

Department of Environmental Protection

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

Virginia B. Wetherell .
Secretary

October 4, 1996

Mr. Vohn Scholtes President 12711 Biscayne Boulevard Craft Cleaners and Laundry, Inc. North Miami, Florida 33181-2003

Dear Mr. Scholtes:

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

0250733

a . 8

P.15
(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Ĵ	PROPERSIONAL KEALTH PLANNERS
2.	Site Name (For example, plant name or number):
	CRAFF CUANUPLES + LAUNDRY THE Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	Pro 082 424 5/6
4.	Facility Location: 127/1 B/3CALINE BUD Street Address:
	City: N. 241 /M/ County: 7/ Zip Code: 33/8/-2003
5.	Facility Identification Number (DEP Use):
	0250733
	Responsible Official
	Name and Title of Responsible Official:
	10HN SCHOLSENS TO-PRES
7.	Responsible Official Mailing Address:
	Organization/Firm: CRAPT CHAPLES Street Address: 12711 BISTAPLE BILD
	City: 1/11/14/1/ County: Zip Code: 33/8/-1583
8.	,
ο.	Responsible Official Telephone Number: Telephone: (30) - (8) - Fax: () -
	Facility Contact (If different from Responsible Official)
	· · · · · · · · · · · · · · · · · · ·
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
_	
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 3 0 1996

Bureau 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.

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		11990		1 415	. ; have .				
(1) w/ ref. conden	ser			Ė					
(2) w/ carbon adso	orber								
(3) w/ no controls									
Washer Unit	J.	Transport	i daya 👉				- :	The state of the s	No. of the
(4) w/ ref. conden	ser								
(5) w/ carbon adso	orber								
(6) w/ no controls									
Dryer Unit	5,0	in the same of the			ejji u u een aj jaar				Abrac.
(7) w/ ref. conden									
(8) w/ carbon adso	orber								
(9) w/ no controls									
Reclaimer Unit	44.0			- 145,7		137 8848		The state of the	
(10) w/ ref. conde				<u> </u>	<u> </u>				
(11) w/carbon ads	orber								
(12) w/ no control	s	_							
(b) Control device (c) No control de 2.(a) What was the formula of the control de (b) If less than 12 Check why it	vices are retotal quant gallo	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				[]
3. What is the facilit (Indicate with an Existing sm Existing lar	"X". Selec	et one classif	ication only.) Ne	ew sn	nitions found nall area sour	ce [3) of]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condens	er []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligib to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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 boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulfit	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	formation
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	(<u>X</u>)
(b) Leak detection inspection and repair	\mathcal{L}_{J}
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:						
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
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 pron	aptly notify the Department of any changes to the information contained in this notification.						
Signature	191155 <u>8-2696</u> Date						

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

			BEST	AVAILABL	E COPY
i p)#	0250-			
	P.15				FCEIVED
1.	Facility Ov (4) S	hould	be mar Ke	ed	OCT 2 4 1996
<i>J</i> .	ORSHE Site Name			Ма	Air Quality nagement Division
	CRAS Hazardou				
4.	Street A				72101-700
5.	City: /			5.7 2.7 2.8 2.8	73.18/-2003
•	Name a			-	
7.	Responsible Official Mailing Address Organization/Firm: Ceffer Street Address: 12711 Bits City: M. M. Hall	Cleanly Type y County:	SIS YX	Zip	Code: 33/8/-2003
8.	Responsible Official Telephone Num Telephone: (30) 789/ - /8		Fax: ()	-	
	Facility Conta	act (If different	from Responsible C	official)	
9.	Name and Title of Facility Contact (For example, pla	ant manager):		
10.	Facility Contact Address:				
	Street Address: City:	County:		Zip Code	:
11.	Facility Contact Telephone Number:				
	Telephone: ()		Fav. (

