

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Jack Schuh The Wash Palace 12100 Biscayne Boulevard North Miami, Florida 33181

Dear Mr. Schuh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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. Ewart Anderson, Dade County

		#0250731
		The Wash Palace
		Spoke with Jack Schuh -9/27/96
	D14	1.(a) add date control device
,		installed if any has one
		installed, if any; has one machine, mark out "Xs" in
		lines (4), (7), +(10)
	2015	Il heart out IVII and install
	p.13	4. mark out "X" and initial
		5.(c) not required, mark out
		"X" and initial
		,

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	THE WASH PALACE					
2.	2. Site Name (For example, plant name or number):					
3.	Hazardous Waste Generator Identification Number:					
	FLD 984 177287					
4.	Facility Location:					
	Street Address: 12100 BISCAYNE BLUD. City: N. MIANI County: OBDE Zip Code: 33181					
	City: N. MIANI, County: ODDE Zip Code: 33181					
5.	Facility Identification Number (DEP Use):					
	0250431					
William Season						
	Responsible Official					
6.						
	Responsible Official Mailing Address: Organization/Firm: THE WASH PRIACE Street Address: 12/00 13/SCAJNE BLUD City: NIMIAMI, PLA. County: DADE Zip Code: 33/8/					
7.	Responsible Official Mailing Address: Organization/Firm: THE WASH PRIACE					
	Street Address: 12/00 BISCAINE BLOOD					
	City: NIMIAMI, PLA. County: DADE Zip Code: 33181					
8.	Responsible Official Telephone Number:					
	Telephone: (305) 893-3040 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:					
	Telephone: () - Fax: () -					

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

(1) 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	6	190	Harris III.	. 1:				1	
(1) w/ ref. condenser	X								
(2) w/ carbon adsorber					-	`			
(3) w/ no controls									
Washer Unit	- :						1		e de la casa de la cas
(4) w/ ref. condenser	X								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				-11-			. 1.		S. Marine
(7) w/ ref. condenser	X	1				1			T
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Laribali na Tari	:()				178.40,,,	
(10) w/ ref. condenser	X	[1			
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of a second of the second o	are requanting gallo	equired to be ity of perchlons ons	installed [perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sm	nall area sour	ce [3) of	Part II?	
Existing large are	ea sou	ırce	Ne	w lar	ge area sour	ce	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	rt II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is for	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in accordance with the required	rements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>×</u>]
(b) Leak detection inspection and repair	<u>[</u>
(Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
	[]
(f) Start-up, shutdown, malfunction plan	[×]

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
L K I	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) 1 W 5 - 04759 - 96 DC 50 00
. []	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	Inptly notify the Department of any changes to the information contained in this notification. $\frac{8}{20} \frac{46}{96}$

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT							
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 2:50 TIME OUT: 3:3:							
TYPE OF FACILITY: PERCHAPROK THUILE	NE DEL CIRANCES						
FACILITY NAME: THE WAY DAINCE DATE: 12/4/96							
FACILITY LOCATION: 12100 Bischer	WE GND.						
RESPONSIBLE OFFICIAL: TACK SCHULL PHONE NUMBER: 893 3040							
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).							
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance						
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
	·						
•							
	·						
COMMENTS: PACILITY IS IN COMPLIANCE.							
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: 1998,							
	proximate) AZNU						
	ease Print)						
NSPECTOR'S SIGNATURE: 127 PHONE NUMBER: 3726922							

