

0990412



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Coy Lee Adams  
President  
Adams Family Dry Cleaning  
1160 Royal Palm Beach Boulevard  
Royal Palm Beach, Florida 33411

Dear Mr. Adams:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

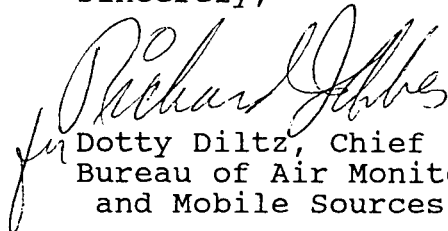
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,

  
for 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"

# 0990412

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):	ADAMS FAMILY DRY CLEANING/TANDEM ENT, INC.
2. Site Name (For example, plant name or number):	ADAMS FAMILY DRY CLEANING
3. Hazardous Waste Generator Identification Number:	FLD 984 226 225
4. Facility Location: Street Address: 1160 ROYAL PALM BEACH BLVD. City: ROYAL PALM BEACH County: PALM BEACH Zip Code: 33411	
5. Facility Identification Number (DEP Use):	0990412

## Responsible Official

6. Name and Title of Responsible Official:	COY LEE ADAMS / PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1160 ROYAL PALM BEACH BLVD. City: ROYAL PALM BEACH County: PALM BEACH Zip Code: 33411	
8. Responsible Official Telephone Number: Telephone: (561) 790-5330 Fax: (561) 790-5395	

## 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 28 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
<i>ECONOMATIC</i> <i>5/495</i>									
<i>Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i>									
<b>Dry-to-Dry Unit</b>									
<i>DRY TO DRY</i>									
(1) w/ ref. condenser		<i>JAN. 1988</i>	<i>JAN. 1988</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(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 source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
- No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

Date

✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:00 TIME OUT: 11:15 AIRS ID#: 0990412  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Adams Family Dry Cleaning DATE: 3-3-97  
 FACILITY LOCATION: 1160 Royal Palm Beach Blvd.,  
Royal Palm Beach, Fl. 33411  
 RESPONSIBLE OFFICIAL: Coy Adams PHONE NUMBER: 790-5330

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Open 5 gallon bucket being used for wastewater.	Properly handle this waste in accordance with 62-213 FAC

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3-98  
(Approximate)

INSPECTION CONDUCTED BY: Robert G. Gallo  
(Please Print)

INSPECTOR'S SIGNATURE: Robert G Gallo PHONE NUMBER: 561-554-535

ARMS

H

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990912 DATE: 3-3-97 TIME IN: 10 TIME OUT: 11:15

FACILITY NAME: Adams Family Dry Cleaning/Tandem Fdry INC

FACILITY LOCATION: 1160 Royal Palm Beach Blvd.  
Royal Palm Beach, FL 33411

### PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

A	1. Existing small area source 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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>
	3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.



**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?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2. Examining the containers for leakage?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
3. Closing and securing machine doors except during loading/unloading?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**PART IV: PROCESS VENT CONTROLS**

~~In Part II-A:~~

~~If classification 1 has been checked, no controls are required. Proceed to Part V.~~

~~If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).~~

~~If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993~~

~~If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).~~

~~A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)~~

<del>1. Equipped all machines with the appropriate vent controls?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N</del>
<del>2. Equipped dry-to-dry machines with a closed-loop vapor venting system?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N <input type="checkbox"/> N/A</del>
<del>3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N <input type="checkbox"/> N/A</del>
<del>4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N</del>
<del>5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N</del>
<del>6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?</del>	<del><input type="checkbox"/> Y</del>	<del><input type="checkbox"/> N</del>

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N
- Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A
- Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

#### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?
- Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

#### PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)  Y  N  A
  - Physical detection (airflow felt through gaskets)  Y  N  A
  - Odor (noticeable perc odor)  Y  N  A
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Y  N  A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  N/A
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  N/A
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  N/A
  - d. Kept in a clean and secure area when not in use?  Y  N  N/A
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  N/A

3. Has the facility maintained a leak log?  Y  N  N/A

4. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

*Robert G. Gallo*  
 Name of Responsible Official (Signature)  
Robert G. Gallo  
 Inspector's Name (Please Print)  
*Robert G. Gallo*  
 Inspector's Signature

790-5330

*GOY LEE ADAOS*  
 Name of Responsible Official (Print) & Phone #  
3-3-97  
 Date of Inspection  
3/98  
 Approximate Date of Next Inspection

- 1. Secondary Containment for: Dry Cleaning Machine & Storage area  Yes  No
- Waste area  Yes  No
- Spotting area Sealed  Yes  No
- 2. Disposal of Water from Water Separator using approved evaporator  Yes  No
- or Waste Handling Pickup Water  Yes  No

*[Handwritten signature]*

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

262301 ✓

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

RECEIVED  
MAIL ROOM  
MAR -3 97

**TOTAL AMOUNT DUE: \$50.00**

Spoke to  
3/31/97  
Robin Lishen  
owner  
Business  
Sold to  
Terry R. Lishen  
on 3/7/97

Do **NOT** Remove Label

DBA → Lishen Enterprises, Inc  
AIRS ID# 0990412  
ADAMS FAMILY DRY CLEANING  
~~GOYLEE ADAMS~~ Terry R. Lishen  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

#2753

P 265 302 251

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID#: 0990412  
TANDEIM ENTERPRISES INC  
COY LEE ADAMS  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	2/17/97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0990412  
TANDEIM ENTERPRISES INC  
COY LEE ADAMS  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

4a. Article Number

P265 302 251

4b. Service Type

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered                     | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured   |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD       |

7. Date of Delivery

2/22/97

5. Received By: (Print Name)

*[Signature]*

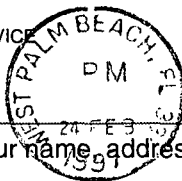
6. Signature: (Addressee or Agent)

*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

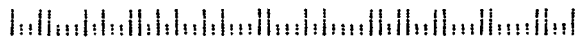


First Class Mail  
Postage & Fees Paid  
USPS  
Permit No: G-10

• Print your name, address, and ZIP Code in this box •

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

51



Z 210 662 935

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 0990412001AG  
COY LEE ADAMS  
ADAMS FAMILY DRY CLEANING  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

PS Form 3800 April 1995

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

Fold at line over top of envelope to the right of the return address

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

10 AIRS ID # 0990412001AG  
COY LEE ADAMS  
ADAMS FAMILY DRY CLEANING  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered Mail  Receipt for Merchandise  
 Insured Mail  C.O.D.

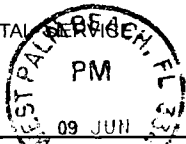
4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

Z 210 662 935

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 •

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