RECEIVED

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
PROPESSIONER HEALTH PLANNERS						
2. Site Name (For example, plant name or number):						
3. Hazardous Waste Generator Identification Number:						
3. Hazardous Waste Generator Identification Number:						
Pro 082 4245/6						
4. Facility Location: 127/1 B13CACNE BUS Street Address:						
City: N. 241 /M// County: DAS Zip Code: 33/8/- 2003						
5. Facility Identification Number (DEP Use):						
Responsible Official						
6. Name and Title of Responsible Official:						
YOHN SCHOLSENS TO -PRES						
7. Responsible Official Mailing Address: Organization/Firm: Classification (Classification)						
Organization/Firm: CRAPT CHANGESS. Street Address: 127/1 BISTAME BID City: WILMIAMI County: VE Zip Code: 33/8/- 258						
City: 11. 14/11/11 County: 52 Zip Code: 33/8/-108						
8. Responsible Official Telephone Number: Telephone: (30) 89/ - 18 Fax: () -						
Telephone: (30) 789/ - /820 Fax: () -						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: () - Fax: () -						

RECEIVED

MAR 2 0 1849

Bureau of Air Monitoring & Mobile Sources

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

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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		11990							
(1) w/ ref. condenser									
(2) w/ carbon adsorber					-				
(3) w/ no controls									
Washer Unit			•		•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		. 	'		1	1		1	;
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					1				
Reclaimer Unit	<u> </u>	· ·		71.7			I		* *
(10) w/ ref. condenser					T			_	
(11) w/carbon adsorber						<u> </u>		_	
(12) w/ no controls			_					_	
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] 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 so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classif	ication only.)	ew sn	initions foun nall area sou	rce [3) of]]	Part II?	
Existing large an	-u 30		140	. FF 1A	. 5c area 30ui	· L	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (5) of Par (Indicate with an "X".) 	t II of this notification form?
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 u 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 fit	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
·	
Equipment Monitoring and Recordkeeping Informa	ation
Check all logs which are required to be kept on-site in accordance with the require	ements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\angle

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicate	e 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)
ĽΣ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	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 thin this notification form.
I will prop	apply notify the Department of any changes to the information contained in this notification. 1
Signature	Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259861

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

MAIL ROUIT

FEB - 5 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250733
PROFESSIONAL HEALTH PLANNERS
JOHN SCHOLTENS II
12711 BISCAYNE BLVD
NORTH MIAMI FL 33181-2003

FOR GOVERNMENT USE ONLY

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

Оыј.: 002273

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL LEADING INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL 🗹 COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:15		AIRS ID#: 0	250733
TYPE OF FACILITY: PERC	4 horo ATHUICS	JE Dly Clos	WER
FACILITY NAME: CRAZ	T Clamons	& LAUNDRY	DATE: 12/4/96
FACILITY LOCATION: 127/	1 BUSCAYNE	& BIVD,	
No. KUANI	33181		
RESPONSIBLE OFFICIAL: TOWN	N Scholtens	PHONE NUMBER:	891 1820
Lamed .	ompliance requirements evaluat 62-213.300, Florida Administra	ted during this inspection, the facilitive Code (F.A.C.).	lity is found to be in
Based on the results of the co	ompliance requirements evaluat	ted during this inspection, the follo	owing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
	-		
		<u> </u>	
		•	
	·		
COMMENTS: FACILITY	15 W Comp	CAN CE	
	/		
The Annual Compliance Certification	form has been properly certifie	d and submitted to the inspector.	YES NOW
DATE OF NEXT INSPECTION:	Now 1998		120 110
INSPECTION CONDUCTED BY:	JAME X/A	roximate) -ZALW	
INSPECTOR'S SIGNATURE:	Plea PAR (Plea	PHONE NUMBER:	37286922
	Page		Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	☐ COMPLAINT/DISCO	O VE RÝ 🗆
AIRS ID#: <u>025 0733</u> D FACILITY NAME: <u>CR</u> FACILITY LOCATION: <u>/</u>	AFT C/4/ AFT C/C 27/1 B19	196 TIME IN: 2:15 TIM EMOJERS & LOUNE SCRENE SND.	E OUT 2:45
PART I: NOTIFICATION			
(check appropriate box)			,
1. Existing facility notified DAR	M by 9/1/96		Œ
2. New facility notified DARM 3	0 days prior to star	rtup	
3. Facility failed to notify DARM	I to use general per	rmit	. 🗆
PART II: CLASSIFICATION			
☐ ─facility exceeds	c	s not eligible for a general permit	
B. The total quantity of perchlor facility was 30 gallons.	roethylene (perc) pr	urchased within the preceding 12 month	s 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?	DY ON NO
2. Examining the containers for leakage?	DY ON NA
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON DN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באלם אם צם
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated 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?	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?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ОУ ОИ
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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
	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?	□У □И □И/А
	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?	ОУ ОИ
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?	OY ON ON/A
_	•	
P.	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	,
1.	Maintained receipts for perc purchased?	DY DN
2.	Maintained rolling monthly averages 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;	MY ON
	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
4.	Maintained calibration data? (for direct reading instruments only)	DY DN OMNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN NA
6.	Maintained startup/shutdown/malfunction plan?	MY ON
7	Maintained deviation reports?	LA DN NY
	Problem corrected?	NC Y
8	Maintained compliance plan, if applicable?	LY ON DONA
_		
=	ART VI: LEAK DETECTION AND REPAIRS	
П -	Does the responsible official conduct a weekly leak detection and repair inspection?	02 Y □N

