yr al/yr yr		
5. This is a correct facility cla	ssification C	Y □N □Can not dete	ermine		
	qualified for a gener	on: al permit as number and is not eligible for a genera			
B. The total quantity of perchlor facility was <u>40</u> gallons.	oethylene (perc) purc	hased within the preceding 12 i	months by this dry	cleaning	

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	Ø Y ON ON/A			
2. Examining the containers for leakage?	NA ON ONIA			
3. Closing and securing machine doors except during loading/unloading?	MO AG			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊌Y □N □N/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON UN/A			
DARTH. BROOKS MENT 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 refu (complete A below).	rigerated condenser			
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 refu (complete A and B below).	rigerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	OY ON	□n/a
	Is the perc concentration equal to or less than 100 ppm?	OY 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?	OÝ ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO N 1. Maintained receipts for perc purchased? MY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY 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 MY ON ON/A and parts installed w/in 5 days of receipt? DY DN **V**N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN BN/A 5. Maintained exhaust duct monitoring data on perc concentrations? AD DN 6. Maintained startup/shutdown/malfunction plan? DY ON WINA 7. Maintained deviation reports? DY DN RNA Problem corrected? DY DN ZNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DE	TECTION AND REPA	IRS			
l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?	₽ A □N				
2. Has the facility main	tained a leak log?		•	ØY □N	
3. Does the responsible	official check the follow	ring areas for leaks?			
Hose connectio couplings, and		ON ON/A	Muck cookers	UY ON ON/A	
Door gaskets a	nd seating	ON ON/A	Stills	ØY ON ON/A	
Filter gaskets a	nd seating b Y	⊓N □N/A	Exhaust dampers	RA ON ON/Y	
Pumps	d 2/Y	ON ON/A	Diverter valves	Y ON ON/A	
Solvent tanks a	and containers	⊓N □N/A	Cartridge filter housings	Y ON ON/A	
Water separato	rs U Y	⊓N □N/A			
4. Which method of det	tection is used by the res	ponsible official?			
Visual examina	ation (condensed solvent	on exterior surfaces)		Ø	
Physical detect	ion (airflow felt through	gaskets)		M	
Odor (noticeab	le perc odor)			Ø	
Use of direct-re	eading instrumentation (FID/PID/calorimetric	tubes)	□ N/A	
Halogen leak d	etector			o '	
If using di	rect-reading instrumen	tation, is the equipm	ent:	□N/A	
a. Ca	pable of detecting perc v	apor concentrations in	a range of 0-500 ppm?	OY ON	
	librated against a standa D/FID only)?	rd gas prior to and aft	er each use	OY ON	
c. Ins	pected for leaks and obv	ious signs of wear on	a weekly basis?	□Y □N	
d. Ke	pt in a clean and secure	area when not in use?		□Y □N	
e. Ve	rified for accuracy by us	e of duplicate samples	(calorimetric only)?	OY ON	

OCTAVIAW OPRIS	04/05/99
Inspector's Name (Please Print)	Date of Inspection
A.A.	April 2000
Inspector's Signature	Approximate Date of Next Inspection

TE .TILUKUEIHYLENE DRY C' EANERS

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	e c	COMPLAINT/DISCOVERY	
· · · · · · · · · · · · · · · · · · ·	RE-INSPECTION	a	PE	
AIRS ID#: 6 A 1 2286 FACILITY NAME: 9 FACILITY LOCATION: 6 (RESPONSIBLE OFFICIAL:	DATE: 10/3/00	TIME IN:	1415 TIME OUT:	BJO
FACILITY NAME:	1229 Cleaner	2	* Year	3
FACILITY LOCATION:	9980 Ontfin	Rel	Mosi Air Co	
(Soper City, NE	1 3 332	E VOLITO,	×
RESPONSIBLE OFFICIAL :	MARRY GRE	EEN PI	HONE: 434- 44	29
CONTACT NAME:	11 11	PI	HONE: 10 9	′
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup	•		o o
2. Facility failed to notify DAR	M to use general permit			
PART II: CLASSIFICATION	(
Facility indicated on notification (check appropriate box)			No notification form Drop store/out of business/pet	rolcum
Facility indicated on notification	on form that it is: ce		Drop store/out of business/pet source 140 gal/yr 0 gal/yr gal/yr	rolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y 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 (consect 4. N 100 gal/yr dry-t or gal/yr trans gal/yr both	Iew small area to-dry only, x < sfer only, x < 20 types, x < 140 types, x < 140 types tructed on or all (ew large area so-dry only, 140	Drop store/out of business/pet source \square 140 gal/yr 0 gal/yr gal/yr (ter 12/9/91) source \square $\leq x \leq 2,100$ gal/yr $x \leq 1,800$ gal/yr $\leq 1,800$ gal/yr	rolcum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, 1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce 2. No dry-t trans both (constant dry-t) ce 4. No dry-t trans dry-	Iew small area to-dry only, x < ofer only, x < 20 types, x < 140 types, x < 140 types, x < 140 total area of the large area of the large area of the large area of types, 140 ≤ x structed on or all types, 140 ≤ x structed on or all types.	Drop store/out of business/pet source \square 140 gal/yr 0 gal/yr gal/yr (ter 12/9/91) source \square $\leq x \leq 2,100$ gal/yr $x \leq 1,800$ gal/yr $\leq 1,800$ gal/yr	rolcunı
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, 1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility	on form that it is: ce 2. No dry-terans both (constant) ce 4. No dry-terans both (constant) ce 4. No dry-terans both (constant) callyr both (constant) assistication TY appropriate classification: y qualified for a general property exceeds above limits and	lew small area to-dry only, x < ofer only, x < ofer only, x < 140 g structed on or all (ew large area to-dry only, 140 fer only, 200 < of types, 140 < x of types, 140 < x of types, 140 < x of tructed on or all left o	Drop store/out of business/pet source 140 gal/yr 0 gal/yr gal/yr fter 12/9/91) source \(\leq \times \leq 2,100 \text{ gal/yr} \) \(\times \leq 1,800 \text{ gal/yr} \) \(\times 1,800 \text{ gal/yr} \) \(\	

