

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. J. Robert Gamboa President Kar-Kat, Inc. 21717 State Road 7 Boca Raton, Florida 33428

Dear Mr. Gamboa:

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. Al Grasso, Palm Beach County

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

0990436

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):	
KAR-KAT INC.	
2. Site Name (For example, plant name or number):	
PROKLEEN CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLO	
4. Facility Location: Street Address: 21717 STATE 2D 7	
Street Address: 21717 STATE 2D 7 City: BUCA PATOH County: PATOH	
5. Facility Identification Number (DEP Use):	
0990436	
Responsible Official	
6. Name and Title of Responsible Official:	
J. RUBERT GAMBUA - PRES	
J. FOBERS GAMBOA - THES	
7. Responsible Official Mailing Address: 21717 STATE RD 7 Organization/Firm: EAR-EAT INC Street Address: 2 1717	
Street Address: 21717 570 C.07	
Street Address: 21717 STATE PD7 City: BOCA PATON County: PAN BEACH Zip Code: 3342	~
8. Responsible Official Telephone Number:	$\stackrel{\bullet}{-}$
Telephone: (361) \$52-1277 Fax: (561) 477 - 0815	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	\neg
7. Name and Thie of Lacinty Comact (For example, plant manager).	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () - RECEIVED RECEIVED AUG 30 MAIN Monitor Aug of Air Monitor Source Page 13 of 16	
ELV	
2 EC - 1446	
K = 30	ring
Allo Monie	₂ 5
DEP Form No. 62-213.900(2) Page 13 of 16 Bureau nobile Source Bureau Mobile Source	
Effective: 6-25-96	

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.

CEK		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Dry T. Dry		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	-	6/1991	6/1991						
(2) w/ carbon adsorber		7	1 / / / / /			, -			
(3) w/ no controls									
Washer Unit	_	•			•				
(4) w/ ref. condenser	_		,						
(5) w/ carbon adsorber					İ				
(6) w/ no controls									
Dryer Unit			•	·	· · · · · · · · · · · · · · · · · · ·				·
(7) w/ ref. condenser		1							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•			•		-	·
(10) w/ ref. condenser						<u> </u>			
(11) w/carbon adsorber	-								
(12) w/ no controls					İ				
(b) Control devices are required, but not yet installed									
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									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ned-on machines	pursuant to section (3) or	rait if 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-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for perio	ods of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
•			
·			
Equipme	ent Monitoring a	and Recordkeeping Infor	rmation
Check all logs which are required to	o be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent pu	urchases	•	
(b) Leak detection inspection and re	epair		\succeq
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n 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)
\succeq	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the thin this notification form.
I will pron	Inptly notify the Department of any changes to the information contained in this notification. The second



Department of Environmental Protection

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

e, Florida 32399-2400 Secretary

July 11, 2001

David B. Struhs

Mr. J. Robert Gamboa Prokleen Cleaners 21717 State Road 7 Boca Raton, Florida 33428

Dear Mr. Gamboa:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 11.

In reviewing your submittal, it was noted that Prokleen Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990436). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

RECEIVED

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT MAY 1 2 1997

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY Euroau of AiR自由影響管
+ 0 · / Cta	215 AIRS ID#: 0990436
FACILITY NAME: PROKLEEN	CLEANERS DATE: 4/22/97
FACILITY LOCATION: 21717 STATE	E RP. 7, BOCA RATION,
	A Ambo A PHONE NUMBER: (61) 852 - 1277
	luated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Admini Based on the results of the compliance requirements eva discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: 4/22/92	ified and submitted to the inspector. YES NO 'YES'
INSPECTION CONDUCTED BY: DON ALO	pproximate) SIKAZWE
INSPECTOR'S SIGNATURE: (F	S (KAZWE PHONE NUMBER (561) 355-4537
	Revised 10/96

