

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Re: Facility No. 0112347

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

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

0112347

p.14

1. (a) add date control device installed

1. (1) should not be marked

3. new large area Source should be marked

P.15

4. new large r.c. Should be marked

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Dryclean USA
2. Site Name (For example, plant name or number):
Pembroke Pines *11205
3. Hazardous Waste Generator Identification Number:
FLD 982 102 402
4. Facility Location: Street Address: 136 S. Flamingo Road
City: Pembroke Pines County: Zip Code: 33027
5. Facility Identification Number (DEP Use):
01/2347
Responsible Official
6. Name and Title of Responsible Official:
Eddie Rodriquez President 7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address: Organization/Firm: Dry Clean USA Street Address: 1875 W. Commercial Blvd., Suite 146 City: Ft. Lauderdale County: Broward Zip Code: 33309
8. Responsible Official Telephone Number: Telephone: (954) 443 - 6700 Fax: (954) 443 - 8444
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Jaime Remond, District Manager
10. Facility Contact Address: Dryclean USA
Street Address: 1875 W. Commercial Blva, Suite 140
City: Ft. Lauderdale County: Broward Zip Code: 33309
11. Facility Contact Telephone Number: Telephone: (951) 493 - 6700 Fax: (951) 493 - 8444

RECEIVED

NOV 8 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		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									
(1) w/ ref. condenser	ΧÝΙ	9/95							T
(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: 2.(a) What was the total q [32] (b) If less than 12 montly Check why it is less	uanti gallo	equired to be ity of perchlons ons	installed [y perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)		nitions found	_	3) of	Part II?	

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	ontrol technology is requite with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
	xisting large area source arbon adsorber	:]	Refrigerated condenser	<u>(X_</u>)
	lew small area source efrigerated condenser			
	ew large area source efrigerated condenser		•	
				o use the general permit pursuant is on-site meet the following
exemption	criteria or that no such u	units exist on-site:	:	_
boiler HP o	or less), and (2) are fire	d exclusively by n		10 million BTU/hr or less (298 ds of natural gas curtailment fired.
All steam a	and hot water generating nits on-site	units exempt	<u> </u>	
.		•	and Recordkeeping Infor	
	-	-	in accordance with the req	uirements of this general permit:
(a) Purchas	se receipts and solvent p	urchases		[X]
(b) Leak de	etection inspection and r	epair		<u>X</u> _]
(c) Refriger	rated condenser tempera	ature monitoring		_X
(d) Carbon	adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrum	ent calibration			<u> </u>
(f) Start-up	p, shutdown, malfunctio	n plan		

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Surrender of Existing Air Permit(s)

	Surrender of Datating Am 1 of min(3)
Please indicat	te 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)
<u>[\(\) \</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	Dolum 11/4/9/0

Date

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

Signature

BEST AVAILABLE COPY LIVE LCTION SUMMERN REPURT TYPE OF INSPECTION: ANNUAL A COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 3:00 TIME OUT: 3:25 0112347 AIRS ID#: TYPE OF FACILITY: PERC FACILITY NAME: DRYCLEAU US 136 S. FLAMINGO RD. FEM PROKE FACILITY LOCATION: RESPONSIBLE OFFICIAL: MICHAEL GAGLIANO PHONE NUMBER: (954) 473-6700 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: (Approximate) INSPECTION CONDUCTED BY: ÉNNETCA (Please Print) PHONE NUMBER: (954)517-1428 INSPECTOR'S SIGNATURE: Revised 10/96 Page of

FAX NO:

