

# Department of **Environmental Protection**

Lawton Chiles Governor

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Yogesh Amin President EZ Dry Cleaners 7958 West Sample Avenue Manatee, Florida 33065

Facility I.D. No. 0112304

Dear Mr. Amin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title  ${\tt V}$ 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

Dolly Deltz

DD/jw

cc: Mr. John Coppola, Broward County

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



# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 13, 1996

Mr. Yogesh Amin President EZ Dry Cleaners 7985 West Sample Avenue Manatee, Florida 33065

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cc: Mr. John Coppola, Broward County

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

#0112304

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#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ANISH ENTERPRISES d/6/-
2.	Site Name (For example, plant name or number):
	EZ-DM CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 984184390
4.	Facility Location: 7956 WEIT SAMOLE MAD  Street Address:
	City: MANGATE County: Brown Zip Code: 33065
5.	Facility Identification Number (DEP Use):
	0/12304
	Responsible Official
6.	Name and Title of Responsible Official:
	YOCESH AMIN (PNESPOENT)
7.	Responsible Official Mailing Address:
	Organization/Firm: 2 Dry CELLES  Street Address: 28+8 1:4857 EAndle Nove
•	Organization/Firm:  Street Address:  79 + 8 WEST SAMPLE Noso  City:  MANLE  County: Browne Zip Code: 3306+
0	
8.	
	Telephone: (954) 345-5164 Fax: ( )
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	RECEIVED

SEP, 5 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.

SUPREMA		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
850 52		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		Day To	PNY						
(1) w/ ref. condenser	(1)		JUN 1990						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices are  2.(a) What was the total q  [	are re uanti gallo ns, ho	equired to be ty of perchlons ow many? [_	installed [	perc)	purchased in				[]
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea soi	t one classifi	cation only.) Ne	w sm	nitions found nall area sour rge area sour	ce []		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 notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(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 indica	te with an "X" the appropriate selection	n:		
[]	I hereby surrender all existing air per facility indicated in this notification	ermits authorizing operation of the form; specifically, permit number(s)		
$\succeq$	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible	Official Certification		
this notif statemen maintain	ication. I hereby certify, based on info ts made in this notification are true, a the air pollutant emissions units and o	as defined in Part II of this form, of the facility addressed in ormation and belief formed after reasonable inquiry, that the occurate and complete. Further, I agree to operate and air pollution control equipment described above so as to neral permit as set forth in Part II of this notification form.		
I will pro	omptly notify the Department of any ch	anges to the information contained in this notification.		
	Haun	8/24/56		
Signature	e	Date		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261268

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 24 97

#### Do NOT Remove Label

AIRS ID# 0112304

ANISH ENTERPRISES YOGESH AMIN 7958 WEST SAMPLE DRIVE MARGATE FL 33065

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

0112304

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: 2-2 FACILITY LOCATION: 792	58 West Sumple	Rosd	
Mai	58 West Sumple gate Florida 3	3065	
Annual Reporting Period:	Nov 1990	<u>б</u> то^	100 199
	te Title V general air permit, my facil Code (F.A.C.), during the period cove		<del>-</del>
f NO, complete the following:			
#1. Term or condition of the general	permit that has not been in continuo	us compliance during th	e reporting period stated above:
	· · · · · · · · · · · · · · · · · · ·		
Exact period of non-compliance: fro	m	to	_ <del></del>
•		to	4
Exact period of non-compliance: from Action(s) taken to achieve compliance. Method used to demonstrate complian	e: nce:		
Action(s) taken to achieve compliance Method used to demonstrate compliance #2. Term or condition of the general	e:  nce:  permit that has not been in continuo	us compliance during th	e reporting period stated above:
Action(s) taken to achieve complianc	e:  nce:  permit that has not been in continuo  m	us compliance during th	
Action(s) taken to achieve compliance  Method used to demonstrate compliance:  #2. Term or condition of the general  Exact period of non-compliance: fro	e:	us compliance during th	RECEIVED

Page \_\_\_\_\_ of \_\_\_\_.

ile DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources AIRS ID#0112304 ANISH ENTERPRISES YOGESH AMIN 7958 WEST SAMPLE DRIVE MARGATE FL 33065 Do NOT Remove Label 12 TanD@ c Annual Reporting Period: 19 9 7 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. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)

<sup>\*</sup>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.

