

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 24, 1996

Mr. Bharat Patel President Madhu & Jay, Inc. 9596 Cypress Parkway Boynton Beach, Florida 33431

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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. Al Grasso, Palm Beach County

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



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

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President Touch of Class Dry Cleaners
Madhu & Jav Inc Madhu & Jay, Inc. 9596 Cypress Parkway Boynton Beach, Florida 33431

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Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

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Mr. Al Grasso, Palm Beach County cc:

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

Bowman, Sandy

From: Martin_Liebler@doh.state.fl.us

Sent: Wednesday, June 26, 2002 1:37

To: Bowman, Sandy

Subject: RE: Fee Payments

Sandy, the following numbers are active: 365,426,451, 478,558,593. The following numbers are closed or drop stores: 405,498,503,507,533,536,538,552,556,584. These are all preceded by 0990.

----Original Message----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Wednesday, June 26, 2002 9:35 AM

To: john.parker@ocfl.net; tutt@coj.net; shelton@epcjanus.epchc.org; mmccann@co.pinellas.fl.us; scameron@co.sarasota.fl.us; Norman, Charles; barrom@co.miami-dade.fl.us; Banks, Richard; Turner, John B.; Tittle, Thomas; Culliver, Sherrill; Proses, Bill; martin_liebler@doh.state.fl.us; Dbanu@broward.org
Cc: Davis, William; Butler, Rick; Grant, Patricia; Walker, Elizabeth

(AIR)

Subject: RE: Fee Payments

Hello Everyone,

There are 100 facilities that have not yet paid their Title V air general permit annual emission fee for Year 2001. We have mailed at least 3 certified invoices to each facility, the last of which was mailed in April.

To view a list of facilities not paying by program office, go to the ARMS Inventory Report. From here, select the Title V Emission Fee Report for "Year" use 2001 and for "Paid" select "N". Although the majority of facilities on the list were mailed invoices, some were not. This is because they were "active" after the mailing list was pulled. If you have any questions about a particular facility, please call either me or Rick.

Also, if you need a copy of the letters mailed to the facility or the returned mail receipts, please contact Pat Grant..

Thanks.

Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MADHU & JAY INC.
2.	Site Name (For example, plant name or number):
	A TOUCH OF CLASS DRYCLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD-981030562
4.	Facility Location: A TOUCH OF CLASS DRY CLEANERS
	Street Address: 9222, GIADES ROAD
	City: BOCA RATON County: PAIM BEACH Zip Code: FL-33434
5.	Facility Identification Number (DEP Use):
	0990405
	0710705
	Responsible Official
6.	Name and Title of Responsible Official:
	BHARAT PATEL , President
7.	Responsible Official Mailing Address:
	Organization/Firm: MADAU & JAY INC.
	Street Address: 9596, CYPRESS PARIL WAY City: BOYNTON BEACH County: PALM BEACH Zip Code: FL-33437
	City: BOYNTON BEACH County: PALM BEACH Zip Code: FL-33437
8.	Responsible Official Telephone Number:
	Telephone: (561) 482-5055 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	racinty Contact Address.
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

#0,990,405

	A touch of Class Dry Cleaners					
D.15	1.(c) mark out "X" and initial 3. Should be new small area Source 4. Should be new small area source					
	W/ refrig. Con. 5.(f) required					
	ſ					
:						
	: 					

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.

MULTIMATIC BASTOM MECUMY 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	<u> </u>		t tas		* /				
(1) w/ ref. condenser	111	1992	1.592	}					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					to the second			A CONTRACTOR	To a pro-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				4.		to the second		om to be the	at the state
(7) w/ ref. condenser									
(8) w/ carbon adsorber						}			
(9) w/ no controls									
Reclaimer Unit	-::.",	and the second	Property (1984)		ar saki tujit		f:		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requants	equired to be ity of perchlons ons	installed [_ proethylene (perc)	_] purchased ir				[]
What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sm	iall area sour	ce [3) of	Part II?	
Existing large are	ia sui	TICE [INC	w idi	ge area sour	LE	ĺ		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part 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 []	
	units shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(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	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)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	nptly notify the Department of any changes to the information contained in this notification.
Signature	72/96 Date

RECEIVED

JUN 1 8 1997

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Bureau of Air Monitoring & Mobile Sources