#852 P04

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	0112347
ACILITY NAME: DRYCLEAN USA # 11205	DATE: 11/18/97
ACTUTY LOCATION: 136 S. FLAMINGO ED. PEMOROKE	RUES FL. 33007
nnual Reporting Period: NOV 18 1996 TO	<u>nev (8 1997</u>
122	
axed on each term or condition of the Title V general air permit, my facility has remained in c	empliance with DEP Rule
2-213:300. Florida Administrative Code (F.A.C.), during the period covered by this statement.	MIES UNO
NO, complete the following:	
 Term or condition of the general permit that has not been in continuous compliance during 	the reporting period stated above:
	EIVEU
exact period of non-compliance: from	CEINED
action(s) taken to achieve compliance;	
fethod used to demonstrate compliance:	Sureau of Air Monnes 8 Mobile Sources
B	Mobile 35
72. Term or condition of the general permit that has not been in continuous compliance during	
exact-period-of-nen-compliance: from	
Action(s) taken to achieve compliance	
redon(s) Exen to seme ve compitance:	
Method used to demonstrate compliance:	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Is the responsible official, I hereby certify, based on information and belief formed after reasonable in this notification are true, accurate and complete. Further, my annual consumption of	
ipon rolling overoges of purchase receipts, does not exceed 2,100 gallons per year for dry-to	
rear for transfer or combination facilities.	_
RESPONSIBLE OFFICIAL: HILLANE 646 LIAKO Signal Name (Please Print) Signal	12-29-87
Name (Please Print) Signat	Tue Date
This form is made available to you as an aid in order to meet your annual compliance certific	ation requirements. It is at the
discretion of the responsible official to use this form.	
Pageof	

: 01

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

Perm Droke Pines Airs ID#0112347

Perm Droke Pines Airs ID#0112347

Perm Droke Pines Airs ID#0112347

Perm Droke Pines ID#0112347

Do NOT Remove Label

			\$
Annual Reporting Period:	January 1, 1997	то	December 31, 1997
		·	
Based on each term or cond	lition of the Title V general air pe	rmit, my facility has remained in	n compliance with DEP Rule
62-213.300, Florida Admin	istrative Code (F.A.C.), during th	e period covered by this stateme	nt. YES NO
If NO, complete the followi	ng:		, , , , , , , , , , , , , , , , , , ,
#1. Term or condition of th	e general permit that has not been	n in continuous compliance duri	ng the reporting period stated above:
Exact period of non-compli	ance: from	to	
Later period or non-compile			
Action(s) taken to achieve of	compliance:	-	
Method used to demonstrate	e compliance:		
#2. Term or condition of th	e general permit that has not been	n in continuous compliance duri	ng the reporting period stated above:
			
Exact period of non-compliant	ance: from	to	
Action(s) taken to achieve of	compliance:		<u> </u>
Method used to demonstrate	e compliance		t I
ividuod used to demonstrate			:
notification are true, accurate	e and complete. Further, my annua	l consumption of perchloroethylen	e inquiry, that the statements made in this e solvent, based upon purchase receipts,
uves not exceed 2,100 gallons	per year for dry-to dry facilities or	i,ovv gauons per year jor transjer	or combination factuales.
DUCDONGINI D OFFICE	MICHAEL CACHANG		1
RESPONSIBLE OFFICIA	Name (Please Print)	Sign	2/9/98 Date
	(- 10me x 1me)		

^{*}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	•	ا ،	COMPLAINT	DISCOVERY	`C^
	RE-INSPECTIO	N			Sureau &	My L
AIRS ID#: 0/12347	DATE: 05/08	1987	IME IN	1: 10:00	TIME OUT	14 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FACILITY NAME: Du	clean C	15A		<u> </u>		Our Control
FACILITY LOCATION:	136 S. FX	Dami	ngr	Red.		
	Pembone	Pina	2. j.t	<u>-/. 3302</u>	7	
RESPONSIBLE OFFICIAL :	Reve F	love,	<u>, </u>	PHONE: (9)	7 434	-9907
CONTACT NAME:	· 			PHONE:		
						
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM	1 30 days prior to stan	tup				X
2. Facility failed to notify DAF	CM to use general per	mit	_	·	<u> </u>	a
PART II: CLASSIFICATION	N			<u> </u>		
Facility indicated on notificat	ion form that it is:			☐ No notificati	ion form	
(check appropriate box)				☐ Drop store/o	ut of business/	petroleum
1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr	dry-to-di transfer of both type	ry only, only, x < es, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ū	. (
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91)	.100 gal/yr 00 gal/yr gal/yr	dry-to-di transfer both type	ry only, only, 200 es, 140 <u>s</u>	rea source $140 \le x \le 2.100$ $0 \le x \le 1.800$ ga $0 \le x \le 1.800$ gal/y or after $12/9/91$	l/yr	
5. This is a correct facility c	lassification	20 Y	ПΝ	□Can not deter	mine	
	ity qualified for a gen ity exceeds above lim	eral perm its and is	not eligi	ible for a general		ry cleaning
facility was 300 gallons						