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DIS	COVERY
AIRS ID#: 0990 436 I FACILITY NAME: DRO FACILITY LOCATION:	21717	CLEANERS SR. 7, BOCA 428	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	1	
(check appropriate box)	 		
1. Existing facility notified DAR	LM by 9/1/96		×
2. New facility notified DARM	30 days prior to start	up	
3. Facility failed to notify DARM	A to use general per	mit	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:	,	
A.	e V	2. New small area source	· .
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-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)	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	ee 🗆 O gal/yr al/yr	transfer only, x<200 gal/yr both types, x<140 gal/yr	D
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) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" y<="" yr=""><td>e 🔲 O gal/yr al/yr yr</td><td>transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>* -</td></x<2,></td></x<2,>	e 🔲 O gal/yr al/yr yr	transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>* -</td></x<2,>	* -
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) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>e O gal/yr al/yr yr xation</td><td>transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>* -</td></x<2,></td></x<2,>	e O gal/yr al/yr yr xation	transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>* -</td></x<2,>	* -
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) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropriation="" before="" check="" classified="" correct="" facility="" fro,="" gal="" is="" of="" only,="" please="" qualified="" qualified<="" td="" the="" this="" transfer="" yr=""><td>e O gal/yr al/yr yr cation ate classification: d for a general perm</td><td>transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>* -</td></x<2,></td></x<2,>	e O gal/yr al/yr yr cation ate classification: d for a general perm	transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>* -</td></x<2,>	* -

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ieast 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 (completé 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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAD VD: YD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	QΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ИD	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	
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?	QΥ	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□⋈_	_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 bond, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	QΥ	_עם_	N/A
ź.	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?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ПΝ	□N/A
<u> </u>				
=	ART V: RECORDKEEPING REQUIREMENTS			
Ħ	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)			
H: (cl	as the responsible official:	``	ИП	
(cl	as the responsible official: neck appropriate boxes)	A.	ロロス	
H: (cl. 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	A		
H: (cl. 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	A A A		
H: (cl. 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	大村 英	ΩΝ □N	
H: (cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	1	ΩΝ □N	AN/A
田: (cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	1	מט	ON/A N/A
1. 2. 3. 4. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	OY OY	מט	N/A
H: (cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY OY	и ои и ои и	N/A
H: (cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY OY	N	N/A
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	XXX CO CO		N/A
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	XXX CO CO		N/A N/A
H: (cl 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	XXX CO CO		N/A N/A

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)					
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	Physical detection (airflow felt through gaskets)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	/ <u>A</u>				
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN XN	/ P				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	/ <u>P</u>				
c. Inspected for leaks and obvious signs of wear on a weekly basis?	/ A				
d. Kept in a clean and secure area when not in use?	/ A				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	/ 4				
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 Y QN Muck cookers Y QN_	_ı				
Door gaskets and seating Y N Stills Y N	_N				
Filter gaskets and seating Y ON Exhaust dampers OY ON	▼				
Pumps Diverter valves Diverter valves Diverter valves	_N				
Solvent tanks and containers YY ON Cartridge filter housings Y ON_	_N				
Water separators YY ON					
T. BASK GAMBOA 852	-/				
Name of Responsible Official (Signature) Name of Responsible Official (Print) & Print	TE				
DONALD SIKATINZ 4/22/97					
Inspector's Name (Please Print) Date of Inspection	_				
Downer Silverest 1/22/98					
Inspector's Signature Approximate Date of Next Inspection					
econdary Containment for Design Classics And Secondary	ь				
econdary Containment for: Dry Cleaning Machine & Storage area]				
Waste area 🔀 []				
Spotting area Sealed 🔀 []				
isposal of Water from Water Separator using approved evaporator [][]				
or Waste Handlex Picksup Water]				

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990436 KAR-KAT INC J ROBERT GAMBOA 21717 SR 7 **BOCA RATON FL 33428**

