

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 4, 1999

Mr. Alan Greenstein
Professional Cleaners, Inc.
3931 Southwest 47 Avenue Bay 102
Davie, Florida 30035

Re: Facility No.: 0112435

Dear Mr. Greenstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 25, 1999.


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"

Printed on recycled paper.

0112435

2-2-99

Spoke to Alan Greenstein and he stated that he is the president and owner of Professional Cleaners, Inc. He also stated that the dry cleaning machines are dry to dry and each has a ref. condenser. At the time of notification, he had not bought perc in the past 12 months.

0112435

p13

6. Add Title of Responsible Official

p14

1(a)(1) Add control device installation date for each machine.

2(a) Add # of gallons of perc purchased in past 12 months. If none then add "0"

p15

(c) Required. Should be marked

(f) Required. Should be marked

p16

Responsible Official sign and date for changes.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PROFESSIONAL CLEANERS, INC.
2. Site Name (For example, plant name or number):	SAME
3. Hazardous Waste Generator Identification Number:	M.C.F. SYSTEM (ADD FOL)
4. Facility Location: Street Address: City: DECATUR County: G.A. Zip Code: 30035	5353 SHAPPINGER WOOD DR.
5. Facility Identification Number (DEP Use):	0112435

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JAN 25 1999
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	ALAN GREENSTEIN
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: DAVIE County: BROWARD FL Zip Code: 33314	3931 S.W. 47 AVE. BAY 102
8. Responsible Official Telephone Number: Telephone: (954) 321-9919 Fax: (954) 321-1455	

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	1-1-99		#2	1-1-99				
(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									

NEW
PLANT

(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?
 gallons

(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

1-21-99
Date

OFFICIAL DRY CLEANERS OF THE MIAMI DOLPHINS



**PROFESSIONAL
CLEANERS, INC.**



ALAN GREENSTEIN

3931 S.W. 47th Avenue, Davie, FL 33314

PHONE: (954) 321-9919 - FAX: (954) 321-1455 - BEEPER: (954) 855-2359

OFFICIAL DRY CLEANERS OF THE MIAMI DOLPHINS



**PROFESSIONAL
CLEANERS, INC.**



ALAN GREENSTEIN

3931 S.W. 47th Avenue, Davie, FL 33314

PHONE: (954) 321-9919 - FAX: (954) 321-1455 - BEEPER: (954) 855-2359

6-A1

NEW PLANT

Bureau of Waste Cleanup

JAN 28 1999

Hazardous Waste
Cleanup Section

INITIAL NOTIFICATION REPORT

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator ALAN GREENSTEIN
 Company Name PROFESSIONAL CLEANERS, INC.
 Mailing Address 3931 S.W. 47 AVE. BAY 102
 City DAVIE State FL Zip 33314
 Plant Address (If Different Than Mailing Address)
 Street Address _____
 City _____ State _____
 Phone Number _____

2. Check the box below if:

- your dry cleaner is a pick-up store.
 your dry cleaning plant has only coin-operated dry cleaning machines that are operated by the customers.

If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.

3. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:

2 gallons

NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.

Method of determining gallons (circle one):

actual estimated

4. Next to each machine type listed below, write the number of machines of that type located at your plant:

2 Dry-to-Dry

Transfer **RECEIVED**
RCRA

FEB 2 1999

Hazardous Waste Regulation

Bureau of Waste Cleanup

FEB 01 1999
Hazardous Waste
Cleanup Section

file
#012435

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JAN 29 1999
Bureau of Air Monitoring
& Mobile Sources

5. Provide the following information for EACH MACHINE at your plant. If you have more than 4 machines at your plant, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	12-28-98	12-28-98		
Control Device (Use WORKSHEET on Pages 5 & 6 to Determine Required Control)				
Date Control Device was Installed or Is Planned to Be Installed				

6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

7. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program.
- A log of the amount of perc purchased for the past 12 months, calculated each month.
- The operation and maintenance manuals for all dry cleaning equipment at the plant.

8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report.

- Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene, and
- Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
- Explanation of how the room enclosure exhausts into a carbon adsorber

9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

<u>ALAN I GREENSTEIN</u>	<u>PRES.</u>
Name	Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government.
- A ranking military officer if the dry cleaning plant is located at a military base.

The Responsible Official must certify below that all of the information presented in this initial report is accurate and true.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

ALAN I GREENSTEIN
(Signature of Responsible Official) PRES PROFESSIONAL CLEANER, INC.

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RCRA

FEB 2 1999

WORKSHEET

A. To find out if control is required:

Check all boxes that apply:

- I reported less than 140 gallons in Question 3 (page 1).
- I reported less than 200 gallons in Question 3 (page 1) AND reported only transfer machines in Question 4 (page 1).

