

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

July 22, 1997

Mr. Chris Jensen Vice President Holly Cleaners 2886 North University Drive Coral Springs, Florida 33065

Re: Facility No.: 0112377

Dear Mr. Jensen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 30, 1997.

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"

Treasury.

APPLICATION FOR REFUND FORM THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF
Pursuant to the provisions of Section 215.26, or Section*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:
NAME: HOLLY CLEANERS, INC.
ADDRESS: 2886 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065-
FEID OR SS NUMBER:
AMOUNT: \$50.00 DEPOSIT DATE: 27-MAY-97 DEPOSIT: 970296
DOCUMENT NUMBER: 277050 SYS RECEIPT#: 144463
REV OBJECT CODE: 2273 TITLE V GENERAL PERMIT
REV OBORCI CODE. 2273 IIIDE V GENERAD FERRIT
which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:
REASON FOR CLAIM: OVER PAYMENT
CERTIFIED TRUE AND CORRECT this day of, 19
Parallia and the City and the control of the contro
Applicant's Signature
*Must be completed if authority is other than Section 215.26, Florida Statutes.
(FOR AGENCY USE ONLY)
(1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:
OR
(2) Agency recommends approval of above claim and submits the following information
to substantiate such claim. \$50.00 was originally deposited into the State Treasury,
Receipt, dated
NAME OF ACCOUNT:
SAMAS ACCOUNT CODE
372020350013700000000020000
Statutory Authority for Collection
It is requested that payment be made from: NAME OF ACCOUNT:
SAMAS ACCOUNT CODE
3720203500137 00000022000000

CERTIFIED TRUE AND CORRECT this 30 day of may, 1997
· · · · · · · · · · · · · · · · · · ·
V
Signature and Title of Authorized Person
Signature and Title of Authorized Person

CRAR032

CASHLIST LIKE %

APPROVED DATE BETWEEN 01-JAN-96 AND 30-MAY-97

FUND LIKE %

REFUND BETWEEN 2899 AND 2899

BEST AVAILABLE COPY ANN	UAL COMPLIAI				
FACILITY NAME: Holly	Cleaners				ATE: //-18-9
facility location: 288	6 University	Drive			
Cors	1 Springs	Florida	33065		
Annual Reporting Period:	V	1996	то	NoV	199
Based on each term or condition of the 62-213.300, Florida Administrative C	-	•			ith DEP Rule □NO
If NO, complete the following:					
#1. Term or condition of the general	permit that has not bee	n in continuous	compliance du	ing the reportin	g period stated above:
			<u></u>		
Exact period of non-compliance: fron	1		to		
Exact period of non-compliance: from			to		
Method used to demonstrate complian	:			riag the renogin	a paried stated shows
Action(s) taken to achieve compliance	: ce: permit that has not bee	n in continuous			g period stated above:
Action(s) taken to achieve compliance Method used to demonstrate complian #2. Term or condition of the general	: ce: permit that has not bee	n in continuous	compliance du	REC	
Action(s) taken to achieve compliance Method used to demonstrate complian #2. Term or condition of the general Exact period of non-compliance: from	ce: permit that has not bee	n in continuous	compliance du	R E C DEC Bureau of	EIVED

01/2377 DAT CLEANER AIR QUALITY GENERAL PERMIT
TAVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

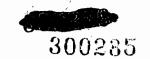
9

AIRS ID#0112377
HOLLY CLEANERS OF SOUTH FLORIDA
INC
CHRIS JENSEN
2886 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Do NOT Remove Label

	JAN 14	19 <u>97</u> to	5AU 14	19 98,
Based on each term or condition of 62-213.300, Florida Administrative				PEP Rule
If NO, complete the following:				
#1. Term or condition of the genera	al permit that has not be	en in continuous compliance	during the reporting peri	iod stated above:
	R	CECEIVED		P _#
Exact period of non-compliance: fro		JAN 2 2 1998	Bures &	<u>C</u>
Action(s) taken to achieve complian	ice:	Bureau of Air Monitoring	NO P	<u> </u>
Method used to demonstrate complia		& Mobile Sources		\$ \\ _
#2. Term or condition of the genera	d permit that has not bed	en in continuous compliance	during the reporting pet	od stated above:
Exact period of non-compliance: from	om	to_		
Exact period of non-compliance: from Action(s) taken to achieve compliance		to		
	ce:	to	· · · · · · · · · · · · · · · · · · ·	