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	NSPECTION	CHECKLIST			
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY		
	RE-INSPECTION	1 0				
AIRS 10#: 075073/	DATE: 12/4/5	TIMI	E IN: 2 - 50 TIM	е оит: <u>2</u>	<u>:3</u> 5	
FACILITY NAME: 774	E WAS	4 PB	(ACS	_		
FACILITY LOCATION: 12/80 BESCAUNE \$/VD						
	Vo KIA	M/ /	33/8/	· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION				<u> </u>		
(check appropriate box)					/	
1. Existing facility notified DA	RM by 9/1/96				OZ	
2. New facility notified DARM	30 days prior to start	tup			ם	
3. Facility failed to notify DAR	M to use general per	mit				
PART II: CLASSIFICATION	4					
Facility indicated on notification (check appropriate box)	on form that it is:					
A. 1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	T	dry-to-dry or transfer only both types, x	ll area source nly, x<140 gal/yr , x<200 gal/yr <140 gal/yr on or after 12/9/91)	a		
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>dry-to-dry or transfer only both types, 1 (constructed</td><td>ge area source hly, 140<x<2, 100="" gal="" yr<br="">r, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>,</td><td></td></x<2,>	00 gal/yr gal/yr l/yr	dry-to-dry or transfer only both types, 1 (constructed	ge area source hly, 140 <x<2, 100="" gal="" yr<br="">r, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	,		
This is a correct facility classif	ication	מם אים	ſ			
If no, please check the appropr	rate classification:					
II	ied for a general perr ds above limits and is					
B. The total quantity of perchl		rchased withi	n the preceding 12 month	ns by this dry	cleaning	

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?	רם עם ע∆				
2. Examining the containers for leakage?	DY NO NA				
3. Closing and securing machine doors except during loading/unloading?	DA DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	e√y on				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WN/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 refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
Equipped all machines with the appropriate vent controls?	OY ON				
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?	□Y □N □N/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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?	מם עם				
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם				
Is the temperature differential equal to or greater than 20° F?	OY ON				
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 ON/A				
Is the perc concentration equal to or less than 100 ppm?	OY ON				
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?	חם עם				
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A				
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A				
PART V: RECORDKEEPING REQUIREMENTS					
17MA 1. RECORDED IN REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Has the responsible official:	MY CIN				
Has the responsible official: (check appropriate boxes)	MY ON				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?					
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MY DN				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:					
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON OY ON OY ON OY ON OY ON				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	MY ON MY ON OY ON MN/A				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY ON DY ON ON/A OY ON A				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	DY ON DY ON				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	DY ON DY ON ON/A OY ON NA DY ON NA				
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	DY ON DY ON ON/A OY ON NA DY ON NA				

2.	Which method of detection is used by t	he respon	sible offi	cial?	,	
	Visual examination (condensed s	œ/				
	Physical detection (airflow felt th	包				
	Odor (noticeable perc odor)				D	
	Use of direct-reading instrumenta	ation (FID)/PID/cal	orimetric tubes)		
	If using direct-reading instrum	entation,	is the eq	uipment:		
	a. Capable of detecting	perc vapo	r concen	trations in a range of 0-500 ppm?	ΩY	□N
	b. Calibrated against a : (PID/FID only)?	standard g	gas prior	to and after each use	ΟY	□N
	c. Inspected for leaks ar	nd obviou	s signs of	f wear on a weekly basis?	ΩY	ПN
	d. Kept in a clean and s	ecure are	a when n	ot in use?	ΩΥ	□N
	e. Verified for accuracy	by use of	duplicat	e samples (calorimetric only)?	ΩΥ	□N
3.	3. Has the facility maintained a leak log?					AN ND
4.	Does the responsible official check the	following	g areas fo	or leaks?		•
	Hose connections, fittings, couplings, and valves	MY	□N	Muck cookers	L	on <i>NA</i>
	Door gaskets and seating	DZY.	ΠN	Stills	ΔY	DV
	Filter gaskets and seating	ΩY	ΠN	Exhaust dampers	QY Y	□N
	Pumps	d Y Y	□N	Diverter valves		ND
	Solvent tanks and containers	ΩY	ΠN	Cartridge filter housings	ØY	ПN
	Water separators	ΟΔΥ ————————————————————————————————————	ПП			
	TACH SCHUL	<u> </u>				
<u></u>	Name of Responsible Offici		12/4/96	-		
	Inspector's Name (Please Pr	int)		Date of Inspe	ction	