If you checked either box above and all your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.

YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).

If you did not check a box above, go to Part B below.

B. Control is required. Fill out Part B for EACH MACHINE at your plant.

Check the appropriate box:

- Machine was installed BEFORE 12/9/91.

If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

- Machine was installed ON OR AFTER 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.

Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES CAN BE INSTALLED AFTER 9/22/93.

Control must be installed when machine is installed.

- Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.

If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon adsorber from 9/22/93 until 9/22/96. On or after 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon adsorber until 9/22/96, also write this information in the shaded box.

C. To find out if additional control is required:

Check all boxes that apply:

I reported 1,800 gallons or less in Question 3 (page 1).

I reported 2,100 gallons or less in Question 3 (page 1) AND I reported only dry-to-dry machines in Question 4 (page 1).

If you checked either box above, you can STOP HERE. No additional controls are required.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 (page 2) and write in the dates the controls were or will be installed.

If you did not check a box above, go to Part D below.

D. If additional control is required, fill out Part D for EACH machine at your plant:

Check a box below, if it applies:

Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.

If you checked this box, you are also required to install a supplemental carbon adsorber.

Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.

Machine is a transfer machine.

If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 and write in the dates all controls were or will be installed (page 2).

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BCBA

FEB 9 1999

6-A2

COMPLIANCE REPORT FOR CONTROL REQUIREMENTS

- Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator ALAN GREENSTEIN
 Company Name PROFESSIONAL CLEANERS, INC.
 Mailing Address 3931 S.W. 47 AVE BAY 102
 City DAVIE State FL zip 33314
 Plant Address (If Different Than Mailing Address)
 Street Address _____
 City _____ State _____
 Phone Number _____

- Write in the total volume of perchloroethylene (perc) purchased for the dry cleaning plant over the last 12 months (based on actual purchase receipts):

_____ gallons NEW PLANT

- Fill out the table below for each machine at your plant. Use the WORKSHEET on pages 5 and 6 of the INITIAL NOTIFICATION REPORT to determine required controls. A copy of the INITIAL NOTIFICATION REPORT is attached.

	Machine Type (Dry-to-Dry or Transfer)	Date Machine Purchased	Required Control	Date Control Installed
1.	<u>DRY TODAY</u>	<u>1-1-99</u>		<u>1-1-99</u>
2.	<u>"</u>	<u>1-1-99</u>		<u>1-1-99</u>
3.				
4.				
5.				
6.				
7.				

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FEB 2 1999

Hazardous Waste Regulation

- If you listed a required control in Question 3 (page 1) for any machine at your plant, you must monitor your control.

To find out what type of monitoring is required,

Check all boxes that apply:

- I use a refrigerated condenser on a dry-to-dry machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.

- I use a refrigerated condenser on a transfer machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees Fahrenheit.

- I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the drying cycle is not over 300 parts per million.

- I use a room enclosure on a transfer machine.

If you checked this box, you are required to vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at all times while the transfer machine is operating, and must exhaust to a carbon adsorber.

5. Print or type the name and title of the Responsible Official for the dry cleaning facility:

ALAN GREENSTEIN
Name

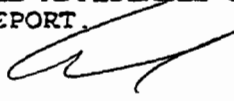
PRES.
Title

Examples of Responsible Officials:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility,
- An owner of the dry cleaning facility,
- The manager of the dry cleaning facility, or
- A government official if the dry cleaning facility is owned by the Federal, State, City, or County government,
- A ranking military officer if located at a military base.

The Responsible Official must certify below that all of the information presented in this initial report is accurate and true.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THIS PLANT IS IN COMPLIANCE WITH ALL APPLICABLE CONTROL DEVICE AND MONITORING REQUIREMENTS LISTED IN THIS REPORT.

 PRES PROFESSIONAL CLEANING, INC.

(Signature of Responsible Official)

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RCRA

FEB 2 1999

Hazardous Waste Regulation

6-A3

COMPLIANCE REPORT FOR POLLUTION PREVENTION

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator ALAN GREENSTEIN

Company Name PROFESSIONAL CLEANERS, INC.

Mailing Address 3931 S.W. 47 AVE BAY 102

City DAVIE State FL Zip 33314

Plant Address (If Different Than Mailing Address)

Street Address _____

City _____ State _____

Phone Number _____

2. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):

_____ gallons NEW PLANT

3. The following pollution prevention practices must be performed at your plant starting on 12/20/93.

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required only every other week (biweekly) if you reported NO CONTROLS REQUIRED in the INITIAL NOTIFICATION REPORT.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

4. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program.
- A log of the amount of perc purchased for the past 12 months, calculated each month.