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



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112377
HOLLY CLEANERS OF SOUTH FLORIDA
INC

CHRIS JENSEN 2886 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065

Do NOT Remove Label

	·		
Annual Reporting Period:	19TC		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous comp	oliance during the reporting p	eriod stated above:
	RECEIVI	F-D-	
Exact period of non-compliance: from		to	. "
Action(s) taken to achieve compliance:	JAN 2 2 1998	•	
Method used to demonstrate compliance:	Bureau of Air Monito & Mobile Sources	oring s	EIVE ROS
#2. Term or condition of the general permit	that has not been in continuous comp	liance during the reporting po	eriod stated above:
Exact period of non-compliance: from		to	·
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	·	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consumption of perch	hloroethylene solvent, based upo	on purchase receipts,
	ne (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.

TIME IN: 0113772. TIME OUT: 3:00	AIRS ID#: 01/2377
TYPE OF FACILITY: Dry Clearers	
FACILITY NAME: Holly Cleaners	DATE: 1/-18-97
FACILITY LOCATION: 2886 University P	rive
Coral Springs Flor	ids 33065
RESPONSIBLE OFFICIAL: Chris Jensen	PHONE NUMBER: 755 - 85 44
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
·	
	<u> </u>
·	
COMMENTS:	
· ·	<u> </u>
The Annual Compliance Certification form has been properly certif	jed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: NOV 98	
2 1	oproximate)
INSPECTION CONDUCTED BY: S. Thomas	ease Print)
INSPECTOR'S SIGNATURE: By him	PHONE NUMBER: 519-1459
1	I Holie Hollidekt. 3 - 7 7
Danail	of Pavisad 10/

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DI	ISCOVERY D
AIRS ID#: <u>O II 23 77</u> D FACILITY NAME: <u>Holly</u>		TIME IN: 2:00 T	TIME OUT: 3:00
FACILITY LOCATION: 2	886 University	Prive	
		Florida 33065	
RESPONSIBLE OFFICIAL :	Chris Jensen	PHONE: 759	5-8544
CONTACT NAME:	chris Jensen	PHONE: 75.5	8544
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified □ ARM 3	0 days prior to startup		. 🗅
2. Facility failed to no A DARM	l to use general permit		
PART II: CLASSI: TION			
Facility indicated the Affication (check appropriate 1).	n form that it is:	☐ No notification☐ Drop store/out	n form of business/petroleum
1. Existing small a source dry-to-dry only, x = 10 gal/yr transfer only, x = 12 gal/yr both types, x < 14 gal/yr (constructed before 2/9/91)	dry-to- transfe both ty	w small area source dry only, $x < 140$ gal/yr only, $x < 200$ gal/yr opes, $x < 140$ gal/yr ructed on or after $12/9/91$)	0
3. Existing large area source dry-to-dry only, $1.0 \le x \le 2.10$ transfer only, $2.0 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before 12/9/91)	00 gal/yr dry-to- gal/yr transfe tl/yr both ty	w large area source dry only, $140 \le x \le 2,100 \text{ ga}$ or only, $200 \le x \le 1,800 \text{ gal/y}$ opes, $140 \le x \le 1,800 \text{ gal/y}$ ructed on or after $12/9/91$)	I
5. This is a compact facility class	ssification DY	□N □Can not determ	nine
☐ facility ☐ facility ☐ facility B. The total quantity of perchlore		is not eligible for a general p	
facility was 25 gallons.			Ì