Ravised 10/06

TYPE OF INSPECTION:	ANNUAL X	COM	PLAINT/DISCOVERY	RE-INSPECTI	ON
TIME IN:	TIME OUT:	1200	AIRS ID#:	0990405	
TYPE OF FACILITY:	Ry Clean				
FACILITY NAME:	Touch of	CIAS	5 CLOANERS	DATE: <i>\$\scrip_</i>	197
FACILITY LOCATION:	9202 CHA	ides 1	Ke/		
	BOCA	339		1122	
RESPONSIBLE OFFICIAL:	BhaRAT (YAHEK _	PHONE NUM	BER: 482-505	5
	the compliance requirer Rule 62-213.300, Florid		ed during this inspection, the	e facility is found to be in	
Based on the results of discrepancies were not	•	nents evaluat	ed during this inspection, the	e following compliance	
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FOLLOW-UP A	CTION REQUIRED)
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and the second second			· · · · · · · · · · · · · · · · · · ·		
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	•				
COMMENTS:					
	· / *				
- 60		•			
The Annual Compliance Certific	cation form has been pro	perly certifie	d and submitted to the inspe	ctor. YES N	0=
DATE OF NEXT INSPECTIO)N: <u>5/98</u>	(App	roximate)		
INSPECTION CONDUCTED	BY:	14/6	se Print)		
INSPECTOR'S SIGNATURE	: Uffallo	•	PHONE NUMB	ER: 353-435	35

AMS /

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-INS	AL SPECTION		COMPLAINT/I	DISCOVERY	
AJRS ID#: <u>O990405</u> DATE: FACILITY NAME: A Tou FACILITY LOCATION: 922.	ch of C	los Ro	Clamo	TIME OUT: _	1200
	•				
PART I: NOTIFICATION					
(check appropriate box)			· · · · · · · · · · · · · · · · · · ·		
L. Existing facility notified DARM by 9/L	/96				×
2. New facility notified DARM 30 days pr					
3. Facility failed to notify DARM to use g	-	•) .
		· · · · · · · · · · · · · · · · · · ·			
PART II: CLASSIFICATION		 			
Facility indicated on notification form the (check appropriate box)	nat it is:	, .			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry-to transfe both t	er only, x </td <td>:<140 gal/ут 200 gal/ут</td> <td>×</td> <td></td>	:<140 gal/ут 200 gal/ут	×	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-<u>to</u> transfe both t</td><td>er only, 200 ypes, 140<></td><td>ea source 40<x<2, 100="" ga<br="">0<x<1,800 gal="" yr<br=""><<1,800 gal/yr r after 12/9/91)</x<1,800></x<2,></td><td>•</td><td></td></x<2,>	dry- <u>to</u> transfe both t	er only, 200 ypes, 140<>	ea source 40 <x<2, 100="" ga<br="">0<x<1,800 gal="" yr<br=""><<1,800 gal/yr r after 12/9/91)</x<1,800></x<2,>	•	
This is a correct facility classification	ZY	NΩ			
If no, please check the appropriate classif	cation:	,			
☐ facility qualified for a ge ☐ facility exceeds above lin	•		above general permit	•	
B. The total quaperty of perchloroethylene facility was gallons.	(perc) purchased	d within the	preceding 12 m	onths by this dr	y cleaning

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? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

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).

) Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)			
l.	Equipped all machines with the appropriate vent controls?	DELY C	NE	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XX.0	ИС	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY C	NC	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MY C	NE	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	M.	ИС	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	N/Y C	מב	

B. Has the responsible official of an existing large or new large area source also:	
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? Outlier and outlet weekly?	עם עם
Is the temperature differential equal to or greater than 20° F?	ND YD
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 carron adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON_N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 3 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON_N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carboπ adsorber (if used) at all times?	
0. 10000 and 10 00 00 00 00 00 00 00 00 00 00 00 00	OY ON ON/A
	UY UN UN/A
PART V: RECORDKEEPING REQUIREMENTS	UY UN UN/A
	UY UN UN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	X ¹ □N
PART V: RECORDKEEPING REQUIREMENTS Has the responsible officials (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible officiale (check appropriate boxes) 1. Maintained receipts for perc purchased?	At □n At □n
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	X ¹ □N
PART V: RECORDKEEPING REQUIREMENTS 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 □N A □N
PART V: RECORDKEEPING REQUIREMENTS 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	AT ON ANY
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PART V: RECORDKEEPING REQUIREMENTS Has the responsible officials (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)	AT ON ANY ON ANY ON
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PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ok □n