Is the responsible official of the dry cleaning facility: (check appropriate boxes) RY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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? Y 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 MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \square Y \square N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	АY	Ωи	-
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	⊌N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПN	DNA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПИ	ØN/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?	ΩY	ПN	ANIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	Пи	⊌ _{N/A}
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AL DN
2. Maintained rolling monthly total of perc consumption?	by an
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON ANY
6. Maintained startup/shutdown/malfunction plan?	NO YO
7. Maintained deviation reports?	AND ND AID
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON UNIA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair \mathbf{Z}_{Λ} ИD inspection? Δ Y $M\Box$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AY ON ONY DY ON ON/A Muck cookers couplings, and valves BY ON ON/A Door gaskets and seating DY ON ON/A Stills MY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A DY ON ON/A Pumps Diverter valves MY ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers MY 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 If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? NO YO b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

OCTAVIAN OPRIS	05/08/98
Inspector's Name/(Please Print)	Date of Inspection
	May 1999
Inspector's Signature	Approximate Date of Next Inspection

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

d. Kept in a clean and secure area when not in use?

DY DN

DY DN



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry clean USA FACILITY LOCATION: 136 S. Flamings Rd. Pembrone Pines, Fl. 33	DATE: 05/08/98
FACILITY LOCATION: 136 S. Flamings Rd.	
Pembraco Pines . Fl. 33	027
Annual Reporting Period: 1997 TO	May 1998
Based on each term or condition of the Title V general air permit, my facility has remainded and the Figure 13:300, Florida Administrative Code (F.A.C.), during the period covered by this second covered by this second covered by this second covered by this second covered by the second covered by this second covered by this second covered by this second covered by this second covered by the second covered by this second covered by this second covered by the s	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	to Sure VIN V
Action(s) taken to achieve compliance:	100 Ai 1500
Method used to demonstrate compliance:	Sollonia.
#2. Term or condition of the general permit that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: fromto	0
Action(s) taken to achieve compliance:	· · ·
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed as made in this notification are true, accurate and complete. Further, my annual consumupon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities.	nption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Kenè Flores	5-8-98
Name (Please Print)	Signature Date

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

Page 2 of 2.

Revised 10/96

INSPECTOR'S SIGNATURE:

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.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
AIRS ID 0112347 DRYCLEAN, USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4a. Article Number 2 333 6/3 30 € 4b. Service Type □ Registered □ Express Mail □ Insur	
5. Received By: (Print Name) 6. Signatule (Addressee or Agent) X PS Form 3811. December 1994	8. Addressee and fee is	S's Address (Only if requested paid) Domestic Return Receipt
	■ 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 0112347 DRYCLEAN, USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FIT LAUDERDALE FL 33309 5. Received By: (Print Name)	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0112347 DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 ■ Return Receipt Registere 7. Date of December 14 and fee is 6. Signature (Addressee or Agent) X Addressee and fee is

Z 333 P73 300 US Postal Service Receipt for Certified Mail AIRS ID 0112347 DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Date, & Addressee's A TOTAL Postage & Postmark or Date TOTAL Postage & Fees \$

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY O
• •	7 time in: 3:00 time out: 3:25
FACILITY NAME: DRYCLEAU US	•
FACILITY LOCATION: 136 S. FT	umilico RD. PEMBROKE PILES FI
RESPONSIBLE OFFICIAL : MICHAEL GAY	JLIANO PHONE: (954) 493-6700
CONTACT NAME: REVE FLOR	PHONE: (954)434-9907
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
·	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source 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	□ ☑ □ □ □ □ Can not determine
☐ facility exceeds above lin	cation: neral permit as number above nits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning
facility was 300 gallons	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	, MY ON ON/A
2. Examining the containers for leakage?	ØY □N □N/A
3. Closing and securing machine doors except during loading/unloading?	r da
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊠Y □n □n/a
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refr (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 mit installed prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refr (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?	∞ Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	e gy on on/a
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØÝ ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	⊠ Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor exceeded 45°F?	ØÝ □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	r dy