Is the responsible official of the dry cleaning facility: (check appropriate boxes) AND ND YA 1. Storing perchloroethylene in tightly scaled and impervious containers? ØY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? QY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ZY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON ØN/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 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) DY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	Пλ	ЙП	\square N/ \triangle
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩИ	
P.	ART V: RECORDKEEPING REQUIREMENTS			
	ns the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?	ØŸ	ПN	
2.	Maintained rolling monthly averages of perc consumption?	ØÝ	ПN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ZÝ	ПN	□N/A
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ŃΥ	ΠN	□N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	ØΫ́.	ПN	□N/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	PY	ПN	□N/A
6.	Maintained startup/shutdown/malfunction plan?	QY.	ПN	
7.	Maintained deviation reports?	ØY	ПN	□N/A
	Problem corrected?	Ø	ПN	□N/A
0	Maintained compliance plan if applicable?		ΠN	□N/A

PART VI: LEAK DETECTION AND REPAIRS

-								
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			ΖÍΥ	ПN			
2.	Has the facility maintained a leak log?			ØY	ПN			
3.	Does the responsible official check the	following areas for leaks?	•					
	Hose connections, fittings,	/.						
	couplings, and valves	AY ON ON/A	Muck cookers	DA	ON ON/A			
	Door gaskets and seating	AY ON ON/A	Stills	ØΥ	□N □N/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ØY	ON ON/A			
	Pumps	ZY ON ON/A	Diverter valves	ØΥ	ON ON/A			
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	QX	□N □N/A			
	Water separators	AND NO A						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed s	solvent on exterior surface	s)	Ø				
	Physical detection (airflow felt th	rough gaskets)	,	Ø				
	Odor (noticeable perc odor)			Ø				
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	Ø				
	Halogen leak detector			\square				
: 	If using direct-reading inst	rumentation, is the equip	oment:	□N/	A			
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	ПY	ПΝ			
	b. Calibrated against a	standard gas prior to and	after each use					
	(PID/FID only)?			ΩY	ПИ			
	c. Inspected for leaks a	ΠY	ПN					
	d. Kept in a clean and	secure area when not in us	se?	ΩY	ПN			
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	$\Box Y$	ПN			
! [,					

Inspector's Name (Please Print)

mspecial s rvanic (r lease r ring)

Inspector's Signature

11-17-97

Date of Inspection

Nov 98
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Holly	CleAN	er s		DA	TE: 12/31/98
FACILITY NAME:	2886	N.	UN	versity	De	
Annual Departing Devices		Dec	10.67		7)	. 19 <i>98</i>
Annual Reporting Period:		vsc	19 <u>~7</u>	10		. 19_/_0
Based on each term or condition 62-213.300, Florida Administra	_	•	•			a DEP Rule
If NO, complete the following:						
#1. Term or condition of the ge	neral permit that h	as not been in c	ontinuous	compliance duri	ng the reporting $ $	period stated above:
Exact period of non-compliance	: from		-	to		
Action(s) taken to achieve comp	liance:					
Method used to demonstrate con	npliance:				·	
#2. Term or condition of the ge	neral permit that h	as not been in c	ontinuous	compliance duri	ng the reporting $_{ m I}$	period stated above:
Exact period of non-compliance	: from			to		
Action(s) taken to achieve comp	liance:	_				
Method used to demonstrate con	npliance:					
As the responsible official, I her made in this notification are tru upon purchase receipts, does no combination facilities.	e, accurate and co	mplete. Furthe	r, niy annu	al consumption	of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	Name (Ple	en Sen ease Print)	<u></u>	Sign	ature)	- 12/31/98 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 ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>م</u> ع)	COMPLAINT/DISC	FCE	PVED
					<u> </u>	8 1999
AIRS ID#: 6/123770	ATE: /2/	/3//28TI	ME D	N:TIM	E OUT: Bureau of	Air Monitoring
FACILITY NAME:	Holly	Clex	ro O		& Mobi	le Sources
FACILITY LOCATION:	2886	\mathcal{M} .		ln, versita	<u> Pa, </u>	
	Cor	<u>al 5</u>	DRI	igs Fl.	33065	
RESPONSIBLE OFFICIAL:	Judith	Davids	Orl	PHONE:		
CONTACT NAME: <u>Ka</u>	RON Tens	sew_		PHONE: 753	~ 85 y	4
PART I: NOTIFICATION						
(check appropriate box)	<u> </u>					
1. New facility notified DARM 3	0 days prior to start	tup				P
2. Facility failed to notify DARM	f to use general per	mit ————				
PART II: CLASSIFICATION						
Facility indicated on notification	n form that it is:			☐ No notification for		
(check appropriate box) A.				☐ Drop store/out of b	usiness/petro	leum
1. Existing small area source				rea source		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Ţ			x < 140 gal/yr < 200 gal/yr		
both types, $x < 140$ gal/yr		both types		<u> </u>		
(constructed before 12/9/91)				or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr	dry-to-dry transfer or both types	only, ily, 20 , 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility cla	ssification		N	□Can not determine		
	qualified for a gen	eral permit		mber above ible for a general perm	it	
B. The total quantity of perchlor facility was <u>g</u> o gallons.	oethylene (perc) pu	rchased wit	hin th	ne preceding 12 months	by this dry c	leaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON BY/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square N$ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□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?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□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?	ΟY	ПN	□N/A