DY DN DXX

8. Maintained compliance plan, if applicable?

Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 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? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating AY ON Stills Filter gaskets and seating AY ON Exhaust dampers		Visual examination (condensed	solvent on	extérior	surfaces)	rod.	
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 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? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating A DN Stills Filter gaskets and seating A DN Exhaust dampers ON Stills		•				uag A	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting pero vapor concentrations in a range of 0-500 ppm? 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? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating A Muck cookers Door gaskets and seating A ON Stills Filter gaskets and seating A Capable of detecting instrumentation, is the equipment: a. Capable of detecting pero vapor concentrations in a range of 0-500 ppm? DY ON N/ ON N/ ON N/ ON N/ ON N/ A Does the responsible official check the following areas for leaks? Door gaskets and seating ON Stills Filter gaskets and seating ON Exhaust dampers ON N/ ON O		Z)					
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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? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 3. Has the facility maintained a leak log? 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating AY ON Stills Filter gaskets and seating AY ON Exhaust dampers AY ON			\			QY (⊒N N/A
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4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves		-				QY C	 _N N/A
Hose connections, fittings, couplings, and valves Door gaskets and seating AY ON Stills Filter gaskets and seating AY ON Exhaust dampers AL ON	3. Has ti		-	-)		px c	JN
Couplings, and valves Door gaskets and seating ON Stills Filter gaskets and seating ON Exhaust dampers ON ON ON ON ON ON ON ON ON O	v ·						
Filter gaskets and seating DY ON Exhaust dampers DN	,	, ,	₽ ¥	ПИ	Muck cookers	. QY	DNV
Also Tra		Door gaskets and seating	*	ΠN	Stills	dx.	□NN
Pumps : Diverter valves OK ON_		Filter gaskets and seating	9x	ND	Exhaust dampers	Å.c.	_NN
		Pumps	4x	ПN	Diverter valves	\$	ΩN_N
Solvent tanks and containers ON Cartridge filter housings ON		Solvent tanks and containers	\$\frac{1}{2}	ПΝ	Cartridge filter housings	₩	מע_א
Water separators		Water separators	dr-	$\square \mathcal{N}$			
	` `	Name of Responsible Office	cial (Signa	iture)	Name of Responsible Officia	l (Prin	t) & Phone
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Product Policy (S61) 4-8		1015 GA/10			57579	フ・	
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Production (Print) & Print) & Print & Pr		Inspector's Name (Please P	rint)		Date of Inspe	ection	
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Production Inspector's Name (Please Print) Name of Responsible Official (Print) & Production		Molle			5/18		
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Production 15/5/97		Inspector's Signature			Approximate Date of	Next Ins	spection
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Pro STATE Inspector's Name (Please Print) Date of Inspection STATE Date of Inspection		Containment for: Dry	Cleaning	g Machi	ine & Storage area	[Yes No
Name of Responsible Official (Signature) Name of Responsible Official (Print) & From State of Signature Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of Inspection Name of Responsible Official (Print) & From State of In	ondary						
Name of Responsible Official (Signature) Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection Yes North	ndary				Waste area	ţ	X) []

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 9:35 TIME OUT: 10:	15 AIRS ID#: 0990405						
	de Rd						
RESPONSIBLE OFFICIAL: Bharat Pare	PHONE NUMBER: 482-50.55						
compliance with DEP Rule 62-213.300, Florida Admini	luated during this inspection, the facility is found to be in strative Code (F.A.C.).						
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance						
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
	-						
	· · · · · · · · · · · · · · · · · · ·						
	RECEIVED						
-	JUL 1 5 1998						
COMMENTS:	Bureau of Air Monitoring						
	& Mobile Sources						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: Tuse 1999							
INSPECTION CONDUCTED BY:	Approximate), hokshi.						
INSPECTOR'S SIGNATURE: Q'V. Chok	Please Print) PHONE NUMBER: 355-3070						

PERCIILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

	•	٦
		•
	•	-

AIRS ID#: 0990405 DATE: 6-19-98 TIME IN: 9,35 TIME OUT: _ FACILITY NAME: FACILITY LOCATION:

RESPONSIBLE OFFICIAL: B CONTACT NAME: PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	Ġ
2. Facility failed to notify DARM to use general permit	۵

PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum A. ~1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (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/yrtransfer only, $200 \le x \le 1,800$ gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \(\frac{1}{2}\) gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorocthylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

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?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 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?