	0112347
3. Has the responsible official of an existing large or new large area source also:	
i. 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?	d Movement
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON W M/A
Is the temperature differential equal to or greater than 20° F?	OY ON WAYA
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 EMA
Is the perc concentration equal to or less than 100 ppm?	DY DN P NA
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 CHÝ/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ØŃA
5. Routed airflow to the carbon adsorber (if used) at all times?	אואש אם עם
A DE V. DE CODDY DE DE COMBEMENTS	d in
PART V: RECORDKEEPING REQUIREMENTS	·
Ans the responsible official: (check appropriate boxes)	
i. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	BY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DA NA
Maintained exhaust duct monitoring data on perc concentrations?	DY DN PN/A
5. Maintained startup/shutdown/malfunction plan?	NO NO
7. Maintained deviation reports?	ZY ON ON/A
Problem corrected?	MY ON ON/A
Maintained compliance plan if applicable?	אמש מח אח

P.	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON		
2.	Has the facility maintained a leak log?			ØÝ □N		
3.	Does the responsible official check the f	ollowing areas for leaks	?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ØY ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	ØY ON ON/A		
	Filter gaskets and seating	מאם מם אם	Exhaust dampers	MY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	ØY ON ON/A		
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by th	e responsible official?				
	Visual examination (condensed so	T				
	Physical detection (airflow felt three					
	Odor (noticeable perc odor)	2				
	Use of direct-reading instrumentat					
	Halogen leak detector					
	If using direct-reading instru	ØN/A				
	a. Capable of detecting p	OY ON				
	b. Calibrated against a st (PID/FID only)?	OY ON				
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in u	se?	DY DN		
	e. Verified for accuracy b	by use of duplicate samp	les (calorimetric only)?	OY ON		
_						
	4		: :			
_	ART TENNETTS	•	<u> </u>			
	Inspector's Name (Please Prin	ii)	Date of Inspe	cuon		
	All for the		11/1/1995	>		
_	Inspector's Signature		Approximate Date of	Next Inspection		

TITLE V GENERAL PERMIT (COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	ECTI	ON:
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ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2347 DATE: 4/9/99 TIME IN: 13/0 TIME OUT: 15	415				
FACILITY NAME: DryClean USA/PambroKe					
FACILITY LOCATION: 136 S. Flamings Road					
Pembroke Pines, FL					
RESPONSIBLE OFFICIAL: Raul Dieguez PHONE: (954) - 434.	-9907				
CONTACT NAME: Same PHONE: Came					
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)					
New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit					

PART II: CLASSIFICATION			
Facility indicated on notification check appropriate box)	em that it is:	☐ No notification form☐ Drop store/out of business.	/petroleum
1. Existing small area sour is dry-to-dry only, x < 140 gal. vr 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, $140 \le x \le 2.000$ transfer only, $200 \le x \le 1.800$ g both types, $140 \le x \le 1.800$ gal/ (constructed before $12/9/91$)	al/yr	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility class	ification	□N □Can not determine	Bureau of & Mob

KECEIVE

Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY 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 PY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 25VA 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? 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	erý c	אנ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY C	IN CONIA
	Is the temperature differential equal to or greater than 20° F?	OY C	AINE NE
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?		in Cinia In Cinia
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 C	DN EN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY E	IN EN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	N QN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	er on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN CHIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON CANA
4. Maintained calibration data? (for applicable direct reading instruments)	אים אם אם A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 1917/A
6. Maintained startup/shutdown/malfunction plan?	אם אפ
7. Maintained deviation reports?	DY DN CHAIA
Problem corrected?	DY ON THIA
8. Maintained compliance plan, if applicable?	OY ON ENIA

PART	VI: LEAK DETECTION AN	EPAIRS	6)		
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
insp	ection?			ELY DW	
2. Has	the facility maintained a leak log?	in the second		er on	
3. Does	s the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	מ/אם אם YB	Muck cookers	DY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	אוחם מם צפ	Exhaust dampers	DY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	MANO NO YE	
	Solvent tanks and containers	MANO NO AM	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4. Whi	ch method of detection is used by th	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surface	es)	B	
	Physical detection (airflow felt the	ough gaskets)		4	
	Odor (noticeable perc odor)			a	
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	O N/M	
	Halogen leak detector			O N/H	
	If using direct-reading instr	umentation, is the equip	pment:	ON/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and so	cure area when not in u	se?	NO YO	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
			,		
	Paul R. Shelfon		9/9/99		
	. Inspector's Name (Please Prin	nt)	Date of Inspe		
			alalana	7	