	Do	NOT Remove Label		
Annual Reporting Period:	1/1 .	19 <u>97</u> то	12/3/	<u>19</u> 97
Based on each term or condition of the 62-213.300, Florida Administrative Co				h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general p			_	period stated above:
Exact period of non-compliance: from		ECEIVEI)	
Action(s) taken to achieve compliance:		JAN 2 2 1998		
Method used to demonstrate compliance	:e:	Bureau of Air Monitorir & Mobile Sources	ng	N 20
#2. Term or condition of the general p	ermit that has not been in	n continuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		R E C E _{to} I	VED	
Action(s) taken to achieve compliance:		JAN 2 2	1998	
Method used to demonstrate complianc	re:	Bureau of Air I & Mobile S		·
As the responsible official, I hereby certify notification are true, accurate and completes not exceed 2,100 gallons per year for RESPONSIBLE OFFICIAL:	ete. Further, my annual co dry-to dry facilities or 1,8	onsumption of perchloroeth 00 gallons per year for tran BOA	ylene solvent, based u <u>j</u>	oon 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 V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:55 TIME OUT: 11:3	35AIRS ID#:
TYPE OF FACILITY: Doy cleaning	.
FACILITY NAME: PROKLEEN CLEF	ANERS DATE: 6-19-98
FACILITY LOCATION: 21717 State Ro	
Bola Raton,	FL 33428
RESPONSIBLE OFFICIAL: J. Robert Gam BO	# PHONE NUMBER: 852-1277
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Purchase, Leak cheek, temp	will be reinsperted in
Purchase, Leak Cheek, Temp	3 months.
monitoring on site	
·	
	RECEIVED
	JUL 1 5 1998
	Bureau of Air Monitoring
COMMENTS:	& Mobile Sources
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1777 oproximate)
INSPECTION CONDUCTED BY: R.V. Cht	ikshi
miss Ection compected by	lease Print)
INCRECTORIO CIONITY DE CONTRACTORIO	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

A	Rr	4
•		

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

a

PART I: NOTIFICATION			
(check appropriate box)	` `		
1. New facility notified DARM 30 days prior to star	tup 🗆		
2. Facility failed to notify DARM to use general per	mit 🛛		
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) 3. Existing large area source	□ No notification form □ Drop store/out of business/petroleum 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) 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 before $12/9/91$)	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	□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) pure facility was gallons.	archased within the preceding 12 months by this dry cleaning		
K Per Perc	Purchase receipts we received		

However, I could not read,

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?	ZY ON ON/A		
2. Examining the containers for leakage?	MY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	שא סא		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אוחם מם צאבן		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מעם אם אם		
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 refri (complete A below).	gerated condenser		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	מם צם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מאם אם צם		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מאם אם צם Y		
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?	מאם אם צם		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОХ. ОИ		

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?	ΩY	ロи
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY.	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□N □N/A
;	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?	ΩÝ	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	אואם אם
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	· .	
	or expansion; and downstream from no other inlet?	ΠY	A/NO NO
	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?	ΩY	□N □N/A
-			

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes) (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY Z N		
2. Maintained rolling monthly averages of perc consumption? As ked to keep seconds	DY ØN		
3. Maintained leak detection inspection and repair reports for the following:	,		
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צובן		
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 ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	באועם אם אם אם		
5. Maintained exhaust duct monitoring data on perc concentrations?	בואם אם אם		
6. Maintained startup/shutdown/malfunction plan?	אם צוב		
7. Maintained deviation reports?	אַעם אם אַבּן		
Problem corrected?	אואם אם צים		
8. Maintained compliance plan, if applicable?	אואבע אם צם		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair DИ inspection? ΩN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YES Muck cookers DY ON DINA couplings, and valves ØY ON ON/A ØY ON ON/A Stills Door gaskets and seating DY DN ØN/A ØY ON ON/A Exhaust dampers Filter gaskets and seating DY ON ONA Diverter valves ØY ON ON/A Pumps DY ON ONA Cartridge filter housings MY ON ON/A Solvent tanks and containers DAY DN DN/A 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? מם צם e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Name Date of Inspection

Inspector's

Signature

Date of Next Inspection

ADDITIONAL SITE INFORMATION:

	_		Yes NO
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	\mathcal{L}_{1}
		Waste area	
		Spotting area Sealed	[] N

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

Asked to keep Perc Purchase receipts on sixe Grave him FDEP Calender for Record Keeping

TITLE V AIR QUALITY GENERAL PERMIT-INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:45	AIRS ID#: <u>0990436</u>
TYPE OF FACILITY: Des Classing	
FACILITY NAME: PROKLEY CLAWERS	DATE: 3/21/
FACILITY LOCATION: 2/7/7. SR 7 (441)	
BOCA RADJ F1 3342	8
RESPONSIBLE OFFICIAL: J. Robert Gamboa	PHONE NUMBER: 852 - 127
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
• •	
<u> </u>	P
	Burga RPA
	Mobile South North
	Tice's and the second
MMENTS: Responsible Official faxed por	c eacaipts and leak loss (complete) to
my office.	
Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
	oximate)
PECTION CONDUCTED BY:	y Direk
	se Print)