(cut nere)

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 303400

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0112304

ANISH ENTERPRISES
YOGESH AMIN
7958 WEST SAMPLE DRIVE
MARGATE FL 33065

TEB 23 98

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0112304 ANISH ENTERPRISES YOGESH AMIN 7958 WEST SAMPLE DRIVE MARGATE FL 33065 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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you for using Return Rec
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#### BEST AVAILABLE COPY



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 # 0112304

EZ-DRY CLEANERS YOGESH AMIN 7958 WEST SAMPLE DRIVE MARGATE FL 33065

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service  *Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to								
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PS Form <b>3800</b> , April 1995	Postmark of	Date 197	7					

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RETURN ADDRESS completed on the reverse side?	SENDEF  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID#: 0112304  ANISH ENTERPRISES  YOGESH: AMIN  7958 WEST SAMPLE DRIVE  MARGATE FL 33065  5. Received By: (Print Name)  9. Amin	e can return this e does not e number. d the date  4a Article N  4b. Service  Registere Express Return Rec  7. Date of De  8. Addressee	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  umber 30338  Type ad Certified Mail Insured ceipt for Merchandise COD elivery  els Address (Only if requested)	Thank you for using Return Receipt Service.
your RETURN		8. Addressee(s Address (Only if requested and fee is paid)		
5	PS Form <b>3811</b> , December 1994		Domestic Return Receip	<b>t</b>

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7	958 WEST SAM	1PLE I	DRIVE			
	MARGATE FL 3					
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	Certified Fee					
	Special Delivery Fee					
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PS Form <b>3800</b> , April 1995	Return Receipt Showing to Date, & Addressee's Add					
800	TOTAL Postage & Fe	es	\$			
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on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mallpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the articl  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Consult postmaster for fee.	
IN ADDRESS completed of	AIRS ID # 0112304 EZ-DRY CLEANERS YOGESH AMIN 7958 WEST SAMPLE DRIVE MARGATE FL 33065	4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery	
Is your RETURN	5. Received By: (Print Name)  6. Signature (Addressee or Aden)  X  PS Form 3811, December 1994	8. Addressee and fee is	Domestic Return Receipt

BEST AVAILABLE COPY LIGHT LETTON SUIVIIVIAKT KEPUKT TYPE OF INSPECTION: ANNUAL P COMPLAINT/DISCOVERY RE-INSPECTION AIRS ID#: 0/1 2304 TIME IN: TYPE OF FACILITY: DATE: 11-25-97 FACILITY LOCATION: 7958 RESPONSIBLE OFFICIAL: PHONE NUMBER: 345- 5164 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.

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

(Please Print)

INSPECTOR'S SIGNATURE:

Page of Revised 10/96

BEST AVAILABLE COPY

### COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

 $\Box$ 

ANNUAL

COMPLAINT/DISCOVERY

a

**RE-INSPECTION** 

AIRS ID#: 0/1230 4 DATE: 11.25.		E OUT: 3:00				
FACILITY NAME: EZ DRY Cledwers						
FACILITY LOCATION: 7958 West Sample Road						
Morgate	Florida 33065					
RESPONSIBLE OFFICIAL: Yogesh	Amin PHONE: 345	-5164				
CONTACT NAME:	PHONE:					
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 days prior to sta	rtup	۵				
2. Facility failed to notify DARM to use general permit						
PART II: CLASSIFICATION						
	□ No notification for	m				
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)	☐ No notification for ☐ Drop store/out of b					
Facility indicated on notification form that it is: (check appropriate box) A.		usiness/petroleum				
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of b  2. New small area source					
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr	usiness/petroleum				
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	usiness/petroleum				
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of b  2. New small area source dry-to-dry only, x < 140 gal/yr	usiness/petroleum				
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of b  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	usiness/petroleum				
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of b  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	usiness/petroleum				
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B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

facility qualified for a general permit as number \_\_\_\_\_\_ above facility exceeds above limits and is not eligible for a general permit

	the responsible official of the dry cleaning facility: leck appropriate boxes)	
l.	Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A
2.	Examining the containers for leakage?	QA ON ON/Y
3.	Closing and securing machine doors except during loading/unloading?	QY ΩN
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	PAY ON ON/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
P.	ART 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 refrig (complete A below).	eruted condenser
	If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
	If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
	Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	מס אַב
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØÝ □N □N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY ON ON/A
ું ∔.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor 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?	ØY ON