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS						
Cas the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	אם אם					
2. Maintained rolling monthly averages of perc consumption?	מס אַדע					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם עם					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוחם אם אם					
4. Maintained calibration data? (for applicable direct reading instruments)	אואבע אם צם /					
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אס אס אס					
6. Maintained startup/shutdown/malfunction plan?	מט אם					
7. Maintained deviation reports?	אואם אם צום					
Problem corrected?	ØY ON ON/A					
8. Maintained compliance plan, if applicable?	DY ON ØN/A					

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A OY ON ØN/A Muck cookers couplings, and valves XY ON ON/A MY ON ONA Stills Door gaskets and seating DY DN DN/A dy on pan/a Filter gaskets and seating Exhaust dampers DY ON ONA Diverter valves ØY ON ON/A **Pumps** MY ON ONA Cartridge filter housings \(\sqrt{Y} \sqrt{N} \sqrt{N} \sqrt{N}/A \) Solvent tanks and containers DY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: ØN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box Y \Box N$ b. Calibrated against a standard gas prior to and after each use (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

1 10 00-

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area	M_{1}
		Spotting area Sealed	1 /1 [1]

2. Disposal of Water from Water Separator using approved evaporator [/ [] or contracted Wastewater service [/] []

Safetr Kleen picks by The

Asked to keep inside Contament and floor around the doy clean machine

Clean

Gave him FDEP Calender for Record keeping

ale

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990405

MADHU & JAY INC BHARAT PATEL 9596 CYPRESS PARK WAY BOYNTON BEACH FL 33434

Do NOT Remove Label

MAR 0 2 1998

Bureau of Air Monitoring & Mobile Sources

Date

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: 13 HARAT PARAT Name (Please Print)

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

^{*}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.

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

DEINSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
N: 10:40 TIMEOUT: 11:1	0 AIRS 10=: 0,2901405
OFFACILITY: Doy Cleaning	RECE.
	cleaners MDATE: 72/2-99
LITY LOCATION: 9222 Gale	Rd Bureau of Air Monitoring White Sources Mobile Sources
Bola Raton F	
PONSIBLE OFFICIAL: Bharet Patel	PHONE NUMBER: 482-5055
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative 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:	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: R. V. Ch	ease Print) 355-307

Apm?

PERCHLOROETHYLENE DRY CLEANERS.

TITLE VIGENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COM CIAMED INS		.,	_ = 1	
TYPE OF INSPECTION:	ANNUAL		COMPLAINT	DISTOVER	A
	RE-INSPECTION	(a		AUG 2	द 1999
					: toring
AIRS ID#: 0990405	DATE: 7-12-9	TIME I	N: 10:40	Bureau Or A	4 hornes
FACILITY NAME:	1ouch	7 c/	en ch	Ckner	
FACILITY LOCATION:	9222 G	- 19 de	RS		
•	Boca Kar	ton	FL3.	3436	
RESPONSIBLE OFFICIAL	Bharat	Patel	PHONE:	182-5	055
CONTACT NAME:	······································		PHONE:		
				-	
DIDTE NOTIFICATION					
PART I: NOTIFICATION					
(check appropriate box)	•		•	•	· ·
1. New facility notified DAR	of 30 days prior to startur)			
2. Facility failed to notify DA	RM to use general permi	t			
	· .		• .	e indrese seja	•
PART II: CLASSIFICATION	N				
Facility indicated on notification (check appropriate box)	tion form that it is:	•	☐ No notifica ☐ Drop store	ation form out of business/pe	etroleum
Α.	<u> </u>		-	, A.	. •
 Existing small area so dry-to-dry only, x < 140 g 		. New small:	area source , x < 140 gal/yr	×	•
transfer only, x < 200 gal/	•	ransfer only, x		•	
both types, x < 140 gal/yr	~ t	oth types, x <	140 gal/yr		· · · ·
(constructed before 12/9/9	1)	constructed or	or after 12/9/91)	•
3. Existing large area so	urce 🖸 4	. New large	area source	. 🗖	
dry-to-dry only, 140 ≤ x ≤	2,100 gaVyr	iry-to-dry only	$4,140 \le x \le 2,10$		
transfer only, $200 \le x \le 1$,			$200 \le x \le 1,800$		
both types, $140 \le x \le 1,80$ (constructed before $12/9/9$			$0 \le x \le 1,800 \text{ gal}$ to or after $12/9/9$		
5. This is a correct facility	classification	XY DN	□Can not de	termine	
If no, please check t	he appropriate classificat	ion:			
	cility qualified for a gene	ral permit as n			
i a	cility exceeds above limi	is and is not el	igible for a gene	rai permit	