2. Which method of detection is used by	the respon	sible official	?		
Visual examination (condensed	solvent on	exterior surf	faces)	₫,	
Physical detection (airflow felt t	hrough ga	skets)		d ,	
Odor (noticeable perc odor)				Ø	
Use of direct-reading instrumen	tation (FII	D/PID/calorir	netric tubes)	□ ·	
If using direct-reading instrun	nentation,	is the equip	ment:		
a. Capable of detecting	g perc vapo	or concentrat	ions in a range of 0-500 ppm?	□Y (⊐и
b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	□Y (⊐и
c. Inspected for leaks a	and obviou	s signs of we	ear on a weekly basis?	□Y (⊐и
d. Kept in a clean and	secure are	a when not i	n use?	□Y (⊐и
e. Verified for accurac	y by use of	f duplicate sa	mples (calorimetric only)?		DN .
3. Has the facility maintained a leak log	?			MY 1	□и
4. Does the responsible official check th	e followin	g areas for le	aks?		
Hose connections, fittings, couplings, and valves	P^{λ}	□и	Muck cookers	ΠY	□ N 1
Door gaskets and seating	$\mathbf{v}_{\mathbf{Y}}$	□N	Stills .	ĽYY	ПИ
Filter gaskets and seating	. QX	□N	Exhaust dampers	ΔY	ПN
Pumps	$\mathbf{Z}_{\mathbf{A}}$	ПN	Diverter valves	ΜY	ПN
Solvent tanks and containers	ФY	ПИ	Cartridge filter housings	Z	ПΝ
Water separators	ŒΥ	□и			
TOHN SCHOLLE Name of Responsible Office		(to	MRECT NAME ON,	sppl	reagn
TAIME MAZAL Inspector's Name (Please P	u'		/2/4/4/ Date of Inspe	ection	
De J			TM 1998		
Anspector's Signature			Approximate Date of	Next Ir	spection

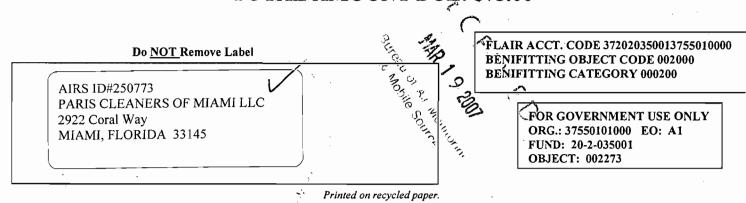
ADDITIONAL SITE INFORMA	ATION.	
1		
	•	
	•	
1	_	
1		
	•	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