PART III: GENERAL CONTROL REQUIREMENTS

P. Was the responsible official of an animi-	
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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY DN
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?	AND NO YO
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?	אואם אם צם
Is the perc concentration equal to or less than 100 ppm?	OX ON ONC.
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?	אמם אם צם
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?	OY ON ON.
PART V: RECORDKEEPING REQUIREMENTS	
TAKE T. RECORDED ING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	ay on
Has the responsible official: (check appropriate boxes)	ØY 0 ¼ ØY 0 ¼
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	ØY □N
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	QY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. decumentation 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?	QY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. decumentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A OY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. decumentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A DY ON ON/A DY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. decumentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DY ON ON/A DY ON ON/A DY ON ON/A DY ON ON/A

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?					
2.	Has the facility maintained a leak log?			אם עם		
3.	3. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY □N □N/A		
	Door gaskets and seating	OY ON ON/A	Stills	ZY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	OY ON ONA	Cartridge filter housings	ØY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surface	es)	<b>d</b>		
	Physical detection (airflow felt th	rough gaskets)		9		
	Odor (noticeable perc odor)			Ø		
	Q ; ;.					
	Halogen leak detector			<b>□</b> -		
	If using direct-reading instr	umentation, is the equip	oment:	□N/A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	NO YO		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
<u> </u>						
	B Dans		11-25-9	7		
_	Inspector's Name (Please Pri	nt)	Date of Inspe			
			م الم	a (7		
_	Blung		Nov	7 <u>8</u>		

#### HLOROETHYLENE DRY CLEANERS PE) TITLE V GENERAL PERMIT COMPLAINT/DISCRIFFICE LVED COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION. · ANNUAL MAR - 8 1999 **RE-INSPECTION** • TIME OBTREAU of Air Mo itoring AIRS ID#: 0/12304 DATE: TIME IN: FACILITY NAME: FACILITY LOCATIO PHONE: RESPONSIBLE OFF. CONTACT NAME: PHONE: PART I: NOTIFICA (check appropriate bo: 1. New facility notifie ARM 30 days prior to startup 2. Facility failed to nether DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 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/vr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/vrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr

transfer only,  $200 < x \le 1,800$  gal/yr

☐Can not determine

both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)

 $\square N$ 

facility exceeds above limits and is not eligible for a general permit

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

facility qualified for a general permit as number \_\_\_\_

transfer only,  $200 \le x \le 1.800$  gal/yr

5. This is a correct facility classification

If no, please check the appropriate classification:

both types,  $140 \le x \le 1,800$  gal/yr

(constructed before 12/9/91)

facility was 60 gallons.

#### (check appropriate boxes) EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MNA 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 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ONA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	QΥ	Пи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times? .	ΟY	Ωи	□N/A
_		-		

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN ODN/A and parts installed w/in 5 days of receipt? DY ON DWA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? מם אס 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? OY ON ON/A OY ON ON/A Problem corrected? OY ON ON/A 8. Maintained compliance plan, if applicable?

#### PART №1: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN ΩN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A QY QN QN/A couplings, and valves Muck cookers MY ON ON/A Stills QY QN QN/A Door gaskets and seating OY ON ON/A Exhaust dampers OY ON ON/A Filter gaskets and seating MY ON ON/A Diverter valves OY ON ON/A Pumps MY ON ON/A Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? MD AD c. Inspected for leaks and obvious signs of wear on a weekly basis? UN UN d. Kept in a clean and secure area when not in use? DY DN

John Coppola	12/31/98
Inspector's Name (Please Privy)	Date of Inspection
Awan ala	12/99
Inspector's Signature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

OY ON

# Ace

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	EZ_	7	Clean	//	DATE	12/31/98
FACILITY LOCATION:	795-8	;	W. Sou	ple Rd.		
-	MARGATE	, F/.	330	65		
Annual Reporting Period:	Dec	<u>.</u>	_19 <u>97</u> TO	•	Dec	19 <u>98</u>
Based on each term or condition of	the Title V general	air permit,	my facility has re	mained in compl	iance with D	EP Rule
62-213.300, Florida Administrative	e Code (F.A.C.), dur	ing the per	iod covered by thi	s statement. 🔼	YES	□ио
If NO, complete the following:						
#1. Term or condition of the gener	al permit that has no	ot been in c	ontinuous complia	ance during the r	eporting peri	od stated above:
Exact period of non-compliance: fi	rom			to		
Action(s) taken to achieve complian	nce:					
Method used to demonstrate compl						
vieutod used to demonstrate compl	апсе:	<del> </del>				<u>-</u>
·		ot been in c	ontinuous complia	ance during the r	eporting peri	od stated above:
#2. Term or condition of the gener	al permit that has no	ot been in c	ontinuous complia	ance during the r	eporting peri	od stated above:
#2. Term or condition of the gener	al permit that has no	ot been in c	ontinuous complia		eporting peri	od stated above:
#2. Term or condition of the gener  Exact period of non-compliance: fi	al permit that has no	ot been in c	ontinuous complia		eporting peri	od stated above:

\*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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#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	<b>a</b>	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
	. 1			
AIRS ID#: 012304 DA	ATE: TOTAL FEE V	TIME IN	: <u>/1:15</u> <b>TIME OUT</b> :	12:00
FACILITY NAME: E-2	DRY CLEDA	M型RS	· · · · · · · · · · · · · · · · · · ·	
FACILITY LOCATION: 79	58 W SAMAGE SAMAGE S	in =itom	MARGATE FL 33	C65_
RESPONSIBLE OFFICIAL : _			PHONE: <u>345-5144</u>	
CONTACT NAME:		1	PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30	) days prior to startup			<b>र्च</b>
2. Facility failed to notify DARM	to use general permit			
	•			
PART II: CLASSIFICATION				
Facility indicated on notification	form that it is:		□ No notification form	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of business/per	troleum
Facility indicated on notification	2. N dry-t trans both	New small are to-dry only, x sfer only, x < types, x < 14	□ Drop store/out of business/per ea source < 140 gal/yr 200 gal/yr	troleum
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	2. N dry-t trans both (cons 0 gal/yr gal/yr trans l/yr both	New small are to-dry only, x sfer only, x < 14 structed on or to-dry only, 14 sfer only, 200 types, 140 ≤ 1	Drop store/out of business/per ea source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)	troleum
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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. N dry-t trans both (cons 0 gal/yr gal/yr trans //yr both (cons	New small are to-dry only, x sfer only, x < 14 structed on or 14 sfer only, 200 types, 140 < 15 structed on or 15 struct	Drop store/out of business/per ea source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	troleum
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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class.  If no, please check the appropriate box is a context of the propriate	2. N dry-t trans both (cons 0 gal/yr gal/yr trans //yr both (cons sification	New small are to-dry only, x sfer only, x < 14 structed on or lew large are to-dry only, 14 sfer only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 140 < structed on or lew large are to-dry only, 200 types, 200 typ	Drop store/out of business/per  ea source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)  ea source 40 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr after 12/9/91)  □Can not determine	troleum

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

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 ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □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?	
	- · · ·	
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DAY ON			
2. Maintained rolling monthly total of perc consumption?	ØY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØY □N □N/A			
4. Maintained calibration data? for applicable direct reading instruments)	DY ON DAN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAN/A			
6. Maintained startup/shutdown/malfunction plan?	ØY ON			
7. Maintained deviation reports?	OY ON ENVA			
Problem corrected?	DY ON DANA			
8. Maintained compliance plan, if applicable?	DY ON BYNA			

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			CON ON		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	oy on on/a	Muck cookers	ØY □N □N/A		
	Door gaskets and seating	ØY □N □N/A	Stills	OY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	ØY ON ON/A		
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)		र्ष		
	Physical detection (airflow felt thr	ough gaskets)		<u>a</u>		
	Odor (noticeable perc odor)					
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipn	ient:	M/A		
	a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and at	ter each use	מם עם		
	,	d obvious signs of wear on	a weekly basis?	OY ON		
	-	cure area when not in use	-	OY ON		
	-	by use of duplicate sample		OY ON		
	ART PENNETTA		. 1. 1			
_	ART TENNETTA  Inspector's Name (Please Prin	t)	Ullulge Date of Inspe	ction		
	12-1 P. H	<del>-,</del>	Ada u 22	200		
_	Inspector's Signature		Approximate Date of 1	Next Inspection		

# BEST AVAILABLE COPY 'DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



0112304 FACILITY LOCATION: 7958 W. SAMPLE RD. MARGNIE FL. 33065 Annual Reporting Period: 12/3/92 \_\_\_\_\_1998 TO \_\_\_\_ 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. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: =2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: YOgesh Amin Name (Please Print)

\*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 \_\_\_.