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL	SITE INFORMATI	ON:		Code:	
			·		
	too	173			
	3172X	1:3			
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			•		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u> </u>					
FACILITY NAME: Dry	clean us	A #1120	5	•	DA	TE: 9/9/99
FACILITY LOCATION: /	36 s. Flo	emingo F	RO			,
ρο	embroke P	ines, FL	33027)		
						2000
Annual Reporting Period: Se	ot. 9	19_	79 _{TO}	Sept.	9	
Based on each term or condition o						
62-213.300, Florida Administrativ	e Code (F.A.C.), di	uring the period co	vered by this	s statement.	YES	□NO
If NO, complete the following:						
#1. Term or condition of the gene	ral permit that has	not been in continu	ous complia	ince during th	ne reporting p	eriod stated above:
Exact period of non-compliance: 1	rom			_ to		
Action(s) taken to achieve complic	ınce:					
Method used to demonstrate comp	liance:			. , , , , , , , , , , , , , , , , , , ,	· 	
#2. Term or condition of the gene	ral permit that has	not been in continu	ious complia	ance during th	ne reporting p	period stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve complia	шсе:					
Method used to demonstrate comp	liance:		,			
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination fo	accurate and comp receipts, does not acilities.	plete. Further, my o exceed 2,100 gallo	annual cons	umption o∫pe	rchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	Name (Pleas	EgvEZ.		Signature		9/9/99 Date

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

Page _____ of ____



Board of County Commissioners, Broward County, Flori Department of Natural Resource Protection POLLUTION PREVENTION AND REMEDIATION PROGRAMS DIVISION



HAZARDOUS MATERIAL MANAGEMENT ADDENDUM TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

			<u></u>	<u>AST</u>	E GENER	RATED		
Waste Type Code	Chemical name	Storage Method (Code ¹)	Disposal Method (Code ²)	P,	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)	Hauler Name
М3	Perchloroethylene	11/4	14	F	NA	240	26	Safety Kleen
NO	Dry Cleaning Filters	u	16.	F	11	4 FI/ENS	N/A	u H
	1				2			2 (continued).
01 Tanks	s - Above Ground	10	Landfill - C	iovt or	Priv. Hauler		15 Other	Questionable Treatment
02 Tanks	s - Below Ground	02	Landfill - C	ienerato	r Takes		16 Hazaro	dous Waste Transporter
03 40 το	55-Gallon Drums	03	Buried on F	roperty	,		17 Surfac	e Discharge

NO	Dry Cleaning Fillers	+ 1	ιγ.		·	בראווד	(4)	7)	• • • • • • • • • • • • • • • • • • • •
	1			2		•			2 (continued).
01 Ta	nks - Above Ground	10	Landfill - G	ovt. or Priv. Hau	ıler		15	Other	Questionable Treatment
02 Tai	nks - Below Ground	02	Landfill - Generator Takes			16	6 Hazardous Waste Transporter		
03 40	to 55-Gallon Drums	03	Buried on P	roperty			17	Surfac	e Discharge
04 Sπ	i. Size Containers (0-9 Gals.)	04	Pit or Pond				18	Open l	Burning
05 Op	en Pits, Ponds, or Lagoons	05	Permitted H	lazardous Waste	Facility		19	Evapo	ration After Treatment
06 Pil	ed on Ground, Floor, or Other Surfa	ce 06	Public Sewe		•		20	Used (Oil Transporter
07 Ga	rbage/Refuse Container	07	Septic Tank	:			21	Comm	ercial Laundry Service-POTW
08 La	b Packs	08	Recycled or	Reused			22	Metal	Reclamation/Retort
09 Otl	her-Good Storage Method	09	Blended or	Burned for Fuel	-		23	Unive	rsal Waste Rule Treatment
10 Par	rts Cleaner/Washer Machines	10	Hazardous '	Waste Incineration	on		24	CESQ	G Waste to HHW Collection CTR
II Me	edium Containers (10 to 39 Gallons)	11	Deep Well	Injection			25	Waste	to Energy SW Incinerator
12 An	tifreeze Stored Separately/Labeled	12	Filtration O	nly					. —
13 Bu	lk RCRA Waste Container	. 13	Onsite Neut	tralization Only	-	•			3
		14	Wastewater	Treatment Unit			. 0	Onsite	
							F	Off Si	te