471083 MAR15 2007

TOTAL AMOUNT DUE: \$75.00



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



AIRS ID 0250733

PROFESSIONAL HEALTH PLANNERS
JOHN SCHOLTENS II
12711 BISCAYNE BLVD
NORTH MIAMI FL 33181-2003

	,	Do <u>NOT</u> R	emove Label			
Annual Reporting Period:/	2 (31	19	9 <u>9</u> то		12/31	19 <u>4)</u>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	. •	-	-			DEP Rule
If NO, complete the following:						
#1. Term or condition of the general perm	nit that has no	t been in conti	nuous compli	ance 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:						<u> </u>
#2. Term or condition of the general perm	uit that has no	t been in contin	nuous compli	ance 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:	• •		_			
As the responsible official, I hereby certify, b notification are true, accurate and complete. does not exceed 2,100 gallons per year for dr	Further, my a y-to dry faciliti	innual consump les or 1,800 gall	tion of perchl ons per year fo	oroethylene so	olvent, based upo	on purchase receipts,
RESPONSIBLE OFFICIAL:	Iame (Please I	CH OL形 Print)	10 <u>5</u>	Signatu	<u>Adrokka</u> re	5/16/GY 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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 025 0733 DATE: 3-10- FACILITY NAME: CRAPT Cli FACILITY LOCATION: 12711 E	98 TIME IN:300 TIME OUT: 310 BANKERS & LAUNDRY BISCALING BIVO.
RESPONSIBLE OFFICIAL :	PHONE:
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	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
	ication: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	purchased within the preceding 12 months by this dry cleaning

CHINA CONTRACTOR

4 20 96

PART III: GENERAL CONTROL REQUIREMENTS	·
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	Ą
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated 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?	ОУ ОИ
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	אַם	•
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY		□N/A
· .	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	□и	□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?	ĽΥ	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПЙ	□N/A
		,		

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	מם עם		
2. Maintained rolling monthly averages of perc consumption?	מם עם		
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?	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	OY DN		
7. Maintained deviation reports?	□Y □N □N/A		
Problem corrected?	□Y □N □N/A		
8. Maintained compliance plan, if applicable?	OY ON ON/A		

PART VI:	LEAK DETECTION AND RE	EPAIRS			
1. Does the	responsible official conduct a w	eekly (for small sources, b	i-weekly) leak detection ar	ıd repair	
inspectio	on?			OY ON	
2. Has the f	facility maintained a leak log?	•	•	DY 4 DN	
3. Does the	responsible official check the fo	llowing areas for leaks?			
	se connections, fittings, ouplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
Do	or gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
Filt	ter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN DN/A	
Pur	mps	OY ON ON/A	Diverter valves	CY ON ON/A	
Sol	lvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A	
Wa	ater separators	OY ON ON/A	·		
4. Which m	nethod of detection is used by the	e responsible official?			
Vis	sual examination (condensed sol	vent on exterior surfaces)			
Phy	ysical detection (airflow felt thro	ough gaskets)			
Od	Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
На	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:				
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)?				
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	DY DN	
	d. Kept in a clean and sec	cure area when not in use?	•	OY ON	
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	DY DN	
<u>L</u>					
	Inspector's Name (Please Print	()	Date of Inspe	ection	
<u> </u>	Inspector's Signature		Approximate Date of	Next Inspection	

MR. John Scholtens Has sold his &
Business to a Sudsies Dry Clemens "
THE owner of "Sudsies ..." HR. JASON
LOED HAS other penruther faculties. A
Motification form was left of the
NEW Business. THE Dry Clemen
18 openating unter the new
OWNERS.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

