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she is not the



# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 9, 1998

Ms. Grace I. Lee Best Discount Dry Cleaners 1303 Lyons Road Coconut Creek, Florida 33063

Facility No. 0112396

Dear Ms. Lee:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on February 9, 1998.

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

cc: Mr. John Coppola, Broward County

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

Entitle ( 3/5/98

# Perchloroethylene Dry Cleaning Facility Notification



## Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  In ja
l.	Esther Jong Day Lee GRACE Infa Lee owner.
	Esther Jong Day Let   GRACE To
2.	Site Name (For example, plant name of number).
	BEST DISCOUNT DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: /303 LYONS ROAD Street Address:
	City: Cochnut CAECK County: Briware Zip Code: 33-63
5.	Pacility Identification Number (DEP Use).  012396
	Responsible Official
<b>6</b> .	Name and Title of Responsible Official:
	GAACE I LEE CO DWNER
7.	Responsible Official Mailing Address: 1303 Lyons None Organization/Firm: Street Address: City: Coconty: Browns Zip Code: 33.63
8.	Responsible Official Telephone Number: Telephone: (954) 970 - 3350 Fax: (954) 370.9102
٠	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( )
-	

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2-9-98

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
GRACE & SHAMON ENTERPRISES THE ESTER JONG LEE	
2." "Site Name" (For example, plant name or number):	
BEST DISCOUNT DAY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
APPLIED FOR	
4. Facility Location: 1303 Lyous 12040 Street Address:	
City: Coconut CAFER County: Brown And Zip Code: 33-63	
5. Facility Identification Number (DEP Use)	
	<b>3</b>
Responsible Official	
6. Name and Title of Responsible Official:	
GRACE I LEE	
7. Responsible Official Mailing Address: /303 Lyons None Organization/Firm: Street Address:	
City: Coconor Clerk County: Brownso Zip Code: 33 o 63	
8. Responsible Official Telephone Number: Telephone: (954) 970 - 3355 Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
	_
10. Facility Contact Address:	
Street Address:	
City: Zip Code:	
11. Facility Contact Telephone Number:	$\neg$
Telephone: ( ) - Fax: ( ) -	

RECEIVED

FEB 9 1998

#### **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.

AEno TECH		Date	Date		Date	Date		Date	Date
DAY Z DAY		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		DAY 7- 0.		_					
(1) w/ ref. condenser	(1)	11/3-/92							T
(2) w/ carbon adsorber									
(3) w/ no controls				_					
Washer Unit		i					·		
(4) w/ref. condenser									
(5) w/ carbon adsorber					Ì				
(6) w/ no controls									
Dryer Unit		,				•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						•		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total q  (b) If less than 12 mont Check why it is less	are re juanti gallo	equired to be  ty of perchlo  ns	installed [	perc)	purchased in	of soll			
3. What is the facility's son (Indicate with an "X". Existing small and Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour ge area sour	ce	3) of	Part II?	
Daisting large are	-u 301		140	77 141	50 a.ca 30ar	I	ı		

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

4. What control technology is required on machines profile (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser  [X]	en e
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions ur to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	
All steam and hot water generating units exempt No such units on-site	<u>X</u> j
Equipment Monitoring an	d 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	$\succeq$
(d) Carbon adsorber exhaust perc concentration monit	oring
(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)

ease indica	te with an "X" the appropriate selection:
$\angle$	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
i will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	have V. Lee 45/98

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

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	01/2396
013	h h h h h h h h h h h h h h h h h h h
	2005 Och School Action of the second
7,	add organization/Firm.
6884	
	State the worded want out
	ond Rotual.
(M)	
	ADDINATION DISTRIBUTION OF THE PARTY OF THE
p16	
	Add permit #(s) of permits surrendered. If none exist, mars No air permits
	surrendered. If none exist
	mark No air permits
	Responsible official sign and date for changes.
	date for changes.
	Y
	·

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Esther Jong Duy Lee / GRACE Inja Lee owner
2. Site Name (For example, plant name or number):
BEST DISCOUNT DAY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: /303 LYOWS ROAD Smeet Address:
City: Coconut CAFER County: Browner Zip Code: 33663
5. Pacility Identification Number (DEP Use).
J. Pavilly Islands
Responsible Official
6. Name and Title of Responsible Official:
GAACE I LEE LO OWNER
Responsible Official Mailing Address: 1303 Lyons Rono Organization/Firm:
Street Address: City: Coconor Cheese County: Bassage Zip Code: 33 + 63
8. Responsible Official Telephone Number: Telephone: (914) 970 - 3310 Fax: (954) 370.9102
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telaphone Number:

DEP Form No. 62-213.900(2)

Telephona-

Effective: 6-25-96

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.