Revised 10/28/96

Approximate Date of Next Inspection

	SITE INFORMATION				
•					
			•		
				• •	
		•			
_	•				

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT:	AIRS ID#: 02 5073/
TYPE OF FACILITY: 116	
FACILITY NAME: CACO SALVE COLO	DATE:
FACILITY LOCATION:	and the second second
the state of the s	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
.	
	·
COMMENTS: (Mally 12 Comple)	ndes.
The Annual Compliance Certification form has been properly certif	, , , , , , , , , , , , , , , , , , ,
DATE OF NEXT INSPECTION: (A)	
(A _F	oproximate)
INSPECTION CONDUCTED BY: 1/1///2 (P)	lease Print)
1000	of Revised 10/96

Airs 10#: 075 073/

Revised 10/10/96

Kie)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				
FACILITY NAME: THE WASH	Polace		DAT	E: 4-9-98
FACILITY LOCATION: 12100 E	DISCAUNE	Blup		
No Ollam				
Annual Reporting Period:	19 <i>JC</i>	то	1-9	1996
Based on each term or condition of the Title V gener	ral air permit, my facili	ly has remained in co	ompliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), o	during the period cover	ed by this statement.	YES	Пио
If NO, complete the following:				
#1. Term or condition of the general permit that has	s not been in continuou	s compliance during	the reporting pe	eriod 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	s not been in continuou	s compliance during	the reporting po	eriod stated above:
Exact period of non-compliance: from		to	REC	EIVED
Action(s) taken to achieve compliance:			YAM	1 9 1998
Method used to demonstrate compliance:		 	Bureau o & Mo	f Air Monitoring bile Sources
As the responsible official, I hereby certify, based of made in this notification are true, accurate and comupon rolling averages of purchase receipts, does no year for transfer or combination facilities. RESPONSIBLE OFFICIAL: ACLL WARMSTONE (Please of the company of the com	iplete. Further, my ani	ual consumption of	perchloroethyle dry facilities or	ne solvent, based

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.

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

BEST AVAILABLE COPY # 0250731 The Wash Palace



	-spoke	with Jack Schuh-	-9/27/Na	Air Quality
1.	Facil	03210340	<i>(/2:37/71</i> 44an	agement Division
	7.14 1.(a) Ada	date control de ed, if any; has e, mark out "Xs		
2.	Site inal.	and control de	WICE	
	UStalle	ed, it any, has	one	
3.	Haz machen	e, mark out "Ve	3/1 1/2	
٥.	- CUIEN 19),(4),4/10)		•
4.	Fac P.15 4 mark o	rut "X" and initi required, mark ou	10/	
٦.	5(c) not	has will the	<u>u</u>	
	Cit (11/// 0	required, mark ou	t = 3	181
5.//	$\Delta = \lambda - \mu \lambda $	initial		
	La Est			
		The state of the s		
6.	N)	
7.		λ 0	/	
	O			
	S	1	do.	- > (0)
		X M	ue:	33/8/
8.	F			
	1			
		man and the second seco		
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:			
11.	Telephone: () -	Fax: ()	-	

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AUG 3 0 1996

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
THE WASH POLACE	
2. Site Name (For example, plant name or number):	
· · · · · · · · · · · · · · · · · · ·	
3. Hazardous Waste Generator Identification Number:	
FLD 984177287	
4. Facility Location: Street Address: 12100 BISCAYNE BLUD.	
Street Address: 12100 BISCAYNE BLUD. City: N.MIANI County: OADE Zip Code: 33181	
, , , , , , , , , , , , , , , , , , ,	SCANCEAN AND A
5. Facility Identification Number (DEP Use):	
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1:
Responsible Official	
6. Name and Title of Responsible Official:	
JACK SCHUH OWNER 7. Responsible Official Mailing Address: Organization/Firm: THE WASH PALACE Street Address: 12/00 BISCAINE BLUD. City: N. MIAMI, PLA. County: DADE Zip Code: 33/8/	
7. Responsible Official Mailing Address:	\neg
Organization/Firm: THE WASH PROJECT	
City: N. MIAMI PIA, County: DADE Zip Code: 33181	
8. Responsible Official Telephone Number: Telephone: (305) 893-3040 Fax: (-)	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
y manufacture of the manufacture	
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
County. Zip Code.	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	
· · · · · · · · · · · · · · · · · · ·	