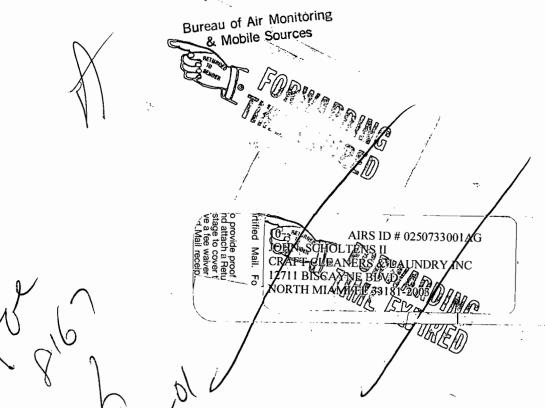






RECEIVED

JUN 1 8 2001



OURCES

ŀ	en e	•	
	SENDER: COMPLETE THIS SECTION &	COMPLETE THIS SECTION ON DELIVER	RY je
	 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. 	C. Signature	Date of Delivery Agent Addressee
	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:	Yes No
	10 AIRS ID # 0250733001AG JOHN SCHOLTENS II CRAFT CLEANERS & LAUNDRY INC 12711 BISCAYNE BLVD NORTH MIAMI FL 33181-2003	3. Service Type Certified Mail Express Mail Registered Return Receipt Insured Mail C.O.D.	for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
	2. Article Number (Copy from service label) 70.00.06.00.00.00.00.00.00.00.00.00.00.00	36// eturn Receipt	102595-99-M-1789
	U.S. Postal Service CERTIFIED MAI (Domestic Mail Only; No I	L RECEIPT insurance Coverage Provided)	
	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here	
	1 10 AIRS ID JOHN SCHOLTENS II CRAFT CLEANERS & I Si, 12711 BISCAYNE BLV NORTH MIAMI FL 331	D	



US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See rev

	DO HOLUSE IOF IIILEMIALIO	iai iviaii (300 reverse)
	Sento In Schol	YensII,
	Street & Number Stay	ive Blud
	Post Office, State, & ZIP Obo	33/8/-2003
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
rm 3	Postmark or Date	es Haundry I
S Fo	+ 1271722	MI
ď.	77 0000 730	

and the first of the second of	Z 333.LEEE Z
U.S. Postales (c): CERTIFIEDANIAII-RECEIPT (Commestic:Mail-Only, No Insurance Coverage Provided) Postage \$ Certified Fee	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to Schoffen S. If Street & Number Buscarne Blood Fost Office, State, & ZiP Code Find Config. 1 June 1977 Postage \$ Certified Fee
Return Receipt Fee (Endorsament Required) Restricted Delivery Fee (Endorsament Reouired)	Special Delivery Fee Restricted Delivery Fee
10 AIRS ID # 0250733001AG JOHN SCHOLTENS II CRAFT CLEANERS & LAUNDRY INC 12711 BISCAYNE BLVD NORTH MIAMI FL 33181-2003	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Craff Cleanest Haundy Two HOWSTON 33001
SENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also contitem 4 if Restricted Delivery is desired. Print your name and address on their so that we can return the card to you. Attach this card to the back of the major on the front if space permits.	ict ict ict ict ict ict ict ict
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 02507330017 JOHN SCHOLTENS II CRAFT CLEANERS & LAUNDRY INC 12711 BISCAYNE BLVD NORTH MIAMI FL 33181-2003	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550-304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400





