



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 2, 1998

Mrs. Preadarshni Naraine
DryClean USA
8088 West McNab Road
North Lauderdale, Florida 33068

Re: Facility No.: 0112391

Dear Mrs. Naraine:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 12, 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"

0112391

p13 4. add Facility Location.

6. add Title of Responsible Official.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 20, 1999

Mrs. Prea Naraine
7186 Northwest 80th
Tamarac, Florida 33321

Dear Mrs. Naraine:

Thank you for your note informing the Division of Air Resource Management that your facility has been sold. We received your note on December 15 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Dryclean USA (AIRS ID #0112391) was in operation in 1999, the fee will be due.

Rule 62-213.300(3), F.A.C., also states that the general permit is non-transferable and does not follow a change in ownership of the facility. The owners of Bernie's Cleaners will need to complete and submit to the Department a new notification form.

For your convenience, I am enclosing your original invoice as well as a notification form. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section

SB/

Enclosures

Prea Naraine
7186 NW 80th
Tamarac FL 33321

Ownership of the
business has been
changed to

Bernie's Cleaners
(954) 726 3024

8088 N McNab Rd

N Lauderdale FL
33068

Any questions or
supporting documents
please call or
write me at
above address, Mrs Naraine

RECEIVED

DEC 12 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
 ANJULI'S CREATIONS DBA DRYCLEAN USA

2. Site Name (For example, plant name or number):
 8088 W Mc Nab Road, Dryclean USA Franchise

3. Hazardous Waste Generator Identification Number:
 Safety Klean FLD 981476443

4. Facility Location:
 Street Address:
 City: County: Zip Code:

5. Facility Identification Number (DEP Use):
 0112391

Responsible Official

6. Name and Title of Responsible Official:
 Pina Naraine

7. Responsible Official Mailing Address:
 Organization/Firm: Dryclean USA
 Street Address: 8088 W Mc Nab Road
 City: N Lauderdale County: FL Zip Code: 33068

8. Responsible Official Telephone Number:
 Telephone: 954 726 5530 Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
 Pina Naraine

10. Facility Contact Address:
 Street Address: 8088 W Mc Nab Road
 City: N Lauderdale County: FL Zip Code: 33068

11. Facility Contact Telephone Number:
 Telephone: 954 726 5530 Fax: ()

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ANJULI'S CREATIONS INC.		
2. Site Name (For example, plant name or number):	DRYCLEAN U.S.A.		
3. Hazardous Waste Generator Identification Number:	FLD 981476443.		
4. Facility Location:	8088 W McNab Road		
Street Address:	N. LAUDERDALE County: FL		
City:		Zip Code:	33068
5. Facility Identification Number (DEP Use):	0112391		

Responsible Official

6. Name and Title of Responsible Official:	MRS. PREADARSHNI NARAINI		
7. Responsible Official Mailing Address:	DRYCLEAN U.S.A.		
Organization/Firm:	8088 W McNab Rd		
Street Address:	N. LAUDERDALE County: FL		
City:		Zip Code:	33068
8. Responsible Official Telephone Number:	Telephone: (954) 726-5530 Fax: ()		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone: () Fax: ()		

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	# 1	8/12/91	8/12/91						
(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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? *Store acquired*

1996-1997 ~~gallons~~ *120 gals*

July 12th '96. No records of perc used by the previous owner carried

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature: PREADARSHINI NARAINIE

8/12/96
Date

**Prea Naraine
DRYCLEAN USA
FAX 954-722-8194**

Rick Butler
Dept of Environmental Protection
Fax 850 922-1362

Rick:

I was under the impression that these forms only had to be completed once and there was no charge. The enclosed pages 13 to 16 of 16 were sent in July of 1996. How often does this have to be done? And is there a \$50.00 fee per year? I am enclosing also for your information:

- a) proof of registration sent in June 1997,
- b) proof of facility ID
- c) another recent check for \$100 sent Jan 3, 1998 for 1997 dues.