PART III: GENERAL CO. ROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	ery on ona
2. Examining the containers for leakage?	dy on ona
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ey on on/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON EM/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	· ·
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	N/A
1. Equipped all machines with the appropriate vent controls?	ОУ ОИ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NN

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

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

Approximate Date of Next Inspection

Inspector's Signature



AIRS ID#:

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	1.5				
FACILITY NAME:	Plazo	Cleoners			DATE: 10/3/50
FACILITY LOCATION:	9950	Griffin Rd.			
	Coop	er City FL. 3	3328		
					
Annual Reporting Period:	Oct.	3 20	<u>о</u> то	Oct. 3	200/
Based on each term or conditi 62-213.300, Florida Administ		-	_	A /	
If NO, complete the following	g:			•	
#1. Term or condition of the	general permi	t that has not been in contin	uous compliance o	during the reporting	g period stated above:
Exact period of non-complian	ce: from		to		
Action(s) taken to achieve con	mpliance:				
Method used to demonstrate c	ompliance:				<u> </u>
#2. Term or condition of the g	general permit	that has not been in continu	uous compliance d	luring the reporting	period stated above:
Event period of an assemble.	⟨⟩ 6				
Exact period of non-compliand			to		
Action(s) taken to achieve con	npliance:				·
Method used to demonstrate co	ompliance:				
<u></u>					
As the responsible official, I he in this notification are true, ac purchase receipts, does not excombination facilities.	curate and co ceed 2,100 ga	mplete. Further, my annua llons per year for dry-to dry	l consumption of p facilities or 1,800	erchloroethylene s	olvent, based upon
RESPONSIBLE OFFICIAL:	Nar	Professe Print)	Harry	Streeu Signature	

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 3755

300124

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SHELLY ENTERPRISES INC HARRY GREEN 9980 GRIFFIN ROAD COOPER CITY FL 33328 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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Fund: 20-2-035001 Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273

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0353967

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PLAZA CLEANERS HARRY GREEN 9980 GRIFFIN ROAD COOPER CITY FL 33328

FOR GOVERNMENT USE ONLY Org.: \$7550101000 EO: BI Fund: 20-25035001

Obj.: 002273

10 THE RIGHT OF BETTIEN ADDRESSED FOR THE RICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10	A. Received by (Please Print Clearly) C. Signature X
0600 0026 4128717 2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
7171	i a alau b	14 \$1.20 S		
~	•			
디	Postage	\$		
7	Certified Fee		Postmark	
12	Return Receipt Fee (Endorsement Required)		Here	
0.026	Restricted Delivery Fee (Endorsement Required)			
	Total Postaç	AIRS ID #	0112288001AG	
믭	Recipient's Ni HARRY GREEN			
	Street, Apt. No. PLAZA CLEANERS 9980 GRIFFIN ROAD			
7000		.]		
	PS Form 3800, February 2	2000	See Reverse for Instruction	ns



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400028

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112288

PLAZA CLEANERS HARRY GREEN 9980 GRIFFIN ROAD COOPER CITY FL 33328 FOR GOVERNMENT USE ONE OF STATE OF STAT

Obj.: 002273

. . .

#0112288

3,120 gal/yr propane

PM= 1.2 16/4r

NOX = 43. 6 16/4r

CO= 5.9 16/4r TOC= 1.5 16/4r