1055

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 55 gallons. For 1998, For 1998 So far 30 gal

PART VI: LEAK DETECTION AND	REPAIRS			1 .
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detectio	n and repair	ĥ
inspection?			DY ON	
2. Has the facility maintained a leak log?	. •		OY ON	
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings, couplings, and valves	אוחם אם אפ	Muck cookers	OY ON DAVA	
Door gaskets and seating	אואם אם צום	Stills	אומם מם צים	
Filter gaskets and seating	אואם אם צאק	Exhaust dampers	DY DN DNIA	•
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	AND NO YES	Cartridge filter housing	gs DY ON ON/A	
Water separators	AND NO YE		•	
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surfac	ės)		
Physical detection (airflow felt t	hrough gaskets)			
Odor (noticeable perc odor)				
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	PIN	
- Halogen leak detector			PIN	
If using direct-reading ins	trumentation, is the equi	pment:	DN/A	
a. Capable of detecting	g perc vapor concentration	is in a range of 0-500 ppm?	Y DY DN	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use		
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in u	se?	OY ON	
	cy by use of duplicate sam	•	DY DN	
]
Bhagat Pate	1		Car	
sponsible Official's Na	ıme	Responsible Of	ficial's Sign	nature
(Please Print)	/ ^			
K.V. ChoKSI	n	2-12	- 39	
Inspector's Name (Please	Priat)	Date of Inspection	n	

BEST AVAILABL	- TITLE VAIR		ENERAL PERVITARY REPORT	·
TYPE OF INSPECTION:	ANNUAL D	•	AINT/DISCOVERY [RE-INSPECTI
TIME IN:	TIME OUT:		AIRS ID#:	0990405
TYPE OF FACILITY:	·· /	eauer_		
FACILITY NAME:	A lach	of Clus	Cleamers.	date: <u>8/8/0</u>
FACILITY LOCATION:		ules rd		
		tel	33436	
RESPONSIBLE OFFICIAL:	5 yarar va	761	PHONE NUMBER	: 482 505
compliance with DEP R	ule 62-213.300, Florida he compliance requirem	Administrative (uring this inspection, the factoring this inspection, the following this inspection, the following t	•
COMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-UP ACTI	ON REQUIRED
			Mobile So Talillo	
•			nitoring Arces	· · · · · · · · · · · · · · · · · · ·
	•		•	
MMENTS:				
•	•			·
Annual Compliance Certificatio	n form has been properl	y certified and su	bmitted to the inspector.	YES NO
TE OF NEXT INSPECTION:_ PECTION CONDUCTED BY:	: hn L	(Approximate	e)	
PECTOR'S SIGNATURE:	his Labe	(Please Print)	PHONE NUMBER:	315 30 70