20 gallons. Total amount of hazardous waste generated per month: Hazardous waste disposal manifests are maintained on-site for five years and are available upon request for inspection. Was any hazardous material/waste discarded into dumpsters or refuse containers? All secondary containment has sufficient volume to hold material required. Floor drains in a hazardous material handling, usage or storage area, which lead to drain field, septic tank or storm water system, are secured or permanently sealed to prevent the release of hazardous materials. Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an accumulation date is marked on the label; and the waste has not been stored on site for more than 180 days (Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.) A follow up inspection by Pollution Prevention Personnel, to address possible enforcement activities, is required at this site. Comments:

STORAGE METHOD CODES

CODE DESCRIPTION

01 Tanks — Above-Ground

02 Tanks — Below-Ground

03 40 to 55-Gallon Drums

04 Sm. Size Containers (0-09 Gals.)

05 Open Pits, Ponds, or Lagoons

06 Piled On Grnd, Flr, or Other Surface

07 Garbage/Refuse Container

08 Lab Packs

09 Other-Good Storage Method

10 Parts Cleaner/Washer Machines

11 Medium Containers (10 To 39) Gallon Containers

12 Antifreeze Stored Separately/Labeled

13 Bulk RCRA Waste Container

CLASSIFICATION CODES

CODE DESCRIPTION

CESQG Conditionally Exempt Small Quantity Generator

SQG Small Quantity Generator

CODE DESCRIPTION

01 Landfill - Govt. or Priv. Hauler

02 Landfill — Generator Takes

03 Buried on Property

04 Pit or Pond

05 Permitted Hazard. Waste Facil.

06 Public Sewer

07 Septic Tank

08 Recycled or Reused

09 Blended or Burned for Fuel

10 Hazardous Waste Incineration

11 Deep Well Injection

12 Filtration Only

13 Onsite Neutralization Only

14 Wastewater Treatment Unit

15 Other Questionable Treatment

16 Hazardous Waste Transporter

17 Surface Discharge

18 . Open Burning

19 Evaporation After Treatment

20 Used Oil Transporter

21 Commercial Laundry Service->POTW

22 Metal Reclamation/Retort

23 Universal Waste Rule Treatment

24 CESQG Waste to HHW Collection CTR

25 Waste to Energy SW Incinerator

HAZARDOUS WASTE GENERATOR CATEGORIES

Key



= 200 kilograms (kg) hazardous waste (sometimes equivalent to about a 55-gallon drum)

Conditionally Exempt Small Quantity Generator Limits

Less than



In one month, you generate:

No more than 100 kilograms (220 lbs.). This is about half a 55-gallon drum, or about 25 gallons.*

OR

You generate less than 1 kilogram of an acute hazardous waste (e.g. arsenic and cyanide compounds) in one month.

AND

You never accumulate more than 1,000 kilograms (2,200 lbs.) of hazardous waste at any time.

100 to 1,000 Kg/mo Small Quantity Generator Limits









In one month, you generate:

More than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs.). This is approximately one-half of a drum to 5 drums, or 25 to 250 gallons.*

Generator Limits



In one month, you generate:

1,000 kilograms (2,200 lbs.) or more.

This is approximately 5 full drums, or 250 gallons or more.*

OR

You generate 1 kilogram or more of an acute hazardous waste in one month.

* These volume limits are based on the weight of water (8 lb./gallon) and are only provided for the purpose of estimating one's status. Heavier wastes like heavy metal sludges (20 lb./gallon) and chlorinated solvents such as perchloroethylene, freon, and trichloroethylene (12-13.5 lb./gallon) will need to be evaluated based on their actual weight per gallon.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

FACILITY LOCATION: 186 S. F.	10 TIME IN: 1320 TIME OUT: 1400
FACILITY NAME: DryClean 4	ISA # 11205
FACILITY LOCATION: 186 S. F.	Towning a Road # 3 C
Pembroke.	Pines FL 33027 32 -
responsible official: Rau/ Died Contact name:	9487 PHONE: (954).0134-360)
CONTACT NAME:	PHONE: Sand
PART I: NOTIFICATION	
(check appropriate box)	_
1. New facility notified DARM 30 days prior to sta	artup \square
2. Facility failed to notify DARM to use general pe	ermit O
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
I W Tiefing amail area courses	7 New (mail area source
	2. 1.0 5
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
	2. 1.0 5
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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)	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)
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, 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, 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 \le x \le 2,100 gal/yr	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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	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 $12/9/91$)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	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
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 \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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	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
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 \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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	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