RECEIVED

Mis 5 0 1996

Buteau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	6	190							
(1) w/ ref. condenser	X	6/90							
(2) w/ carbon adsorber									
(3) w/ no controls				L					
Washer Unit									
(4) w/ ref. condenser	X								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		$\overline{}$						•	
(7) w/ ref. condenser	X						}		
(8) w/ carbon adsorber		-							
(9) w/ no controls				_					
Reclaimer Unit	. /	: .			4 3 4 4	2411			
(10) w/ ref. condenser	X	1							
(11) w/carbon adsorber									
(12) w/ no controls /									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce [X]	cation only.)	ew sn	initions found mall area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursu (Indicate with an "X".)	ant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refi	rigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	E. Chi,
	•
	N
Equipment Monitoring and R	-
Check all logs which are required to be kept on-site in acc	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	Z Z
(d) Carbon adsorber exhaust perc concentration monitoring	g ()
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(×)

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:									
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) 1 W 5 - 04759 - 96 D 50 00									
. []	No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification									
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will pron	Apply notify the Department of any changes to the information contained in this notification. \(\int \) \(\frac{12/4/96}{\text{Date}} \) \(\frac{5/20/96}{\text{Date}} \)									

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY				
AIRS 1D#:025073/ I)ATE: 4-9-9. 71E-WSS.	8 TIME I	N: <u>//OV</u> TIME OUT: <u>//</u>	120			
FACILITY LOCATION: 12/00 BISCOUNE BIVD							
RESPONSIBLE OFFICIAL :	Tack Sch	4414	PHONE: <u>893</u> 3040	2			
CONTACT NAME:		.	PHONE:				
PART I: NOTIFICATION							
(check appropriate box)							
	20 days prior to startu	_					
1. New facility notified DARM		•					
2. Facility failed to notify DARI	A to use general permi	it					
PART II: CLASSIFICATION							
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification form ☐ Drop store/out of business/pet	roleum			
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr d tr b	ransfer only, x oth types, $x <$	x < 140 gal/yr < 200 gal/yr				
3. Existing large area source \Box 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)							
5. This is a correct facility classification $\square V$ $\square N$ $\square Can not determine$							
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 gallons.							

7 4/w 198

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN CYNIA					
2. Examining the containers for leakage?	OY ON DAN/A					
3. Closing and securing machine doors except during loading/unloading?	DY DN					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON JA					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A					
DADT W. PROCESS VENT CONTROLS						
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 ref (complete A below).	rigerated condenser					
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 ref (complete A and B below).	rigerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	מם עם					
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?	OY ON ON/A					
4. 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?	OY ON ON/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?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПΝ	□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?	ПΥ	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON EN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PANA
6. Maintained startup/shutdown/malfunction plan?	BY ON
7. Maintained deviation reports?	DY DN ØN/A
Problem corrected? 5	אנאס אם אם
8. Maintained compliance plan, if applicable?	DY DN ZEN/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?		DY DN				
2. Has the facility maintained a leak log?	•	QA DN				
3. Does the responsible official check the f						
Hose connections, fittings, couplings, and valves	Muck cookers	OY ON DANA				
Door gaskets and seating	DY ON ON/A Stills	DY ON ON/A				
Filter gaskets and seating	DY ON ON/A Exhaust dampers	DY ON ON/A				
Pumps	MY ON ON/A Diverter valves	DY ON ON/A				
Solvent tanks and containers	☐Y ☐N ☐N/A Cartridge filter housings	DY ON ON/A				
Water separators	DY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	olvent on exterior surfaces)	ष्				
Physical detection (airflow felt the	rough gaskets)	<u> ජ</u>				
Odor (noticeable perc odor)		र्च				
Use of direct-reading instrumenta						
Halogen leak detector						
If using direct-reading instr	umentation, is the equipment:	□N/A				
a. Capable of detecting p	perc vapor concentrations in a range of 0-500 ppm?	DY DN				
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and after each use	OY ON				
c. Inspected for leaks an	d obvious signs of wear on a weekly basis?	OY ON				
d. Kept in a clean and so	ecure area when not in use?	DY DN				
e. Verified for accuracy	by use of duplicate samples (calorimetric only)?	DY DN				
TA/MEXAZARI	Q 4-9-9	ඊ				
Inspector's Name (Please Prin		ection				
A						
(1 March 1800)	April	1699				