PERCHLOROETHYLENE DRY CLEANERS.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	CTION COMPLAINT/DISCOVERY CTION
AIRS ID#: 0990436 DATE: 3/2	//02 TIME IN: 1: 45 TIME OUT: 2: 20
FACILITY NAME: Peo Elec J C	LeAners
FACILITY LOCATION: 217/7	SiAK RD 7 (441)
	J F1 33428
	Gamboa PHONE: 852 - 1277
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup \square
2. Facility failed to notify DARM to use general	permit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
(check appropriate box) A.	☐ 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 ON OCan not determine
	fication: general permit as number above limits and is not eligible for a general permit
The total quantity of perchloroethylene (perc) perchloroethylene (perc) gallons. Ape. 199 to	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AYA UN UNIA 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON XINA 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 yent controls? DY DN AYMO NO YO 2. Equipped dry-to-dry machines with a closed-loop vapol venting system? 3. Equipped the condenser with a diverger valve so airflow win the directed away from the AYAD AD YD condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the A/NO NO YO condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

I	3. 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?	ם אם אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ם א מא מ	A/NC
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON C	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ם אם כ	A/NC
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?	ם אם אם	IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם צם	N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Net at facility	\mathbf{X} Y \square N			
2. Maintained rolling monthly total of perc consumption?	XY DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO Y			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ONA			
4. Maintained calibration data? (for applicable direct reading instruments)				
5. Maintained exhaust duct monitoring data on perc concentrations?				
5. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	XY ON ONA			
Problem corrected?	YY ON ONA			
8. Maintained compliance plan, if applicable?	OY ON MINIA			

ADI	DITIONAL SIT	E INFORMATION: -	(4			
• .						
1.	Secondary	Containment for:	nrv Cleani	ng Machine & Storage area	Yes [X]	αη]
	in committee of			Waste area		r
				Spotting area Sealed	IX]	[]
				J -	41-	
				•		
						:
		;				
	6.4 m 6.4 m				•	
2.	Disposal of	Water from Water	: Separator	using approved evaporator	[X]	[]
			or contract	ed Wastewater service	$[\!$	[]
		,				
	(A)	SARTY KLEN F	sicks up 42	e waste sludge.		
	(a)	•				
	(B)			e during inspection		
	(C)		ceipts At	facility dueing		
		inspection .				
				•		
	`		•	•		
				evinence		
						: ·
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	;		•			
	•					
	,					
	,					

PART VI: LEAK DETECTION AN			
1. Does the responsible official conduc	ct a weekly (for small sour	ces, bi-weekly) leak detect	
inspection?			X Y □N
2. Has the facility maintained a leak log			MA DN
3. Does the responsible official check t	he following areas for lead	KS?	
Hose connections, fittings, couplings, and valves	XAY ON ON/A	Muck cookers	חים אם אַ אוא
Door gaskets and seating	XYY ON ON/A	Stills	אומם מם צואן
Filter gaskets and seating	AINO NO YK	Exhaust dampers	OY ON MYN/A
Pumps	XIY ON ON/A	Diverter valves	אומם מם צוֹאָ
Solvent tanks and containers	AND NO YA	Cartridge filter housir	ngs 🗷 🗆 N 🗆 N/A
Water separators	AND ND YA		
Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	es) -	×
Physical detection (airflow felt t	hrough gaskets)		×
Odor (noticeable perc odor)			×
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	XI NA
Halogen leak detector			X NA
If using direct-reading inst	rumentation, is the equip	oment:	X IN/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	מם עם
c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in use	?	OY ON
c. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	חס אם
	 		