- The operation and maintenance manuals for all dry cleaning equipment at the plant.

5. Print or type the name and title of the Responsible Official for the dry cleaning plant:

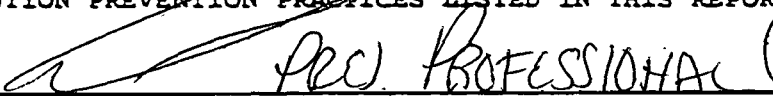
ALAN GREENSTEIN Pres.
 Name Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government, or
- A ranking military officer if the dry cleaning plant is located at a military base.

The Responsible Official must certify the statement below.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THIS PLANT IS IN COMPLIANCE WITH THE POLLUTION PREVENTION PRACTICES LISTED IN THIS REPORT.

 ALAN GREENSTEIN
 (Signature of Responsible Official)

OFFICIAL DRY CLEANERS OF THE MIAMI DOLPHINS



**PROFESSIONAL
CLEANERS, INC.**



3931 S.W. 47th Avenue, Bay 102, Davie, Florida 33314

FLORIDA DEPT. OF ENVIRONMENT PRAC
SMALL BUSINESS ASSISTANCE PROGRAM
2600 BLAIR STONE RD
TALLAHASSEE, FL. 32399-2400
MS 4520



323994520

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL [checked] COMPLAINT/DISCOVERY [] RE-INSPECTION []

Form with fields: AIRS ID#: 011 2435, DATE: 12/27/99, TIME IN: 1420, TIME OUT: 1500, FACILITY NAME: Professional Cleaners, Inc, FACILITY LOCATION: 3931 SW 47 Ave Bay 102 Davie, FL 33035, RESPONSIBLE OFFICIAL: Carlos Forte, PHONE: (954) 321-9919, CONTACT NAME: same, PHONE: same

RECEIVED FEB 7 2000 Bureau of Air Monitoring & Mobile Sources

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) A. 1. Existing small area source... 2. New small area source... 3. Existing large area source... 4. New large area source... 5. This is a correct facility classification [checked] 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 240 gallons.

OFFICIAL DRY CLEANERS OF THE MIAMI DOLPHINS PROFESSIONAL CLEANERS, INC. CARLOS FORTE, GENERAL MANAGER 3931 S.W. 47TH AVENUE, DAVIE, FL 33014 SILVER LAKES • COOPER CITY • WESTON • DAVIE • PEMBROKE PINES PHONE: (954) 321-9919 - FAX: (954) 321-1455 - BEEPER: (305) 833-0874

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 A
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 averages 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? N/A 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input 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

Paul R. Shelton

Inspector's Name (Please Print)

Paul R. Shelton

Inspector's Signature

12/27/99

Date of Inspection

12/27/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

12/1/83

RECEIVED
AUG 27 1997
BROWARD COUNTY D.N.R.P.
AIR QUALITY DIVISION

11-23-1970

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

ACC

FACILITY NAME: Professional Cleaners DATE: 12/27/99
FACILITY LOCATION: 3931 S.W. 47 ave Bay 102
Davie, FL. 33314

Annual Reporting Period: Dec. 27 1999 TO Dec. 27 2000
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 rolling averages of 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: CARLOS FORTE [Signature] 12-27-99
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.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*Received
 Oct 03
 Davie*

TO 0112433001AG

Total P. PROFESSIONAL CLEANERS INC

Sent To ALAN GREENSTEIN

3931 SW 47TH AVE BAY 102

Street, A or PO Bx DAVIE, FL 33314

City, Sta

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TO 0112433001AG
 PROFESSIONAL CLEANERS INC
 ALAN GREENSTEIN
 3931 SW 47TH AVE BAY 102
 DAVIE, FL 33314

2. Article Number
(Transfer)

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

7003 0500 0004 0144 4091

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

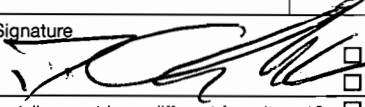
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Mobile Sources
Air Monitoring

RECEIVED
SEP 15 2003

32399+2400



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly)	B. Date of Delivery 2/10
1. Article Addressed to:		C. Signature X 	
<p style="text-align: center;">AIRS ID#0112435</p> PROFESSIONAL CLEANERS INC ALAN GREENSTEIN 3931 SW 47TH AVE BAY 102 DAVIE FL 33314		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
(Transfer from service label) 7001 0320 0001 7976 7352		If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001		3. Service Type	
Domestic Return Receipt		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-01-M-1424		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
AIRS ID#0112435	
Sent To	PROFESSIONAL CLEANERS INC
Street, or PO	ALAN GREENSTEIN
City, S	3931 SW 47TH AVE BAY 102
	DAVIE FL
	33314
PS Form	Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422367 JAN30 2003

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#0112435
PROFESSIONAL CLEANERS INC
ALAN GREENSTEIN
3931 SW 47TH AVE BAY 102
DAVIE FL
33314

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

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

C.I.T. INC.