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

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?		•		OY ON			
3.	Does the responsible official check the fe	ollowing ar	eas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON	□N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	□Y □N □N/A			
	Pumps	MC AM	□N/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	DY DN	□N/A	Cartridge filter housings	ON ON/A			
	Water separators	DY ON	□N/A					
4.	Which method of detection is used by th	e responsit	ole official?					
	Visual examination (condensed so	lvent on ex	terior surfaces)		u			
	Physical detection (airflow felt thro	ough gaske	ts)		@			
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentat	ion (FID/P	D/calorimetric	tubes)	□ N/A			
	Halogen leak detector							
	If using direct-reading instru	mentation	, is the equipme	ent:	UN/A			
	a. Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?	UY UN			
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use	□Ү □И			
	c. Inspected for leaks and	l obvious si	gns of wear on	a weekly basis?	□Y □N			
	d. Kept in a clean and se	cure area w	hen not in use?		OY ON			
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	□Ү □И			
				•				

Inspector's Name (Please Print)

Date of Inspection

12/31/98

Date of Inspection

12/57

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	IUAL NSPECTION	™	COMPLAINT/DISCOVE	RY 🗅
AIRS ID#: (5112377 DATE:	12/22/19	_ TIME I	n: <u>13:24 Patime o</u> i	JT: <u>/2.60</u>
FACILITY NAME:	Cleamar	<u> </u>		
FACILITY LOCATION: 366	N. (17)	warsit	y Drive	
Cural	Springs	FL	133065	
RESPONSIBLE OFFICIAL:	edith Dog	nd xn	PHONE:	
	Full time	-3		
CONTACT NAME: Kured	RWXIN	10 10 10	_PHONE: <u>755 - 9</u> 5	79
PART I: NOTIFICATION			, , , , , , , , , , , , , , , , , , ,	
(check appropriate box)1. New facility notified DARM 30 days	nrior to startun			:D/
2. Facility failed to notify DARM to use	•			
			300	The state of the state of
PART II: CLASSIFICATION				
Facility indicated on notification form	that it is:		☐ No notification form	
(check appropriate box) A.			☐ Drop store/out of busine	282/Defroientii
1. Existing small area source dry-to-dry only, x < 140 gal/yr			rea source \square $x < 140$ gal/yr	
transfer only, x < 200 gal/yr	trans	sfer only, x	< 200 gal/yr	
both types, $x < 140$ gal/yr (constructed before 12/9/91)		types, x <	140 gal/yr or after 12/9/91)	
•	•		•	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/		_	rea source $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gallyr	•		$0.0 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr			$\leq x \leq 1,800 \text{ gal/yr}$	·
(constructed before 12/9/91)	(con	structed on	or after 12/9/91)	
5. This is a correct facility classificat	ion 🗆 Y	ŪN .	☐Can not determine	
If no, please check the appropri				
	ied for a general p Is above limits and		imber above gible for a general permit	
B . The total quantity of perchloroethyle	ne (perc) purchas	ed within th	ne preceding 12 months by the	nis dry cleaning
facility was <u>GO</u> gallons.		tury to	· ~ FIN/FR	
	2.00	ر	- C F I V F I J	