T. 20BERT GAMBO)A	Hum	cl gh
onsible Official's Nam (Please Print)		Responsible Off	icial's Sign
Jeffey Disk Inspector's Name (Please Prin	nt)	3/21/2 Date of Inspection	
gypu Durck		maech 2	oc/
"Hispector's Signature		Approximate Date o	f Newt Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	AMUAL COME	PLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 12:20	TIME OUT: 12:50	AIRS ID#: 09	90436	
TYPE OF FACILITY: D				
FACILITY NAME: PRO	KLEEN CLEAR	VERS	DATE: 4-29-99	
FACILITY LOCATION: 21	717. State Rd	7 (Rd 441		
	30CA RATON,	FL 33428		
RESPONSIBLE OFFICIAL:	J. Robest Gambo	PHONE NUMBER:	852-1277	
, (2)	the compliance requirements evalua		ility is found to be in	
i ·	Rule 62-213.300, Florida Administra			
Based on the results of discrepancies were not	the compliance requirements evaluated:	ted during this inspection, the following	owing compliance	
· ·	UIREMENT/PROBLEM	FOLLOW-UP ACT	ON REQUIRED	
	<u> </u>			
•		-		
		િ કરો કે કાર્યું કરિયા કરો છે. આપણ કરિયા જાણ જાણ હતા છે. કોઇ કરો		
	* *			
·			·	
	·			
COMMENTS:	•	•		
			<u> </u>	
The Annual Compliance Cert	ification form has been properly cert	/1	or. YES NO	
DATE OF NEXT INSPECT	TION: SHOY!	2000		
Approximate)				
INSPECTION CONDUCT	ED BY: A Cho	N SA (Please Print)	27-276	
INCORCANO DE CARLETTE	(2). [[] [] [] []	PHONE NUMBER	355-3078	
INSPECTOR'S SIGNATU	ne / Court	FUONE NOMBE		

Best Available Copy PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#:0990436 DATE: 4-29-	99 TIME IN: 12:20 TIME OUT: 12:50
FACILITY NAME: PROKLEEN	
	State Rd 7
BO Ca D	
RESPONSIBLE OFFICIAL: U. 120 6 48T	Gamboa PHONE: 852-1277
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	·
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both 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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gaVyr transfer only, $200 \le x \le 1,800$ gaVyr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gaVyr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□N □Can not determine
If no, please check the appropriate classifi	
, ,	eneral permit as numberabove
facility exceeds above li	imits and is not eligible for a general permit
	ourchased within the preceding 12 months by this dry cleaning
facility was gallons. 200 199	8, Soder 1999, 25 gel as

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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?	MY ON ON/A				
2. Examining the containers for leakage?	אומם אם אם				
3. Closing and securing machine doors except during loading/unloading?	DY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PAN/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 eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a ref. (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:				
1. Equipped all machines with the appropriate vent controls?	□Y □N				
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?	אם אם				
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 OX				

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_				
ช.	Has the responsible official of an existing large or new large area source also:			
١.	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?	ΟV	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ם אם	⊃N/A
	Is the temperature differential equal to or greater than 200 F?	QΥ	ם אם	⊃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 adsorb	\Box Y	םא נ	A∖N⊏
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON (⊐N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	_		
	or expansion; and downstream from no other inlet?	ΠY	□и∣	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ו אם	□N/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ΠY		□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following MY ON ONA 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? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DNA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? ANO NO YA 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY DN ZNA 3. Maintained compliance plan, if applicable?

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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? DИ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON DINA Muck cookers couplings, and valves -DY ON ON/A DY ON ON/A Door gaskets and seating Stills DY ON ON/A DY ON DINA Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ONA Diverter valves Pumps DY ON ONA Solvent tanks and containers Cartridge filter housings DY ON ON/A AND NO YOL 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN 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? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? NO YO

۱	TD 2-0- 64 2 1	and the same of th
١	J. Co BEL GAMBA Responsible Official's Name	
I	(Please Print)	Responsible O
ı		<u> </u>
	G.V. Choteshi	4== 29
	Inspector's Name (Please Print)	Date of Inspection
		_

K. V. Chorch

April 2000

Approximate Date of Next Inspection

ficial's Signature

ADDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []
2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service []

Z 510 PP5, 439

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 0990436001AG J ROBERT GAMBOA PROKLEEN CLEANERS 21717 SR 7 BOCA RATON FL 33428