Please note that for all purposes, the business changed hands from ACE Drycleaning Inc to Anjuli's Creations Inc. DBA Dryclean USA. How can we have this name changed across the board??

~~Thanks~~ for your help.

~~Sincerely~~
P.Naraine

(954) 726 3024 (Phone at home)



Department of Environmental Protection

(b)

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

08-09-96

PREA NARAINÉ, OWNER
DRY CLEAN USA
8088 WT McNAB RD
NORTH LAUDERDALE FL 33068

The Hazardous Waste Management Program has reviewed your application for a hazardous waste DER/EPA I.D. Number. Based on the information received you have been issued the following identification number for the facility at 8088 W McNAB RD, NORTH LAUDERDALE

Facility ID # FLD981476443
Your facility status is the following:

Small quantity generator.

Florida Administrative Code rule 17-730 requires all large quantity generators of hazardous waste and all hazardous waste treatment, storage, or disposal facilities to file a biennial report of their hazardous waste activities with DER. You must comply with this rule concerning the filing of a biennial report by March 1 for the preceding odd-numbered year. The report forms will be sent to the contact person. Businesses that generate less than 1000 kilograms of hazardous waste per month (small quantity generators) are not subject to these reporting requirements.

If any of the information on the Hazardous Waste activity form changes, please notify us in writing at the letterhead address. For further assistance, please call 904/488-0300.

Sincerely,

THIS LETTER IS INTENDED TO NOTIFY YOU OF YOUR EPA ID NUMBER. THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE OR DISPOSAL FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS.

cc: Dave Gray - EPA/Region IV
DER/West Palm Beach
GMS-ID # 5006P80654


Michael X. Redig
Environmental Supervisor II
Hazardous Waste Management Section

Section 3 Registration/Insurance Verification

Facility ID: 9500476

Facility Information: DRYCLEAN USA
8088 W MCNAB RD
NORTH LAUDERDALE, FL 33068-4255, County: BROWARD

Facility Operator: ~~HARRY RAMESHWAR~~ SHRI NARAINA

Account Owner: 38688
ACE DRY CLEANING INC
8088 W MCNAB RD
NORTH LAUDERDALE, FL 33068
Attn: Rameshwar, Harry

Facility Owner: 38688
ACE DRY CLEANING INC
8088 W MCNAB RD
NORTH LAUDERDALE
Attn: RAMESHWAR, HARRY

Property Owner: 40031
TRAMMELL CROW CO
3225 AVIATION AVE #700
COCONUT GROVE
Attn: SMITH, TOM

11 \$100 1997 DUES
chk 1720
3/1/98

NEW OWNER - 1997
ANJULI'S CREATIONS INC.
DBA DRYCLEAN USA
8088 W MCNAB RD
NORTH LAUDERDALE
ATTN: SHRI NARAINA

1997 Annual Fee:	\$100.00	- ENCLOSED	Adjustments:	\$0.00
1996 Annual Fee:	\$100.00	- NOT APPLICABLE	Payments:	\$0.00
Total Charges:	\$200.00		Balance Due:	\$200.00

3a. Has third-party liability insurance been obtained for the facility listed above?
 YES (Please complete the following) NO

Policy Holder: DRYCLEAN USA, ANJULI'S CREATIONS INC.
Insurance Company: FIREMAN'S FUND
Policy Number: A S2 AZC 80540313 Amount of coverage: \$2,000,000
Date coverage obtained: 6-24-97 Period of coverage: 12 MONTHS

3b. If the facility identified above did not operate as a drycleaning facility or wholesale supply facility (as defined in Section 1) during the calendar year 1997, provide the last date the facility operated as such: ___/___/___

3c. If the facility identified above operated a business in 1997 that did not meet the definition of a drycleaning facility or a wholesale supply facility, indicate the type of business that was operated:

- Dry Drop-off Facility Retail clothing store
- Uniform Rental or Linen Supply Facility
- Laundry Facility with no use of drycleaning solvents Other

@

attn: here

Anjuli's Creations
d/b/a Dryclean USA
8088 West McNab Road
N. Lauderdale, Fl 33068
Phone: (954) 726-5530

6/23/97

Department of Environmental Protection
Drycleaner Registration
2600 Blairstone Road
NS 4525
Tallahassee, Fl 32399-2405

Drycleaner Registration
Previous Cust ID 38688

Dear Sirs:

ACE Drycleaners (Cust ID 38988) d/b/a Dryclean USA has been taken over by Anjuli's Creations d/b/a Dryclean USA. It is our understanding that a registration fee of the sum of \$100.00 needs to be paid for the year 1996-1997. Your notice was not received by us.

Check No. 1488 in the sum of \$100.00 is enclosed. Please call (954) 726-5530 for any further information.

I am also enclosing a stamped addressed envelope so that you could verify that you have received my check and that my registration fee is paid.

Thank you

Sincerely

SNZ
Shridat Naraine
President
Anjuli's Creations

ANJULI'S CREATIONS INC.
D/B/A DRYCLEAN USA
8088 W. MCNAB ROAD, SUITE 1A
N. LAUDERDALE, FL 33068

1488

DATE 6/23/97

PAY TO THE ORDER OF

State of Florida: Dept of Environmental Protection \$100

one hundred

50

DOLLARS

CITIBANK
CITIBANK F.S.B. 58
6825 N. UNIVERSITY DR.
TAMARAC, FL 33321
1-800-374-9900

FOR

Drycleaning Registration

Naraine

FAX

Date 01/06/98

Number of pages including cover sheet 5

TO: Prea Naraine
Dry Clean USA
8088 W. McNab Road
North Lauderdale 33068

Phone 954-726-5530
Fax Phone 954-720-2815

FROM: Rick Butler
Florida Department of
Environmental Protection
Bureau of Air Monitoring
and Mobile Sources
MS 5510
2600 Blair Stone Rd.
Tallahassee, FL 32399

Phone (850) 921-9586
Fax Phone (850) 922-1362

CC:

REMARKS: Urgent For your review Reply ASAP Please Comment

Please complete the following pages and fax them to the number listed above.
Please send the copy with the original signature to the address above. Feel free to
call with any questions.

*Thank you,
Rick Butler*

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ANJULI'S CREATIONS INC.		
2. Site Name (For example, plant name or number):	DRYCLEAN U.S.A.		
3. Hazardous Waste Generator Identification Number:	FLD 981476443.		
4. Facility Location:	8088 W McNab Road		
Street Address:	N. LAUDERDALE County: FL		
City:		Zip Code:	33068
5. Facility Identification Number (DEP Use):	0112391		

Responsible Official

6. Name and Title of Responsible Official:	MRS. PREADARSHNI NARAINI		
7. Responsible Official Mailing Address:	Organization/Firm: DRYCLEAN U.S.A.		
Street Address:	8088 W McNab Rd		
City:	N. LAUDERDALE	County:	FL
		Zip Code:	33068
8. Responsible Official Telephone Number:	Telephone: (954) 726-5530 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	# 1	8/12/91	8/12/91						
(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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? *Store acquired on*

1996-1997 gallons
120 gals

July 12th '96. No records of perc used by the previous owner available.