DEC 1 0 2000

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y 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 DAY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN □Y □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? □Y □N

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?	ПY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expression; is at least 2 duct diameters unstream from any hand, contraction			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	П И	□N/A

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

TUC 113CH U7/ 13/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



. \				
FACILITY NAME: TOTAL C	Dewners .		DA′	re: 12/22/99
FACILITY LOCATION:	N. University	Drive		
	1	33065		
Annual Reporting Period: Dar	ember	_19 <u>¶</u> 9 TO _	December	1999
Based on each term or condition of the 62-213.300, Florida Administrative Co	•	*	~~~	DEP Rule
If NO, complete the following:				
≠1. Term or condition of the general p	ermit that has not been in	continuous compliar	nce during the reporting p	eriod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:			<u></u>	
Method used to demonstrate compliance	e:		·	
≠2. Term or condition of the general pe	ermit that has not been in o	continuous complian	nce during the reporting p	eriod stated above:
Exact period of non-compliance: from		tı	0	
Action(s) taken to achieve compliance:				
•				
Method used to demonstrate complianc	e:	-		
As the responsible official, I hereby cer made in this notification are true, accuration purchase receipts, does not excee combination facilities.	rate and complete. Furthe	r, my annual consun	nption of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL:	KAREN Je	nsen	Kam Jensen	- 12-22-09
	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 _____ of _____.

RECEIVE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	G	COMPLAINT/DISCOVER	Y 🗓
	RE-INSPECTION	1 🗆		
AIRS ID#: 0112377			,	т: <u>/0:50</u>
FACILITY NAME: Ho	LLY CLEAN	<u> 388</u>		
FACILITY LOCATION:	12886 N	J. UNW.	DRIVE COPILS	59RW62
RESPONSIBLE OFFICIAL:	JUDITH D	4U(D500	phone: <u>(954) 755 - 2</u>	 ਭੁਨ੍ਹਮ੍
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		-	
(check appropriate box)				
New facility notified DARM 3	30 days prior to startu	ın		- G
2. Facility failed to notify DARN	· -	-		
2. I acmy fancu to nomy DAM	1 to use general perm			
PART II: CLASSIFICATION			:	
				8
Facility indicated on notification	n form that it is:		No notification form	
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of business	z/petroleum
(check appropriate box) A.			☐ Drop store/out of business	/petroleum
(check appropriate box) A. 1. Existing small area source	c 🗹 2	. New small a	☐ Drop store/out of business	z/petroleum
(check appropriate box) A.	e 1 2		☐ Drop store/out of business area source ☐ x < 140 gal/yr	
(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	e 1 2 r d tr	fry-to-dry only, ransfer only, x ooth types, $x <$	☐ Drop store/out of business area source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 1 2 r d tr	fry-to-dry only, ransfer only, x ooth types, $x <$	☐ Drop store/out of business area source ☐ x < 140 gal/yr < 200 gal/yr	
(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)	e 2 d tu b	lry-to-dry only, ransfer only, x oth types, x < constructed on	☐ Drop store/out of business area source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau ය N
(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	e 2 t d ti b	lry-to-dry only, ransfer only, x oth types, x < constructed on New large a	☐ Drop store/out of business area source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau ය N
 (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 	e 2 to d to to c c 00 gal/yr gal/yr tr	lry-to-dry only, ransfer only, x oth types, x < constructed on . New large a lry-to-dry only, ransfer only, 20	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	Bureau of Air & Mobile S
 (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 both types, 140 ≤ x ≤ 1,800 ga 	e 2 t d tr b (c c Q 00 gal/yr gal/yr tr tr tl/yr	lry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Bureau of Air & Mobile S
 (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 	e 2 t d tr b (c c Q 00 gal/yr gal/yr tr tr tl/yr	lry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	Bureau of Air & Mobile S
 (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 both types, 140 ≤ x ≤ 1,800 ga 	e 2 tr d tr b (0 e 4 00 gal/yr d gal/yr tr ll/yr be	lry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Bureau ය N
 (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 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no. please check the area. 	e 2 tr d tr b (0 c	lry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on	☐ Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) ☐ Can not determine	Bureau of Air & Mobile S
(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 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate the facility	e 2 t d tu b (c) c 4 00 gal/yr d gal/yr tr l/yr be ssification opropriate classification qualified for a general	lry-to-dry only, ransfer only, x oth types, x < constructed on . New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on . IY	☐ Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) ☐ Can not determine	Bureau of Air & Mobile S