AGA. TECH		Date	Date		Date	Date	Ţ	Date	Date
, , ,		Machine	Control	1	Machine	Control	1	Machine	Control
DAY Z DAY		Initially	Device		Initially	Device	ì	Initially	Device
Type of Machine	ID	Purchased	Installed	10	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NO1'-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	-	PAY T- P	ny .						
(1) w/ ref. condenser	(1)			1					]
(2) w/ carbon adsorber				1			1		
(3) w/ no controls						)			
Washer Unit				*			·		
(4) w/ ref. condenser	,								
(5) W/ carbon adsorber	1			-			1		
(6) w/ no controls				1					
Dryer Unit							-,		-
(7) w/ ref. condenser				T -			-		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				<del></del>			<del></del>		A
(10) w/ ref. condenser			I	1	1			7	
(11) w/carbon adsorber				-					
(12) w/ no controls	-			-	-				
(b) Control devices are					_		,	•	
2.(a) What was the total q	juanti gallo	ty of perchlons Zain	oroethylene (	per¢)	purchased in	the latest 12	mon	iths?	
(b) If less than 12 month Check why it is less	hs, ho than	w many? [ 12 months: ]	] months New owner:	<b>[</b> _	] New store:	[] Did	not k	eep records:	
<ol> <li>What is the facility's sou (Indicate with an "X", 5</li> </ol>	irce c Select	lassification one classific	based on the	defi	nitions found	in section (3	) of I	Part II?	
Existing small are	a sou	irce []	Ne	w sm	all area sourc	ce L			
Existing large are	8 50U	rce []	Ne	w lar	ge area sourc	e []			

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· 1

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	( <b>X</b> )		et .					
New large area source Refrigerated condenser	<u></u>							
<ol> <li>A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u</li> </ol>	that all steam and							
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 No such units on-site	units exempt	<u>K</u>						
Equipme	nt Monitoring a	nd Recordkeeping Inform	nation					
Check all logs which are required to	be kept on site in	n accordance with the requ	rirements of this general permit:					
(a) Purchase receipts and solvent pu	rchases		( <u>X</u> )					
(b) Leak detection inspection and re	pair							
(c) Refrigerated condenser temperat	ture monitoring		$\sim$					
(d) Carbon adsorber exhaust perc co	oncentration moni	toring						
(e) Instrument calibration			[]					
(f) Start-up, shutdown, malfunction	plan		<u>×</u>					

DEP Form No. 62-213,900(2) Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
$\bowtie$	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	And the second 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 GNACE I LEE

Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

To Mr. Ride Butler

From Paul Cel Agent for Best Discount By Chemner Queblance thinkens Dry Chemning Facility

Perchlonoethylene Dry Cleaning Facility Metigentum Corrected

Included cover 5 pages

Henre Grine me call.

(954)370-910/.

(Janl.

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	<b></b>	<b>2</b>	•	NI/DISCOVE		- 6 1999
airs id#: <u>01 2396</u> facility name: <u>'Bes</u>	DATE: 2-16-99	)	IME IN	i: <u>9:45</u>	TIME O	R <b>I</b> 4697	of Air Wood ces
FACILITY NAME: 'BES	t Discount	· DRY	CLE	EANERS			
FACILITY LOCATION:(							
RESPONSIBLE OFFICIAL :	Ms. GRACE	LEE		PHONE: _	<u>970 - 33</u>	50	
CONTACT NAME:				PHONE: _			
PART I: NOTIFICATION							
(check appropriate box)							
New facility notified DARM	30 days prior to star	tun					
2. Facility failed to notify DAR	· -	•					
PART II: CLASSIFICATION  Facility indicated on notificate (check appropriate box)				☐ No notific	cation form e/out of busin	ess/petro	lcum
<ol> <li>Existing small area sour dry-to-dry only, x &lt; 140 gal/transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2</li> </ol>	rce □ ,100 gal/yr	dry-to-dry transfer of both types (construct 4. New la dry-to-dry	only, $x$ only, $x < 5$ , $x < 14$ ted on of arge ar	r after $12/9/9$ ea source $140 \le x \le 2,1$	01)  00 gal/yr	•	
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	gal/yr	both types	s, 140 ≤	$0 \le x \le 1,800$ $0 x \le 1,800$ gar after 12/9/9	ıl/yr		
5. This is a correct facility of	lassification	□Y 6	M	□Can not d	etermine		
	ty qualified for a gen ty exceeds above lim	eral permi its and is n	ot eligi	ble for a gene	-	his dry c	leaning
facility was 80 gallons.		- + //-					Ŭ <b> </b>