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature PREADARSINI NARAINI

8/12/96
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ACCESS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>0112391</u> DATE: <u>06/02/00</u> TIME IN: <u>11:21 am</u> TIME OUT: <u>11:45 am</u>	
FACILITY NAME: <u>Dry-Clean USA</u>	
FACILITY LOCATION: <u>8088 W. McVay Rd.</u> <u>North Lauderdale, FL 33068</u>	
RESPONSIBLE OFFICIAL: <u>Mrs Naraine Preadorshini</u>	PHONE: _____
CONTACT NAME: _____	PHONE: _____

RECEIVED
 JUL 06 2000
 Bureau of Air Pollution Control

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

<p>A.</p> <p>1. Existing small area source <input type="checkbox"/> 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)</p> <p>3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p><input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source <input type="checkbox"/> 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)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>
--	--

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 160-16 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/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 condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
No leaks
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y N N/A

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: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

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

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

John Coppola
Inspector's Name (Please Print)

6/1/00
Date of Inspection

[Signature]
Inspector's Signature

6/01
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

FEB 08 1999

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0112391 DATE: 1-8-99 TIME IN: 11:00 TIME OUT: 11:40

FACILITY NAME: DRYCLEAN USA

FACILITY LOCATION: 8088 W. McNAB RD. NORTH LAUDERDALE
33068

RESPONSIBLE OFFICIAL: MRS. PREADARSHNI NARAYNE PHONE: _____

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. 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 form that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

- | | |
|---|--|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>dry-to-dry only, $x < 140$ gal/yr</p> <p>transfer only, $x < 200$ gal/yr</p> <p>both types, $x < 140$ gal/yr</p> <p>(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/></p> <p>dry-to-dry only, $x < 140$ gal/yr</p> <p>transfer only, $x < 200$ gal/yr</p> <p>both types, $x < 140$ gal/yr</p> <p>(constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr</p> <p>transfer only, $200 \leq x \leq 1,800$ gal/yr</p> <p>both types, $140 \leq x \leq 1,800$ gal/yr</p> <p>(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr</p> <p>transfer only, $200 \leq x \leq 1,800$ gal/yr</p> <p>both types, $140 \leq x \leq 1,800$ gal/yr</p> <p>(constructed on or after 12/9/91)</p> |

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 160 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/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)

- | | | | |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |

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

PART V: RECORDKEEPING REQUIREMENTS

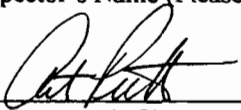
Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ART PENNETA
Inspector's Name (Please Print)


Inspector's Signature

1-8-99
Date of Inspection

JAN 2000
Approximate Date of Next Inspection

ACE

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLEAN USA : _____ DATE: 1/8/99

FACILITY LOCATION: 8088 W. MCNAB RD. NORTH LAUTERDALE. 33068

Annual Reporting Period: JAN 9 1998 TO JAN 8 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: G. Garcia P. NARAIN 10/8/99
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.



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402772

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

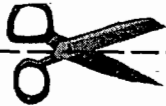
TOTAL AMOUNT DUE: \$50.00

1-16-01
RECEIVED
MAIL ROOM
JAN 16 01

Do **NOT** Remove Label

AIRS ID # 0112391
BERNIE'S CLEANERS BERNARD J AUDET 7600 WEST CAMINO REAL #100 BOCA RATON FL 33433

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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0354373

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TOTAL AMOUNT DUE: \$50.00

DEC 21 1998

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AIRS ID # 0112391

DRYCLEAN USA
PREA NORAINÉ
8088 W MCNAB ROAD
N LAUDERDALE FL 33068

Bureau of Air Monitoring
& Mobile Sources

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Fund: 20-2-035001
Obj.: 002273

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0391007

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TOTAL AMOUNT DUE: \$50.00

DEC 15 1999

Bureau of Air Operations
& Mobile Sources

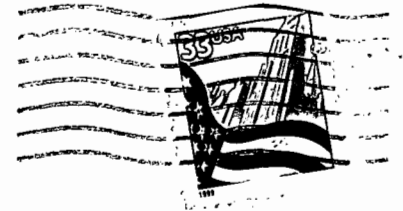
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AIRS ID # 0112391

DRYCLEAN USA
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N LAUDERDALE FL 33068

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Fund: 20-2-035001
Obj.: 002273



Tithe V Air General

Permits

Receipts

P O Box 3070

Tallahassee, Fl 32315-3070.

32315+3070