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

** ***	3	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
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Article Addressed to:	D Is delivery address different from item Rif YES, inter delivery address below	—
10 AIRS ID # 0990436001AG J ROBERT GAMBOA PROVE FENCIL FAMERS	JUN 1 2 Zun	
PROKLEEN CLEANERS 21717 SR 7 BOCA RATON FL 33428	Securice Type ☐ Certified Mail VIDINFREPESS Mai ☐ Registeres Source Enture Rece ☐ Insured Mail ☐ C.O.D.	l ipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
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Fund: 20-2-035001 Obj.: 002273

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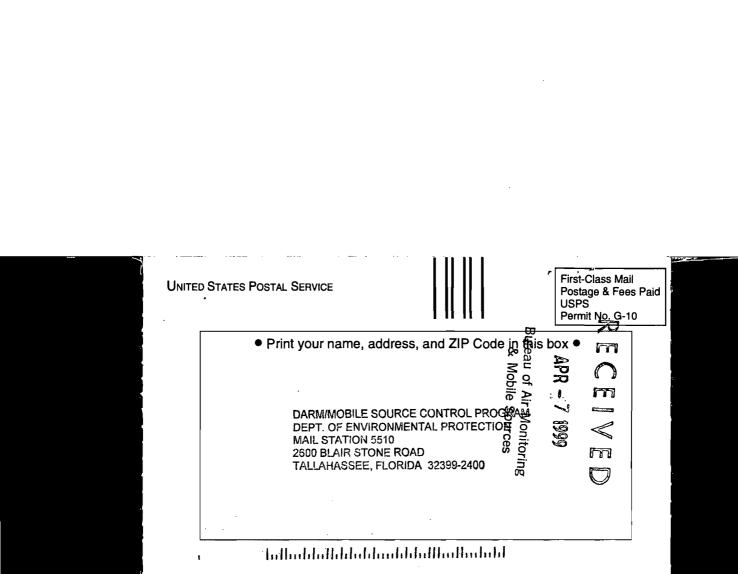
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PS Form 3811, December 1994

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	\$
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N ADDRESS completed	AIRS PROKLEEN CLEANERS J ROBERT GAMBOA 21717-SR 7 BOCA-RATON FL 33428	ID # 0 9 90436 4b.	Service No. Service Registere Express I	/ OS 2 29 Type dd Mail peipt for Merchandise	COD Copy of not not not not not not not not not not
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AIRS ID # 0990436

PROKLEEN CLEANERS J ROBERT GAMBOA 21717 SR 7 BOCA RATON FL 33428

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

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacepermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1.
ADDRESS completed	3. Article Addressed to: AIRS ID # 0990436 PROKLEEN CLEANERS J ROBERT GAMBOA 21717 SR 7 BOCA RATON FL 33428 5. Received By: (Print Name)	7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery 7
Is your RETURN	6. Signature Addressee or Agent) X PS Form 3811 December 1994	and fee is	

~ Z 333 660 351 QQQ

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AIRS ID # 0990436

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	Certified Fee	
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April 1995	Return Receipt Showing to Whom & Date Delivered	
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on the reverse side?	 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 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
your <u>RETURN ADDRESS</u> completed on	AIRS ID # 0990436 PROKLEEN CLEANERS J ROBERT GAMBOA 21717 SR 7 BOCA RATON FL 33428	4b. Service	Type ad Mail celpt for Merchandise	☐ Certified ☐ Insured
Is your RETUR	5. Received By: (Print Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if paid) Domestic Retu	

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

AIRS ID#: 0990436

KAR-KAT INC J ROBERT GAMBOA 21717 SR 7 BOCA RATON FL 33428

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Certified Fee	
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Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
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Is your RETURN ADDRESS completed on the reverse side?	The Return Receipt will show to whom the article was delivered and the date delivered.		Addressee's Address Restricted Delivery Consult postmaster for fee.	
	AIRS ID#: 0990436 KAR-KAT*INC J ROBERT GAMBOA 21717 SR 7 BOCA RATON FL 33428	4b. Service Register Express	Type ed	
	5. Received By: (Print Name) 6. Signature (Bedressee or Agent) X 2911 December 1994	8. Addresse and fee is	ee's Address (Only s paid)	