Approximate Date of Next Inspection

ADDITIONAL S	SITE INFORMATION	T:		
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	\$			
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BEST AVAILABLE COPY

AIRS 10#: 075 073/

Revised 10/10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THE WASH POLA	DATE: 4-9-98
FACILITY LOCATION: 12100 BISCAY	NE BLUD
MA AIBMI	
Annual Reporting Period: 12-4	1996 TO 4-9 1998
Based on each term or condition of the Title V general air permit, n	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	od covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous 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 co	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring
wedied used to demonstrate compitation.	& Mobile Sources
As the responsible official, I hereby certify, based on information of made in this notification are true, accurate and complete. Further upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: ACLAW SCHAMMER (Please Print)	my annual consumption of perchloroethylene solvent, based

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.

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130 1540

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY & Mobile Sources

RE-INSPECTION

l ' ' '	79 TIME IN: 114 SM TIME OUT: 1228M	
FACILITY NAME: The Was	oh Palace	
FACILITY LOCATION: 12100 2	1	
Mort		
RESPONSIBLE OFFICIAL:	Schul PHONE: (305) 893-3040	,
CONTACT NAME:	PHONE:	
		1
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	tup 🗆	
2. Facility failed to notify DARM to use general per	mit O	
		크
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility classification	□Y □N Can not determine	

t.t

Revised 9/15/97

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? 2. Examining the containers for leakage? RY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/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 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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 DY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ΩN	□N/A
	ls the perc concentration equal to or less than 100 ppm?			□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?	ΠY	Пи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	•		MO YO			
2.	Has the facility maintained a leak log	?		DY AN			
3.	Does the responsible official check th	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	אום אם עם.	Muck cookers	אוא או אם אם			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY DN ON/A	Exhaust dampers	DY ON DN/A			
	Pumps	NY ON ON/A	Diverter valves	אואם אם אפ			
	Solvent tanks and containers	DY DN ON/A	Cartridge filter housings	אואם אם ציקי			
	Water separators	DY ON ON/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 ins	trumentation, is the equi	pment:	ZN/A			
	a. Capable of detection	g perc vapor concentration	is in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	ND YD			
	d. Kept in a clean and secure area when not in use?						
	e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	OY ON			

Inspector's Name (Please Print)

Inspector's Signature

A/12/99
Date of Inspection

Approximate Date of Next Inspection

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ADDITIONAL SITE INFORMATION:	
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		S.LIAA N	LARY REPORT	ST AVAILABLE COPY
TYPE OF INSPECTION:	ANNUAL		AINT/DISCOVERY	RE-INSPECTION
TIME IN: 145 AM	TIME OUT:	1226M	AIRS ID#:	0250731
TYPE OF FACILITY:		Dry	Cleanes	
FACILITY NAME:		39		DATE:
FACILITY LOCATION:				
RESPONSIBLE OFFICIAL:_			рнопе пимі	BER:
	f the compliance required Rule 62-213,300, Florid		d during this inspection, the Code (F.A.C.).	e facility is found to be in
Based on the results of discrepancies were no	•	ments evaluate	d during this inspection, th	e following compliance
COMPLIANCE REC		BLEM	FOLLOW-UP A	CTION REQUIRED
Wasnot Ma	ilutain le	le log		
Hope Prot have	reciepts	for		
Per Proce Consi	Mire Astal	-4		•
			·	
	å			·
COMMENTS:				
		:		
The Annual Compliance Cert	ification form has been p	roperly certifie	d and submitted to the ins	pector. YES NO
DATE OF NEXT INSPECT	TION:	1/200	roximatc)	<u> </u>
NSPECTION CONDUCTE	ED BY: LEO	\sim	140T ase Print)	
NSPECTOR'S SIGNATUI	RE: £\$ 2		_ (1BER: (305) 372-69
		Page_1	of	Revised 10