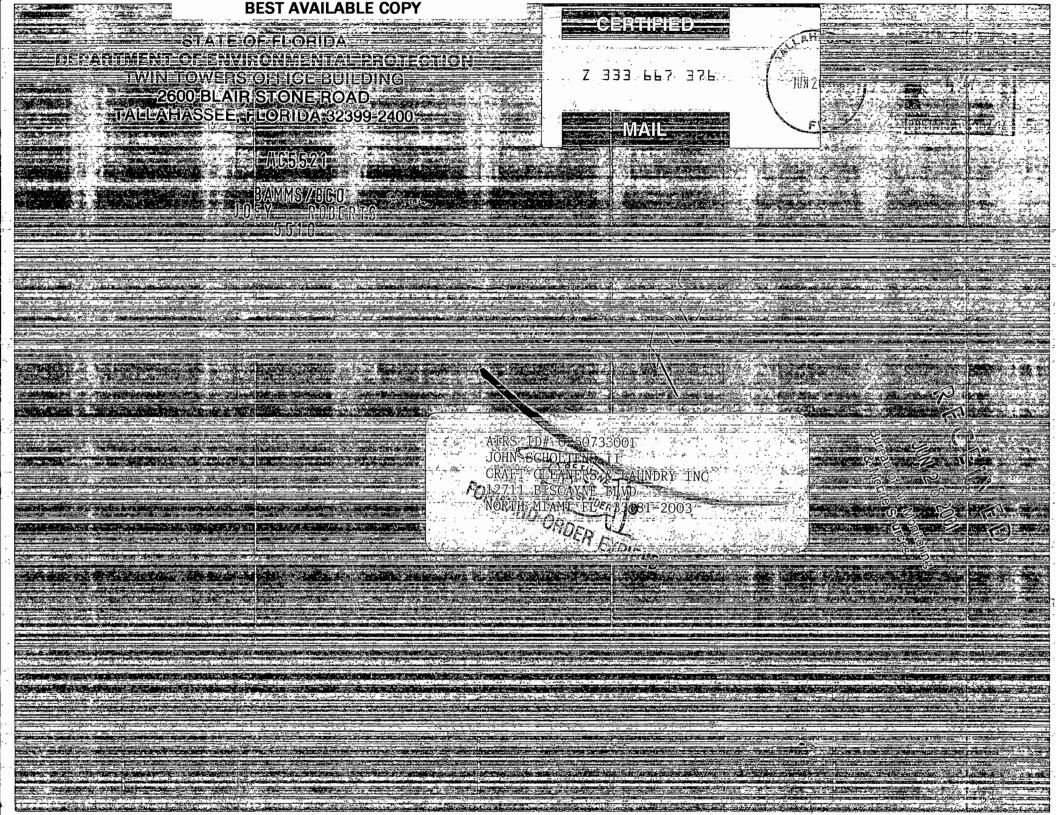
RECEIVED

.JUN 1 8 2001

Bureau of Air Monitoring & Mobile Sources

AIRS ID # 0250733001 AC DOMES SCHOLLENS II CRAFF CUEANELS CHAUNDRY INC 12711 BISCAL DE BIAGITA DORTH MIAMA SE 39181 2008

	The said the said of the said	1+112		40.00 M9V0			
	E SE DE LA CONTRACTOR	-	SENDER:	and the state of t	The manufacture of the second		
. The		- 7	a Complete items 1 and/or 2 for additional services.	Section 200	ifalso wish to receive the	7-1	
	A THE PROPERTY OF THE PARTY OF	9	Complete items 3, 4a, and 4b. = Print your name and address on the reverse of this form so that we	can return this	following services (for an extra fee):		
		- 2	CarditoWoll	a traditional and the		1	
		Š	Attach this form to the front of the mailpiece, or on the back if space permit.		1. Addressee's Address		
	The Same of the Sa		" "Write" Return Receipt Requested" on the mailpiece below the article a The Return Receipt will show to whom the article was delivered an	e number.	2. ☐ Restricted Delivery 🖔	· .	
	AT US TO SHOW THE PROPERTY OF THE PARTY OF T	₽	The Return Receipt will show to whom the article was delivered and delivered.	id the date	Consult postmaster for fee.		
		5	3. Article Addressed to:	4a. Article N		· .	
	A STATE OF THE PARTY OF THE PAR	P	3. Article Addressed to.	Z333667			
the second of the second		<u> </u>	AIRS ID# 0250733001 _		<u> </u>		
		Ę	JOHN-SCHOLTENS II	4b. Service		!	The second secon
		-8	CRAFT CLEANERS & LAUNDRY INC	☐ Registere	41.	i Li	
a Birtari,		SS	-12711 BISCAYNE BLVD	☐ Express	Mail 🔲 Insured 💂	1	
			NORDIT MEANT THE 20101 3000	☐-Retum Re	ceipt for Marchandise 🗀 COD	1 ,	many and the form which administrating the property of the party of th
	CONTRACTOR OF THE PARTY OF THE		NORTH MIAMI FL 33181-2003	7. Date of D	elivery.	4	
11.23.32	404	14		****			
San Tanier	To be seen the seen of the see		5. Received By: (Print Name)		e's Address (Only if requested		to proceed the second s
	-	2	5 - 5 : Heceived by: (Film Name)	and fee is			
	12 12 12 12 12 12 12 12 12 12 12 12 12 1			14.5	(ji) ang aga ⊨ F		
			6. Signature: (Addressee or Agent)				
	Visit in the second	5	And the same of th			mymering at stylened is	
			PS:Form 3811 , December 1994		Domestic Return Receipt.		
	To part the second				The same of the sa	Time I	
·						Land Balling Control of the Control	Constitution of the Consti
	THE RESERVE OF THE PARTY OF THE	THE PROJECT OF THE PROPERTY.			The second secon	A STATE OF THE STATE OF THE STATE OF	
	11/200 WINDOWS TO WAS ASSESSED TO SHE	CANDELLIS TO COMPANY OF		And Disease of the	O Brain and Dogga species and an internal Parishment Property of the Company of Property of the Company of the		and the state of the
	The second support of				CONTRACTOR SERVICES		