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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 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) $\Box Y \Box N$ 1. Equipped all machines with the appropriate vent controls? QY QN QN/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 $\Box$ Y $\Box$ N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	□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?	OY ON	□N/a
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□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?	OY ON	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS							
1. Does	the responsible official conduct a w	veekly (fo	or small sources, b	oi-weekly) leak detection ar	ıd rep	air	
inspe	ection?				<b>⊠</b> Ý		N
2. Has t	the facility maintained a leak log?		•		₽Ŷ		N
3. Does	the responsible official check the fo	ollowing	areas for leaks?				
	Hose connections, fittings, couplings, and valves	<b>d</b> y o	N □N/A	Muck cookers	ØY		⊃N/A
	Door gaskets and seating	at o	N □N/A	Stills	ďY		JN/A
	Filter gaskets and seating	ɗY □	N □N/A	Exhaust dampers	₫Y		JN/A
	Pumps	ofy on	N □N/A	Diverter valves	œÝ		JN/A
	Solvent tanks and containers	dy o	N □N/A	Cartridge filter housings	<b>A</b> Y		JN/A
	Water separators	oxy on	N QN/A				
4. Whic	ch method of detection is used by the	e respons	sible official?				
	Visual examination (condensed sol	lvent on	exterior surfaces)		<b>Y</b>		
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)					9		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:						'A	
	a. Capable of detecting po	erc vapor	concentrations in	a range of 0-500 ppm?	ΩY	DИ	
	b. Calibrated against a statement of the control	andard g	as prior to and aft	er each use	ΠY	□N	
	c. Inspected for leaks and	lobvious	signs of wear on	a weekly basis?	ΩY	ПN	
	d. Kept in a clean and sec	cure area	when not in use?		ΩY	DИ	
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	QY	ПN	
	ART PENNETTA			2-16-99			
	Inspector's Name (Please Print	t)		Date of Inspec	ction		
	At Dott						
	Inspector's Signature			FEB 2000 Approximate Date of N	Vext I	nspecti	on

0112346

## BEST AVAILABLE COPY

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



ACILITY NAME: BEST	DISCOUNT	DRY CLE	ANERS	D.	ATE: 2-16-99
ACILITY LOCATION: 130					
anual Reporting Period:	MARCH 9	19	78 то		FEB 10 1999
ased on each term or condition of the co			-		th DEP Rule
NO, complete the following:					
Term or condition of the general	permit that has n	ot been in contin	ious compliance du	ring the reporting	period stated above:
xact period of non-compliance: fro	m		to		
ction(s) taken to achieve complianc	e:				
lethod used to demonstrate complia	nce:				
2. Term or condition of the general		ot been in continu	ous compliance du	ring the reporting	period stated above:
cuon(s) taken to achieve compliance					
•					
fethod used to demonstrate complia	nce:				
s :he responsible official, I hereby c ade in this notification are true, ac	curate and comple	te. Further, my o	annual consumption	of perchloroethy	lene solvent, based
วงก purchase receipts, does not exc อะกับination facilities.	/ ale-	, , ,	. 4	4	5/,1/
20n purchase receipts, does not exc	FRACE Name (Please	LZE Print)	<u>Gra</u>	u Lee	2/16/9 Date

discretion of the responsible official to use this form.

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

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
MPI JANCE INSPECTION CHECKI IST
VIPITANT BINSPRETITING HER BITST

COMPLIANCE INSPECTION CHECKLIST					
	NUAL INSPECTION	<u>d</u>	COMPLAINT/DISCOVERY	۵	
AIRS ID#: 0112396 DATE:	2/17/200	() TIME I	N: <u>10:30</u> time out:	iiioo	
FACILITY NAME: BEST D	ASCOUNT	DRY C	LEAVERS		
FACILITY LOCATION: 130	3 Lyon	5 RD	COCOUTCREE	K	
·			Bu		
RESPONSIBLE OFFICIAL:	RACE LEE	<u>-</u>	PHONE (954) 776.3	<u> 350</u>	
CONTACT NAME:	SAME		PHONE OF STATE OF STA		
			E O		
PART I: NOTIFICATION			NB SA		
(check appropriate box)					
New facility notified DARM 30 days	prior to startup		•		
2. Facility failed to notify DARM to use	-				
	Bernerar bernar				
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box) A.	that it is:		☐ No notification form ☐ Drop store/out of business/pe	trolcum	
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)	dry trar botl	usfer only, $x = 1$ types, $x < 1$	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	yr dry- tran botl	sfer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )		
	ate classification ied for a general	: permit as nu	□Can not determine  mber above ible for a general permit		