INSTEXION SUMI	MARY REPORT BEST AVAILABLE COPY
	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1145 M TIME OUT: 1220	4 AIRS 1011: 0250 731
TYPE OF FACILITY: Perc Dry C	leaner
FACILITY NAME: The WASK	Pelace DATE: 4/13/99
FACILITY LOCATION: 12100 BISCAYNE	Brud. W.M.
RESPONSIBLE OFFICIAL: JACK Schuh	PHONE NUMBER: (3-5)893-3040
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No decired of Perc	Keep Reciept
No Rolling monthly total	total ex Pec down to
Maintained leek log	Needs to maintain leek
COMMENTS:	
he Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION: 4/ 700	
SPECTION CONDUCTED BY:	proximate) MAR case Print)
ISPECTOR'S SIGNATURE:	PHONE NUMBER: C305)372-692
Pagc	_of Revised 10/96

A 11) C	ID#:
ハバつ	· LUH.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:			DATE:	
FACILITY LOCATION:				
Annual Reporting Period:	19	TO	· · · · · · · · · · · · · · · · · · ·	19
Based on each term or condition of the Title V 62-213,300, Florida Administrative Code (F.A	•	_	<u> </u>	JNO
If NO, complete the following:				
#1. Term or condition of the general permit th	hat has not been in contin	uous compliance during t	he reporting period s	tated 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 to	that has not been in contin	uous compliance during t	the reporting periods	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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	ind complete. Further, my	annual consumption of p	perchloroethylene so	lvent, based
RESPONSIBLE OFFICIAL:				
Nan	ne (Please Print)	Signatu	rc	Date

DEPT. OF ENVIRONMENTAL 248955 :
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

^{*}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.

, AIRS ID#: 0250731

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

FACILITY NAME: The WASh Palace DATE: 4/13/99
FACILITY LOCATION: 12100 Bisayne Blud North Mishyl
Annual Reporting Period: 1997 TO 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
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:
RO. have not Maintained reciepts of Per Purchased Heale
RO. have not Maintained reciepts of Perc Purchased theaks
Action(s) taken to achieve compliance: Reep records
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 April 1998 to April 1888
Action(s) taken to achieve compliance: Keep Jecord's
Method used to demonstrate compliance:
Two thou used to demonstrate compitative.
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: VACK W. SCHUH JAA. S. 1819 4/13/99
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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	/P	E	OF	INSP	ECT	ION
---	----	---	----	------	-----	-----

ANNUAL

1

RE-INSPECTION

AIRS ID#: 0250731 DATE: 2/7/00 TIME IN: 1:55 TIME OUT: 2:20
FACILITY NAME: Wash Palace
FACILITY LOCATION: 12100 Discayne Blod.
D. Mam, FL
RESPONSIBLE OFFICIAL: Lawrence Dran PHONE: 305-893-3040
CONTACT NAME: Cara MAT 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 ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 2. Ivew small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/vrboth types, x < 140 gal/yrboth types, x < 140 gal/vr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yrdry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1.800 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 galver (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification 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 20 _ gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A 2. Examining the containers for leakage? ØŶ □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/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 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 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