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ONA
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/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 minimum installed prior to September 22, 1993	- 1
If classification 4 has been checked, the machine should be equipped with a refr (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?	⊕y □n
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 from the condenser upon opening the door?	ey on ona
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מאַ סאַ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ENY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם

PART III: GENERAL CONTROL REQUIREMENTS

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ey o	IN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	IN DINVA
	Is the temperature differential equal to or greater than 20° F?	OY O	IN EIN/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 0	IN ÉIN/A
	Is the perc concentration equal to or less than 100 ppm?		IN ØN/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 0	n @nva
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	n tan/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N EN/A

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

Lavi	VA. ARESTAL DESCRIPTION OF THE						
l. Do	es the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair			
ins	pection?			r v □n			
2. Has	s the facility maintained a leak log?			ey on			
3. Do	es the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A			
	Water separators	ey on on/a					
4. Wh	ich method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	olvent on exterior surface	es)	or /			
	Physical detection (airflow felt thi	ough gaskets)		Q /			
	Odor (noticeable perc odor)						
	O N/O						
	D NJA						
	If using direct-reading instru	imentation, is the equip	pment:	©ń/A			
	a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and	after each use	אם, צם			
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	DY ON			
	d. Kept in a clean and se	cure area when not in us	se?	DY ON			
	e. Verified for accuracy b	y use of duplicate samp	les (calorimetric only)?	OY ON			
	Paul R. She Hon		9/21/00	9			
	Inspector's Name (Please Print	(1)	Date of Inspec	ction			
	Pacific Thelen	and the second s	9/21/01				

Approximate Date of Next Inspection

Inspector's Signature



FACILITY NAME:	Dry Clean US	SA # 11205	DAT	E: 9/21/00
FACILITY LOCATION:	136 5. Flan	ningo Rood		, ,
	Dry Clean US 136 5. Flan Pembroke Pine	es, FI. 33027	7 .	
Annual Reporting Period:	sept. 21	2000 TO _	sept. 21	2001
Based on each term or condi	ition of the Title V general air	permit, my facility has rema	ained in compliance with I	EP Rule
62-213.300, Florida Admini	strative Code (F.A.C.), during	the period covered by this	statement. YES	\square NO
If NO, complete the following	ng:			
#1. Term or condition of the	e general permit that has not b	peen in continuous complian	ce during the reporting per	iod stated above:
Exact period of non-complia	nnce: from		to	
Action(s) taken to achieve co	ompliance:		·	
Method used to demonstrate	compliance:			
#2. Term or condition of the	e general permit that has not b	een in continuous compliance	ce during the reporting per	od stated above:
Exact period of non-complia	nce: from	t	to	
Action(s) taken to achieve co	ompliance:			
Method used to demonstrate	compliance:			
in this notification are true, o	hereby certify, based on inforaccurate and complete. Furth exceed 2,100 gallons per year. L: Name (Please Pri	ner, my annual consumption for dry-to dry facilities or 1,	of perchloroethylene solve ,800 gallons per year for ti	nt, based upon

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



Department of **Environmental Protection**

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.)

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213:300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112347

DRYCLEAN USA - PEMBROKE PINES

ANGELO IZOUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201

SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1.

Fund: 20-2-035001

Obj.: 002273



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AIRS ID # 0112347

PEMBROKE PINES #11205 ANGELO IZQUIERDO 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112347

DRYCLEAN USA - PEMBROKE PINES

#11205

ANGELO IZOUIERDO

7771 W. OAKLAND PARK BLVD

SUITE 201

SUNRISE, FL 33351

-16-01Pd

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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 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.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.	
	3. Article Addressed to:	4a. Article N	umber		
completed	AIRS ID#: 0112347	4b. Service Type			
	DRYCLEAN USA EDDIE RODRIGUEZ	☐ Registere	☐ Registered ☐ Certified		
ADDRESS	1875 W COMMERCIAL BLVD., STE 140	☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD			
留	FT LAUDERDALE FL 33309				
! 그	1.9	7. Date of De	elivery	Thank you for	
RETURN	5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)			
s your	6. Signature?(Addresses #PAgent)				
]	PS Form 3811 , December 1994		Domestic Return Receipt	<u>_</u>	

US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112347 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 | Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address

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Pern Droke Pines AIRS ID#0112347
DRYCLEAN USA H 11205
GAGLIANO MICHAEL
1875 W COMMERCIAL BLVD., STE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112347

PEMBROKE PINES #11205 GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1