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

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? OY ON 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 beds according to the manufacturer's specifications? DY DN DYN/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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	QY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	'□Y	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,	ΠV		
	if machines are equipped with a carbon adsorber?	_		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΩ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for sma	ll sources, bi-weekly) le	eak detection and re	pair	
inspection?			<b>2</b> 1	. ON	
2. Has the facility maintained a leak log?			ŒÝ	. ON	
3. Does the responsible official check the	following areas	for leaks?			
Hose connections, fittings, couplings, and valves	OY ON ON	I/A Muck cool	kers 🛒 🗹 Y	ON ON/A	
Door gaskets and seating	ay on on	T/A Stills	ΘÝ	ON ON/A	
Filter gaskets and seating	QÝ ON ON		ampers □Y	ON ON/A	
Pumps	OY ON ON	/A Diverter v	alves ⊡\̈́Y	ON ON/A	
Solvent tanks and containers	RA ON ON	/A Cartridge	filter housings 🗹 Y	ON ON/A	
Water separators	מם אם צב	7/A			
4. Which method of detection is used by the	ne responsible of	Ticial?			
Visual examination (condensed so	lvent on exterio	r surfaces)			
Physical detection (airflow felt the	ough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instru	<b>⊠</b> Ń	/A			
a. Capable of detecting p	0-500 ppm? □Y	ПN			
b. Calibrated against a st (PID/FID only)?	andard gas prior	r to and after each use	ΠY	_N	
c. Inspected for leaks and	l obvious signs o	of wear on a weekly bas	sis?	□N	
d. Kept in a clean and se	cure area when	not in use?	ΠY	□N	
e. Verified for accuracy b	y use of duplica	te samples (calorimetri	c only)? □Y	□N	
			•		
ARTPENNETTA			2/17/2000		
Inspector's Name (Please Print			Date of Inspection		
at tenuts			FEB 2001		
Inspector's Signature		Approxi	mate Date of Next I	nspection	

Buc

AIRS ID#:	0112	396
LITTO TOUT		

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

SCOUNT !	DRY CLEANER	S	DATE: 2/17/2000
3 Lyous	Ro. Cocau	UT CREEK	FL.
,			33063
<u> </u>	<u></u>	FEB	17 20 00
itle V general air perr	nit, my facility has remai	ned in compliance v	vith DEP Rule
	•		
mit that has not been	in continuous compliance	during the reportin	g period stated above:
	1	0	
	· · · · · · · · · · · · · · · · · · ·		
; <u> </u>			
mit that has not been	in continuous compliance	during the reporting	g period stated above:
	to		
	······································		•
· 			
l complete. Further, n	ny annual consumption o	f perchloroethylene	solvent, based upon
	EB 10  Title V general air perre (F.A.C.), during the mit that has not been mit that has not been fy, based on informatial complete. Further, n	Title V general air permit, my facility has remaine (F.A.C.), during the period covered by this stands that has not been in continuous compliance to to to to to to the face of the face o	Title V general air permit, my facility has remained in compliance very e (F.A.C.), during the period covered by this statement.  The expectation of the period covered by the period co

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



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

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

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

412497 JAN 22002×

Do NOT Remove Label

AIRS ID # 0112396
BEST DISCOUNT DRY CLEANERS
GRACE I LEE
1303 LYONS ROAD
COCONUT CREEK FL
33063

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112396 BEST DISCOUNT DRY CLEANERS

**GRACE I LEE** 1303 LYONS ROAD COCONUT CREEK FL

33063

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

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

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

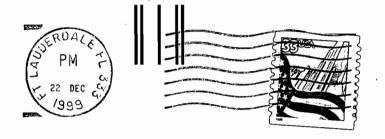
Do NOT Remove Label

AIRS ID # 0112396

BEST DISCOUNT DRY CLEANERS **GRACE I LEE** 1303 LYONS ROAD COCONUT CREEK FL 33063

FOR GONESINMENT USE ONLY Org.: 3755016,000 EO: B1 Fund: 20-2035001
Obj.: 002278

Best Discount Dry Cleaners 1303 Lyons Rd Coconut Creek, Fl. 33063



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

## This portion must be attached to remittance for proper handling 0357536

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 # 0112396

BEST DISCOUNT DRY CLEANERS **GRACE I LEE** 1303 LYONS ROAD COCONUT CREEK FL 33063

FOR GOVERNMENT USE ONLY Org.: 37550101000 PO: BO TO Fund: 20-2-035001

Obj.: 002273