PART III: GENERAL CONTROL REQUIREMENTS

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□Ν	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	Oи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ДЙ	□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?		□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sourc	es, bi-weekly) leak detection a	ınd repair
inspection?			BY ON
2. Has the facility maintained a leak log?			OY ON
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings,			
couplings, and valves	OY ON ON/A	Muck cookers	OY ON QN/A
Door gaskets and seating	MY ON ON/A	Stills	ÇY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	ØY □N □N/A	Diverter valves	ØY ON ON/A
Solvent tanks and containers	OY ON ONA	Cartridge filter housings	DY ON ON/A
Water separators	DY DN DN/A		
4. Which method of detection is used by the	he responsible official?		
Visual examination (condensed so	olvent on exterior surface	es)	6
Physical detection (airflow felt the	rough gaskets)		
Odor (noticeable perc odor)			9
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	ú
Halogen leak detector			
If using direct-reading instru	□N/A		
a. Capable of detecting p	perc vapor concentration.	s in a range of 0-500 ppm?	NO Y
b. Calibrated against a st	andard gas prior to and a	after each use	
(PID/FID only)?			DY DN
c. Inspected for leaks and		•	OY ON
d. Kept in a clean and se			מם עם
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN
,			, , , , , , , , , , , , , , , , , , ,
Ivan Fan	•	2/260	?
Inspector's Name (Please Prin	t)	Date of Inspection	
\ \		/	
Inspector's Signature		Approximate Date of N	Vext Inspection

Discovery follow-up impretori.

Spoke w/ P.O., Mr. Duran, explained conditions of Tithe V General Air Prinit.

Provided FDEP calibration form to Use General Paint, will take been to DERM to rail to Tallahassee.

Receipts are mile, not mantaining rolling lay or lash log.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
FACILITY NAME: Wash Palace	ane!			
RESPONSIBLE OFFICIAL: Laurence Duran	PHONE NUMBER: 3-5 - 873 - 3040			
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM Not mentaning welling log of	tive Code (F.A.C.).			
pera purchases	FBEP calenda			
Not mailaining lash log	Manitain lesh log injections			
COMMENTS:				
· · · · · · · · · · · · · · · · · · ·				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate)				
INSPECTION CONDUCTED BY: Toan Fannin (Please Print)				
INSPECTOR'S SIGNATURE: PHONE NUMBER: 355-37-3-6925				

Page___of___.

Revised 10/96

AIRS ID#: 0250731

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	near	Palace	· -		ATE: 2/7/000
FACILITY LOCATION: _	12600	Bisc you	Bled.		•
•		/			
			,		
Annual Reporting Period:		Sels Nov	_19 <u>-99</u> TO _	fab	12 200
Based on each term or condit	ion of the Title V	general air permit i	my facility has ren	nained in compliance w	ith DEP Rule
62-213.300, Florida Adminis		_			□NO
If NO, complete the following	g:				
#1. Term or condition of the	general permit the	at has not been in co	ontinuous complia	nce during the reportin	g period stated above:
			-		
Mantain rol	ay say of	gue parel	<u></u>		
Exact period of non-complian	nce: from		Un 29	to Feb	2500
Action(s) taken to achieve co					
Method used to demonstrate	compliance:	Mantai	pera pur	Some rolling	love
#2. Term or condition of the	-		-	nce during the reportin	g period stated above:
Mantai la	p ling				·
Exact period of non-complian				Feb 2	er o ()
Action(s) taken to achieve co	mpliance:		·		·
Method used to demonstrate	compliance	ENED -	1		
P#314				,	
As the responsible official, I made in this notification are					
upon rolling averages of pur	chase receipts, doe	-	•		
year for transfer or combinat	tion facilities.				
RESPONSIBLE OFFICIAL		earce Dur	a AAA		03-02-00
	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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED TOTAL AMOUNT DUE: \$50.00