DEPARTMENT OF ENVIROMENTAL PROTECTION

5521

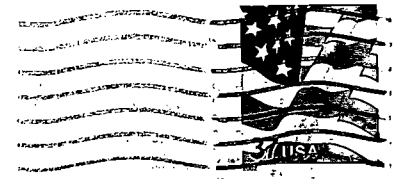
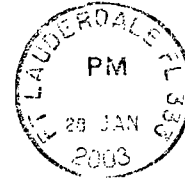
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/23/2003	Bill	1	50.00	50.00		50.00
					Check Amount	50.00

BANK OF AMERICA

1 permit

50.00

**PROFESSIONAL
CLEANERS**
3931 S.W. 47th Avenue, Davie, FL
33314

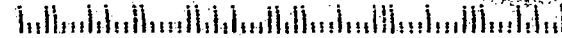


Title V Air General Permits
Receipts

Post office Box 3070

Tallahassee, FL 32315-3070

32315+3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414128 FEB14 2002

X

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 # 0112435
PROFESSIONAL CLEANERS INC
ALAN GREENSTEIN
3931 SW 47TH AVE BAY 102
DAVIE FL
33314

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

C.I.T. INC.						4384	
DEPARTMENT OF ENVIROMENTAL PROTECTION						12/24/2001	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment	
12/21/2001	Bill	1	50.00	50.00		50.00	
					Check Amount	50.00	
BANK OF AMERICA						50.00	
1 permit							

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~403483~~
403805

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 # 0112435
 PROFESSIONAL CLEANERS INC
 ALAN GREENSTEIN
 3931 SW 47TH AVE BAY 102
 DAVIE FL 33314

1-44-01 pd

Bureau of Air, Month
& Mobile Sources

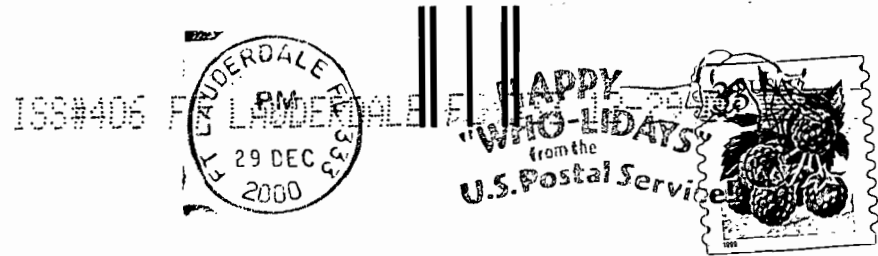
JAN 2 2001

RECEIVED
MAIL ROOM
JAN 2 2001

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

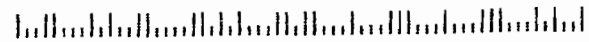
C.I.T. COMPANIA INTERNACIONAL		TITLE V AIR GENERAL PERMITS		12/27/2000		3421
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/27/2000	Bill	1	50.00	50.00		50.00
					Check Amount	50.00
BANK OF AMERICA		1 AIR PERMIT AIRS ID #0112435				50.00

 **PROFESSIONAL
CLEANERS**
3931 S.W. 47th Avenue, Davie, FL



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

323153070





Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

January 11, 2001

CIT Compania Internacional
3931 S.W. 47th Ave.
Davie, FL 33314-1429

To Whom It May Concern:

We are returning check #3421 for the following reason:

Check not signed.

Wrong Payee

Other – Please provide more information so that we may properly apply and deposit your check.

Please call (850) 488-2400 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann R. Sullivan".

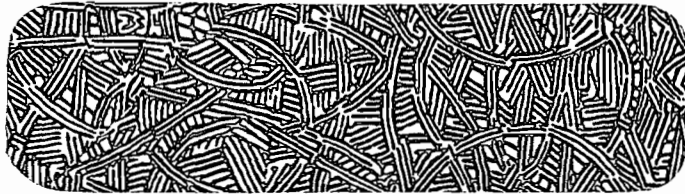
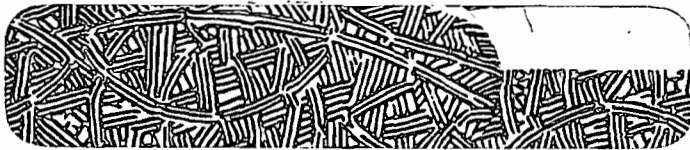
Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/ng

cc: reading file

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