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	X	COMPLAINT/DIS	SCOVERY	
AIRS ID#: <u>0990405</u> DAT	E: 5/8/3	TIME	IN: TII	ME OUT:	
FACILITY NAME: A 7000	h of clas	Clanel	?\$		· · · · · ·
FACILITY LOCATION: 92	22 Glades	Read		· · · · · · · · · · · · · · · · · · ·	
\mathcal{B}_{\circ} .	a Ratus.	F/ 334	36		
RESPONSIBLE OFFICIAL: BA	ARAT PAR	e/	_PHONE: 482	- 5055	·
			_ PHONE:		
				· 	
(check appropriate box)					
1. New facility notified DARM 30 day	ys prior to startup)			
2. Facility failed to notify DARM to u	se general permi	t		•	
					;·
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	m that it is:	•	☐ No notification fo☐ Drop store/out of		leum
A.				ousiness/pene	/icum
1. Existing small area source		New small a	•	X	•
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		y-to-dry only, ansfer only, x	x < 140 gal/yr		1
both types, x < 140 gal/yr		oth types, $x < 1$	~ •		
(constructed before 12/9/91)	· ·	• •	or after 12/9/91)		
3. Existing large area source		New large as			
dry-to-dry only, $140 \le x \le 2,100$ ga	•	•	$140 \le x \le 2,100 \text{ gal/yr}$	•	.
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			$0 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)		• •	$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility classifica	tion 🗆	Y 🗆 Y	□Can not determine		
If no, please check the appropr	iate classification	ı:			
☐ facility quali	fied for a genera	permit as nur	nber above		
☐ facility exceed	eds above limits :	and is not eligi	ble for a general perm	it	
B. The total quantity of perchloroethyle facility was 100 gallons.		sed within the	preceding 12 months	by this dry cle	aning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ANO NO TONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ETY ON 4. Draining cartridge filters in their housing or in sealed containers for at TOY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN MYNA 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) ETY ON 1. Equipped all machines with the appropriate vent controls? MY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DV 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 verifying that the coolant had been completely charged? ØÝ □N

PART III: GENERAL CONTROL REQUIREMENTS

_F			
	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	2. Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	DY DN	DN/A
l	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3	. Measured and recorded the perc concentration in the explanst stream weekly		
l	at the end of the final drying cycle while the machine is venting to the adsorber,		
I	if machines are equipped with a carbon adsorber?	DY DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□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,		
l	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN	CD21/4
	of expansion, and downstream nonvino other miet?	UY UN	AWI
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	DY DN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	NO YO	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) אם עש 1. Maintained receipts for perc purchased? MY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A 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 MY ON ON/A and parts installed w/in 5 days of receipt? DY DN XNA 4. Maintained calibration data? (for applicable direct reading instruments) AINA NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? ĐÝ DN 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY DN XNA 8. Maintained compliance plan, if applicable?

ADI	OITIONAL SITI	e information:			
1.	Secondary (Containment for:		Machine & Storage area Waste area	Yes NO [] []
				Spotting area Sealed	[] []
				·	
	e.e =-			•	•
				·	
2.	Disposal of	Water from Water		ing approved evaporator	
	•	· •	or contracted	Wastewater service	[3/[]
		·			
		:			
	,	``		: .	
				•	
		·	•		
		A. A.		•••	
				•	
	;				
				•	
				•	
		•			

1. Does the responsible official conduct	i a weekly (for small soi	irces, bi-weekly) leak detection	and repair
inspection?		•	LOY ON
2. Has the facility maintained a leak log	?	•	DY ON
3. Does the responsible official check th	ne following areas for le	aks?	-
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	בומא אם עם
Door gaskets and seating	AND ND YEA	Stills	אום אם צום.
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY DN XN/A
Pumps .	אוחם מם צם	Diverter valves	DY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	S /DY ON ON/A
Water separators	אוחם חם צם		
4. Which method of detection is used by	the responsible official?	·	_
Visual examination (condensed	solvent on exterior surfa	ces)	40
Physical detection (airflow felt the	hrough gaskets)		PÍ .
Odor (noticeable perc odor)			
Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)	Di Ma
Halogen leak detector			XI NA
If using direct-reading instr	rumentation, is the equ	ipment:	X N/A
a. Capable of detecting	perc vapor concentrațio	ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	מם צם
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in u	se?	מם עם
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	אם עם
(Both		> Bhorat	Patel
ponsible Official's Nam (Please Print)	e -	Responsible Offi	cial's Signa
Inspector's Name (Please Prin	nt)	8/8/20	
P'IL	••)	Date of Inspection	
Inspector's Signature		<u> </u>	Next Inspection