JAN 28 2000

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AIRS ID # 0250731

THE WASH PLACE

JACK SCHUH Doug Gignac

12100 BISCAYNE BLVD

NORTH MIAMI FL 33181

Bureau of Air Monitoring & Mobile Sources

MAIL RO

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

BEST AVAILABLE COPY

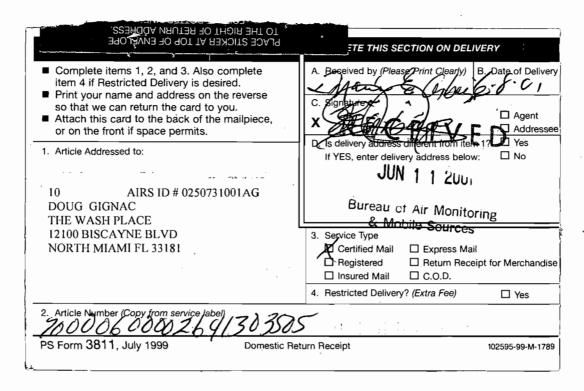
on the reverse side?	SSOJPPE UINTO OUT JO TUBIJ OUT CO Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemit. Write "Return Receipt Requested" on the mailpiece below the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
Is your RETURN ADDRESS completed of	AIRS ID#: 0250731 JACK SCHUH JACK SCHUH 12100 BISCAYNE BLVD NORTH MIAMI FL 33181 5. Received By: (Print Name) X JAVA 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	7. Date of De	Type Certified Mail Insured Delivery Delivery	Thank you for using Return Rec

	» · P ⊌265 308	! 43 8			
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to					
	AIRS ID#:	0050734			
JA	AIRS IU#:	0250731			
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		100 BISCAYNE BLVD			
INC	ORTH MIAMI FL 33181				
Certified Fee					
	Special Delivery Fee				
	Restricted Delivery Fee				
9	Return Receipt Showing to Whom & Date Delivered				
4	Return Receipt Showing to Whom, Date, & Addressee's Address				
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000	2/17/97				



at line over top of envelope to	Fold	-: 1
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.	I also wish to receive the following services (for an extra fee):	
Print your name and address on the reverse of this form so that card to you. Attach this form to the from of the mailpiece, or on the back if spermit.	ace does not	1. ☐ Addressee's Address 2. ☐ Restricted Delivery
 Write "Return Receipt Requested" on the mailpiece below the art 		
■ The Return Receipt will show to whom the article was delivered delivered.	and the date	Consult postmaster for fee.
3. Article Addressed to: AIRS ID # 0250731 THE WASH PLACE	4a. Article N Z 33 4b. Service	3668443
JACK SCHUH 12100 BISCAYNE BLVD	☐ Registere	
NORTH MIAMI FL 33181	☐ Express	Mail Insured
		Celpt for intercriatingse The COD
NE	7. Date of D	11917
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only if requested paid)
6. Signature: (Addressee or Agent)		
PS Form 3811 , December 1994	102595-97-B-0179	Domestic Return Receipt

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JA 12	IE WASH PLACE CK SCHUH 100 BISCAYNE BLVI PRTH MIAMI FL 3318)	RS ID #	0250731
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	Special Delivery Fee			
	Restricted Delivery Fee			
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800	TOTAL Postage & Fees	\$		
PS Form 3	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date			



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	Restricted Delivery Fee (Endorsement Required)				
7000 0600	10 AIRS ID # 0250731001AG DOUG GIGNAC THE WASH PLACE 12100 BISCAYNE BLVD NORTH MIAMI FL 33181				
	PS Form 3800 February 2000 See Reverse for Instructions				

Z 333 PPO 5PO US Postal Service **Receipt for Certified Mail** AIRS ID 0250731 JACK SCHUH JACK SCHUH 12100 BISCAYNE BLVD NORTH MIAMI FL 33181 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

l	MartQ V	
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	the does not 1. Addressee's Address te number. 2. Restricted Delivery
s your RETURN NDDRESS completed or	3. Article Addressed to: AIRS ID 0250731 JACK SCHUH JACK SCHUH 12100 BISCAYNE BLVD NORTH MIAMI FL 33181	Consult postmaster for fee. 4a. Article Number 233 lolo 2 loo 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)
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Fund: 20-2-035001 Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273