	A THE RESIDENCE ASSESSMENT OF THE PARTY OF T	Assistant and					
					THE PERSON NAMED IN COLUMN		
	LE TRACTO DE LOS	Carlos Caracinas		ward and			de annière anne proper a rese de
• • • • • •							
194 - July 19	Commence of the second						
	Car Supplied State and Laborator States						
	State of the state						
· ·				or an old have		STATE OF THE STATE	
				and the second second second	The second residence of the second second	The said of the said of the said of the said	and the same parties of the parties and the same parties
			the state of the s	The second section of the second	The Course of th		The second secon
	Control of the contro						Carried and appropriate transfer programmy of physical programmy control of the party of the par
·: ·		alteration makes and				COT OF A DIMENSION	A STATE OF THE STA
	Transference Commence of the C	the same and the same and the		CHECK PROPERTY OF CHICAGO	THE PROPERTY OF THE PERSON NAMED OF THE PERSON	State of the state	
والمراقع وواديم		est die bestidie					
والمتعلقات والا			The second secon	male for Business and the Post		A TOTAL TOTAL CONTRACTOR	
	St. Delivers Supply and the						
	Marie Carlo Piperas convention array as a con-					Tabula - Carlo	
	The age of the second s	erpretering to promote the constitutions.					
	Committee of the second	AND CASE TO SERVE	andrain call according to a sequential and	The state of the state of the state of	n et language et jakourten et	Contractor Builder water	STATES THE PROPERTY OF THE PRO



THIS "ORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

306053

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

JOHN SCHOLTENS II

12711 BISCAYNE BLVD

AIRS ID 0250733 PROFESSIONAL HEALTH PLANNERS NORTH MIAMI FL 33181-2003

RECEIVED

FOR GOVERNMENT 188 0998 Org.: 37550101000 EO: BI

Fund: 20-2-035001

Obj.: 0022 В reau of Air Monitoring

& Mobile Sources

SHANDS HomeCare

Business was sold 12/4/97. My new address is 2004 Country Clip DR. Daytons Beach, IP 32124. Sphowl Rich Brother reinfo be crever returned it.

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 v card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered. 3. Article Addressed to:	ace does not	_	
AIRS ID 0250733 PROFESSIONAL HEALTH PLANNERS JOHN SCHOLTENS II 12711 BISCATNE BLVD NORTH MIAMI FL 33181-2003	4b. Service Registern Express Return Re	ed Certifi Mail Insure ceipt for Merchandise COD	ed Betu
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS. form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Rece	Thank

Z 333 PPO 5P5

US Postal Service
Receipt for Certified Mail

AIRS ID 0250733

PROFESSIONAL HEALTH PLANNERS JOHN SCHOLTENS II 12711 BISCAYNE BLVD NORTH MIAMI FL 33181-2003

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	