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly sealed 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 DAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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 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) BY CIN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DYY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MA 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 ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	of 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?	AVAR 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?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON DANA
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 WNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WAYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON EN/A

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

PART VI: LEAK DETECTION AND	D REPAIRS		
1. Does the responsible official conduc	a weekly (for small source	es, bi-weekly) leak detection	and repair
inspection?			oy on
2. Has the facility maintained a leak lo	g?		DY ON
3. Does the responsible official check the	he following areas for leak	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	MY ON ON/A	Diverter valves	ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	S CY ON ON/A
Water separators	ØY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	Q
Physical detection (airflow felt	through gaskets)		ם
Odor (noticeable perc odor)			Q
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading ins	trumentation, is the equip	oment:	DAN/A
a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ОУ ОИ
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	DY DN
d. Kept in a clean and	secure area when not in us	e? -	DY DN
e. Verified for accuracy	y by use of duplicate sampl	es (calorimetric only)?	DY DN
ART PEWETT	7	12/12/00	
Inspector's Name (Please Pri	nt)	Date of Inspe	
Inspector's Signature		<u>DEC 200</u> Approximate Date of 1	
mapocior a dignature	'	tribhiogramaic maic of t	TOTE THIS POULDING

BEST AVAILABLE COPY

V11 >	JAN - 2 JAN -	ENERAL PERMI CATION FORM	Revised 01/18/00 JAN - 2 2001 T EFARTMENT OF DPEP JER QUALITY DIVISION
FACILITY NAME: HOLLY CL	EANERS		DATE: 12/12/00
FACILITY LOCATION: 2886	N. UNIVERSITY T		Spanes
Annual Reporting Period: DEC	22 1999 1	o Dec	12 2000
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A If NO, complete the following: #1. Term or condition of the general permit the	.C.), during the period covered by	this statement. YES	s 🗖 NO
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit th	at has not been in continuous com	pliance during the reportin	ng period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			***
As the responsible official, I hereby certify, bas in this notification are true, accurate and comp purchase receipts, does not exceed 2,100 gallo combination facilities.	lete. Further, my annual consum	ption of perchloroethylene	solvent, based upon
RESPONSIBLE OFFICIAL: Name	h Davidson Je (Please Print)	Signature	7 12 19 00 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.

	#0112377
	Holly Cleaners
p./5	5. (c) not required, mark out
	5.(f)required
	need original signature
·	

& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Ifolly CLEANERS OR SOVIE FLORIOR ZO	_
2. Site Name (For example, plant name or number):	
Hocey Cleaners	
3. Hazardous Waste Generator Identification Number:	; ;
FLD 982092447	, .
4. Facility Location: 2886 N. UNIVENSITY DANK Street Address:	
City: Cond Spring County: 13 no ware Z	ip Code: 33 · C
5: Facility Identification Number (DEP Use):	0112377
Responsible Official	
6. Name and Title of Responsible Official:	
CHER ELARIS JENSEN VICE PAG	
7. Responsible Official Mailing Address: 2886 W. UNIVERS Organization/Firm: Street Address:	
City: Conne SPrints FL. County: Browner	Zip Code: 33.64
8. Responsible Official Telephone Number: Telephone: (914) 7.51-8144 Fax: ()	// /
Facility Contact (If different from Responsible Office	(ial) 200M
9. Name and Title of Facility Contact (For example, plant manager):	7
10. Facility Contact Address:	
Street Address:	
City: / County: Z	Çip Code:
11. Facility Contact Telephone Number:	
Telephone: () - Fax: ()	- /
PAGE (I)	RECEIVED
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Effective: 6-25-96	Bureau of Air Monitoring

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.

10	NZACCI		Date	Date		Date	Date		Date	Date
100	CNA-SUN		Machine	Control		Machine	Control		Machine	Control
	310		Initially	Device		Initially	Device		Initially	Device
	Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	e	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-	Dry Unit	7	Day to 11	<i>ny</i>					-	
(1)	w/ ref. condenser	(1)	82187	8 206 87						
(2)	w/ carbon adsorber	<u> </u>								
(3)	w/ no controls									
Washer	Unit		-							
(4)	w/ ref. condenser					-				
(5)	w/ carbon adsorber									
(6)	w/ no controls									
Dryer U	Jnit					-				
(7)	w/ ref. condenser		<u> </u>			1	1			
(8)	w/ carbon adsorber	_								
(9)	w/ no controls									
Reclaim	ner Unit			•						
(10) w/ ref. condenser									
(11) w/carbon adsorber			_						
(12) w/ no controls									
(c) 1 2.(a) V (b) I (c) 3. Wha	Control devices are No control devices What was the total of the second	are requant gallo	equired to be ity of perchlo ons ow many? [_ i 12 months:	oroethylene (] months New owner:	perc)	_] New store	:: [] Did	not k	eep records:	
sting	Existing small ar	ea so	ource	· Ne	ew sn	nall area sou	rce []		
ns w	Existing large are	ea so	urcei	Ne	ew la	rge area sour	ce []		
	-			/	PA	90 2				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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(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		
(d) Carbon adsorber exhaust perc concentration monitoring		
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate 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)	
\angle	No air permits currently exist for the operation of the facility indicated in this notification form.	
Responsible Official Certification		
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.	
I will prod	mptly notify the Department of any changes to the information contained in this notification.	

PAGE (4)

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



This portion must be attached to remittance for proper handling \$412797\$ Jan $9\,2002$ \checkmark

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 # 0112377 HOLLY CLEANERS CHRIS JENSEN 2886 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443745 DEC 27 2004

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AIRS ID# 112377 10 HOLLY CLEANERS 2886 N University Drive CORAL SPRINGS, FL 33065

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FOR GOVERNMENTSUSE ONLY ORG.: 37550101000 EOF A1 FUND: 20-2-035001

OBJECT: 002273



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112377 CHRIS JENSEN HOLLY CLEANERS 2886 NUNIVERSITY DRIVE CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY Org.: 37550101000 Eq.: 34 Fund: 20-2-035001

Obj.: 002273



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420828 DEC192882

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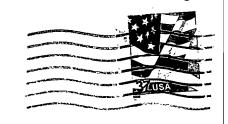
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AIRS ID#0112377

HOLLY CLEANERS CHRIS JENSEN 2886 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065 FOR GOVERNMENT USE ONEY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 Holy Chanes 2866 University Da C.S. FL 33065





Title V Air General Permits Receipts

P.O. Box 2070

Tallahassee, FZ.

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

101304

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HOLLY CLEANERS
CHRIS JENSEN
2886 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



300 285

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HOLLY CLEANERS OF SOUTH FLORIDA INC CHRIS JENSEN

2886 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355731

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MAIL ROOM DEC 30 98

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AIRS ID # 0112377

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0390730

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HOLLY CLEANERS CHRIS JENSEN 2886 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065 JAN-6 00

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Fund: 20-2-035001 Obj.: 002273