Z 210 662 867 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. 10 AIRS ID # 0990405001AG BHARAT PATEL A TOUCH OF CLASS DRY CLEANERS 9222 GLADES ROAD **BOCA RATON FL 33434** Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item, 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1?
Article Addressed to: AND AND III COLOR AND III	If YES, enter delivery address below:
10 AIRS ID # 0990405001 AG BHARAT PATEL A TOUCH OF CLASS DRY CLEANERS	
9222 GLADES ROAD	3. Service Type
BOCA RATON FL 33434	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit Ño. G-10 '

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

(U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
7039						
9372	Postage Certified Fee	\$	Postmark			
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here			
0520	Recit A TOUCH C	AIRS ID # 09 OF CLASS DRY CL ATEL				
7000	Street 9222 GLADI BOCA RATO City, \$ 33434					
(PS Form Soughtening	GID/7	structions			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0990405 A TOUCH OF CLASS DRY CLEANERS BHARAT PATEL 9222 GLADES ROAD	
BOCA RATON FL 33434	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise: ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	7,179,39, 1, 1, 11
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
1084	OFF	ICIAL	USE		
7976	Postage Certified Fee	\$	Postmark		
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	_	Here		
0350	Total Postage & Fees S A TOUCH OF C BHARAT PATE	AIRS ID # 099040 LASS DRY CLEAN			
7007	9222 GLADES R G BOCA RATON I 33434	ROAD	• for instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 3/8/02 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes	
1. Article Addressed to: AIRS ID # 0990405 A TOUCH OF CLASS DRY CLEANERS BHARAT PATEL 9222 GLADES ROAD	If YES, enter delivery address below:	
BOCA RATON FL 33434	3. Service Type Certified Mail	
2. Article Number (Copy from service label) 7 0 0 1	0320 0001 7976 1084	
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789	

STATES POSTAL SERVICE

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

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

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

389586

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990405 A TOUCH OF CLASS DRY CLEANERS BHARAT PATEL 9596 CYPRESS PARK WAY **BOYNTON BEACH FL 33434**

9222 Grades Road FL-334-34 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401295

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID # 0990405 A TOUCH OF CLASS DRY CLEANERS

BHARAT PATEL 9222 GLADES ROAD BOCA RATON FL 33434

FOR GOVERNMENT USEONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Count o Number

AIRS ID 0990405

MADHU & JAY INC BHARAT PATEL 9596 CYPRESS PARK WAY BOYNTON BEACH FL 33434

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

PS Form

√ 0355255

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990405

A TOUCH OF CLASS DRY CLEANERS BHARAT PATEL 9596 CYPRESS PARK WAY **BOYNTON BEACH FL 33434**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: R1 Fund: 20-2-035001

Obj.: 002273

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 27 97

Do NOT Remove Label

AIRS ID# 0990405 A TOUCH OF CLASS DRY CLEANERS BHARAT PATEL 9596 CYPRESS PARK WAY **BOYNTON BEACH FL 33434**

FOR GOVERNMENT USE ONLY

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

Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990405

MADHU & JAY INC BHARAT PATEL 9596 CYPRESS PARK WAY **BOYNTON BEACH FL 33434** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

	Z 333 F	73 653			
	US Postal Service				
	Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)				
}		AIRS ID 0951153			
	MBACH INC				
-	PHEN BAUMBACH N GOLDENROD ROAL				
	TER PARK FL 32792				
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
April 1995	Return Receipt Showing to Whorn & Date Delivered				
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
Form 3800 ,	TOTAL Postage & Fees	\$			
3	Postmark or Date				
Fo					
PS					
ร้าวอเฟลล ผานเอา adt to tilgir ad					

on the reverse sid	Complete items 3, 4a, and 4b. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that card to you. ■ Attach this form to the front of the mailpiece, or on the back if sp permit. ■ Write "Return Receipt Requested" on the mailpiece below the art ■ The Return Receipt will show to whom the article was delivered delivered.	ace 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.	
N ADDRESS completed or	3. Article Addressed to: AIRS ID 0990405 MADHU & JAY INC BHARAT PATEL 9596 CYPRESS PARK WAY BOYNTON BEACH FL 33434	4a. Article N 2333 4b. Service Registere Express Return Rec 7. Date of De	Receipt for Merchandise COD	
s your RETUR	5. Feosived By: (Print Name) 6. Signature: (Addressee or Agent) X PCL Agent	8. Addressed and fee is		
_	PS Form 3811 , December 1994	102595-97-B-0179	Domestic Return Receipt	