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 01/2304 DATE: 5/22 FACILITY NAME: E2 DRY CLE	TIME IN: 10:55 TIME OUT: 11:20
1	SAMPLE RD. MARCATE FL 103065
RESPONSIBLE OFFICIAL: YOGEST	89 V
PART I: NOTIFICATION	Serre sering
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	permit
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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
facility exceeds above li	ication: eneral permit as number above mits and is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning
facility was <u>VO</u> gallons.	, and any comments of the any comments

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

PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed	l to Part V.
If classification 2 has been checked, the machine should be equipped w (complete A below).	ith a refrigerated condenser
If classification 3 has been checked, the machine should be equipped we condenser or a carbon adsorber (complete A and B below). Carbon addinstalled prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped w (complete A and B below).	ith a refrigerated condenser
A. Has the responsible official of all new sources and existing large area s (check appropriate boxes)	ources:
1. Equipped all machines with the appropriate vent controls?	CY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away fro condenser upon opening the door?	om the
Measured and recorded the temperature of the outlet exhaust stream of a refrigeration condenser on a weekly/bi-weekly basis?	ated <b>Ø</b> Y <b>D</b> N
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of condenser exceeded 45°F?	f the
. Conducted all temperature monitoring after an appropriate cooldown period and a verifying that the coolant had been completely charged?	aster

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	TΟΥ	ПΝ	□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?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	ces, bi-weekly) leak detection	and repair
inspection?			MAX ON
2. Has the facility maintained a leak log	?		MY ON
3. Does the responsible official check th	e following areas for leak	cs?	
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ONA
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	; DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	ces)	<b>⊡</b> ′
Physical detection (airflow felt to	hrough gaskets)		
Odor (noticeable perc odor)			Ø
Use of direct-reading instrument			
Halogen leak detector			
If using direct-reading inst	CIN/A		
a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each usc	OY ON
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s	secure area when not in u	se?	OY ON
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
4 0			
ART YENNETTA		5/2200	
Inspector's Name (Please Prin	nt)	Date of Inspec	ction
(AxX) H		·.	
Inspector's Signature		Approximate Date of N	

AIRS ID#: 0112304	· .
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Revised 01/18/00



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: E-2 [	DRY CLEANERS		DA1	TE: 5/22/00
FACILITY LOCATION: 775	18 W. SAMPLE RO	MAGATE	FL 33065	<u>,</u>
	- 41		14 22	
Annual Reporting Period:	JUNE 16 1	<u>179</u> то	My 22	20
Based on each term or condition of the	e Title V general air permit, my	facility has remained	in compliance with I	EP Rule
62-213.300, Florida Administrative C	ode (F.A.C.), during the period of	covered by this statem	ent. YES	□NO
If NO, complete the following:				
#1. Term or condition of the general	permit that has not been in contin	nuous compliance du	ing the reporting per	iod stated above:
			· · · · · · · · · · · · · · · · · · ·	<del></del>
Exact period of non-compliance: from	n <u>·</u>	to		
Action(s) taken to achieve compliance	<b>:</b>			
Method used to demonstrate complian	ice:			
#2. Term or condition of the general	bermit that has not been in contin	nuous compliance dur	ing the reporting peri	od stated above:
		·		
Exact period of non-compliance: from	n	to		
Action(s) taken to achieve compliance	::			
Method used to demonstrate complian	ce:			
As the responsible official, I hereby coin this notification are true, accurate of purchase receipts, does not exceed 2, combination facilities.	and complete. Further, my annu	al consumption of per	chloroethylene solve	nt, based upon
RESPONSIBLE OFFICIAL:	Name (Please Print)	- Ho	lu -	May 2100
	Name (Flease Print)		mature I	,aic -

<sup>\*</sup>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.

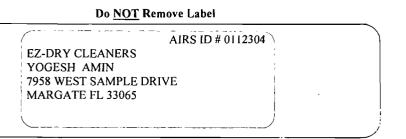
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	Restricted Delivery Fee (Endorsement Required)	NEN	
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190	70 YOGESH AMI	AIRS ID # 0112304	1001AG —
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7000	7958 WEST SA MARGATE FL	MPLE DRIVE	
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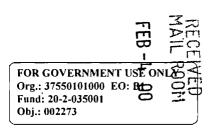
SENDER: COMPLETE THIS SECTION	DN .	COMPLETE THIS SECTION ON DELIVERY	,		
<ul> <li>Complete items 1, 2, and 3. Also content 4 if Restricted Delivery is desirent and address on the so that we can return the card to your attach this card to the back of the ror on the front if space permits.</li> </ul>	ed. e reverse ou.	C. Signature	☐ Agent☐ Addressee☐ Yes		
1. Article Addressed to:  10 AIRS ID # 0112304001AG YOGESH AMIN		D. Is delivery address different from item 1?			
EZ-DRY CLEANERS 7958 WEST SAMPLE DRIVE MARGATE FL 33065	h	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt fo ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	r Merchandise		
2. Article Number (Copy from service label) 4129 9495					
PS Form 3811, July 1999	Domestic Re	turn Receipt 103	2595-99-M-1789		

0391852

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**





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403130

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

