

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Joseph Cavallo Westside Cleaners 9080 Cypress Hollow Drive Palm Beach Gardens, Florida 33458

Re: Facility No. 0990466

Dear Mr. Cavallo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 31, 1996.

Please note that in January 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/jw

cc: Mr. Al Grasso, Palm Beach County

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

4

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	- K	APLAIN I/DISCOVERY	RE-INSPECTION
TIME IN: 1 MO TIM	E OUT: 135	AIRS ID#:	०५० २८३। ०१९०५६६
TYPE OF FACILITY: Dri	cleoner		
		Leaner	DATE: 3/20197
FACILITY LOCATION: 674	13 July	on term hel	3/2/17
PACIEIT EGGATION.	1 , (100)	The state of the s	33468
PERFORMED E OFFICIAL A SAL	Cevello	PYIONES III O	- M. 15 SKY 5D
RESPONSIBLE OFFICIAL: Joseph		PHONE NUMBE	R:56/5755750
Based on the results of the compliand compliance with DEP Rule 62-213.3	-	- · · · · · · · · · · · · · · · · · · ·	acility is found to be in
Based on the results of the compliant discrepancies were noted:	ce requirements evalua	ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
•		-	
· · · · · · · · · · · · · · · · · · ·			
			<u> </u>
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•			
· · · · · · · · · · · · · · · · · · ·			<del> </del>
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<del></del>			
		<u> </u>	
COMMENTS:		•	
en en			
X.y.			
		· 	
The Annual Compliance Certification form ha	1	ed and submitted to the inspector	r. YES NO
DATE OF NEXT INSPECTION:	3/25/197		
	(App	proximate)	
INSPECTION CONDUCTED BY:	n hieldo		
	f (Ple	ase Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	:56/3,5 30 70

Dana -



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring AIRS ID#0990466 WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ⊔no If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: 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, 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:

<sup>\*</sup>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.

# #0990466

ļ	# 0190 466
	Westside Cleaners
P.13	7 add firm
P.14	1.(a) mark out dates "5-90" on lines (1),(2), + (3); add date
	Control device installed, it
P.15	any, on correct line 4. mark out "X" and initial 5.(c) not required, mark out "X"
-	and unitial 5.(f) required
	i i i i i i i i i i i i i i i i i i i

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
Westside cleaners
3. Hazardous Waste Generator Identification Number:
FLD 984 177 543
4. Facility Location: 6743 W Indiantown Rd #36 Street Address:
City: Jupiter County: Palm Beach Zip Code: 33458
5. Facility Identification Number (DEP Use):
0402531 6990466
Responsible Official
6. Name and Title of Responsible Official:
Joseph Cavallo President
Responsible Official Mailing Address:
Organization/Firm: Street Address: 9080 Cypress Hollow DR
City: County: Zip Code: Palm Beach Garders Palm Beach 33418
8. Responsible Official Telephone Number:
Telephone: (561) 575 5150 Fax: (561) 775 - 9898
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

OCT 5 1 1996

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

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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.

lenzacci		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
440		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine		rurchased	Instance	110	1 urchased	mstaned	110	i urchased	Illistaticu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#_	<b>1</b> 5-90	5-90		-			•	1,000 1
(1) w/ ref. condenser		5.90							
(2) w/ carbon adsorber		5-90							
(3) w/ no controls		5-90	7						
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		14 2 42		٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ti i ti i ti i ti	The Tolkins
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			. * * * * * * * * * * * * * * * * * * *						1,5 - 1
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce [X]	Ne	w sn	nall area sour	rce [	]		
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce [	]		

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What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II o	f this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [X	] EXISTING(SMALL
New small area source Refrigerated condenser	(	
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site.	l hot water generating units on-sit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for periods of na	
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 requiremen	ts of this general permit:
(a) Purchase receipts and solvent purchases	ĽΧ	]
(b) Leak detection inspection and repair	LX	]
Refrigerated condenser temperature monitoring	$\chi_1$	]
(d) Carbon adsorber exhaust perc concentration mon	itoring [	]
(e) Instrument calibration	[	]
(f) Start-up, shutdown, malfunction plan	Γ	1

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

### Surrender of Existing Air Permit(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 addresses this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that 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 for I will promptly notify the Department of any changes to the information contained in this notification.	ase indicate	e with an "X" the appropriate selection:  I hereby surrender all existing air permits facility indicated in this notification form;	
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that 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 for	¥		ration of the facility indicated in
this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that 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 for		Responsible Offici	al Certification
I will promptly notify the Department of any changes to the information contained in this notification. $G_{-} \setminus -Q \setminus Q$	this notific statement maintain	cation. I hereby certify, based on informations of made in this notification are true, accurate The air pollutant emissions units and air pol	on and belief formed after reasonable inquiry, that th e and complete. Further, I agree to operate and llution control equipment described above so as to
board Comples	I will proi	mptly notify the Department of any changes	to the information contained in this notification.
	ja	Maya hoa	9-1-96

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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN RE-D	UAL NSPECTION	☐ COM	(PLAINT/DISC	COVERY	
AIRS ID#: 0402 53] DATE:_	3/2/197			Æ OUT: _	135
II .	Aside a				
FACILITY LOCATION: 6743	> Indian	Foren	nd ⊨	+36	33458
		<u> </u>			
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by 9	′Ï/96				02/
2. New facility notified DARM 30 days	prior to startup				a
3. Facility failed to notify DARM to use	general permit				
PART II: CLASSIFICATION	·				
Facility indicated on notification form (check appropriate box)	that 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 transf both t	ew small area so i-dry only, x<140 fer only, x<200 g ypes, x<140 gal/ tructed on or afte	) gal/yr al/yr y <u>r</u>	a	
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-to transf both t</td><td>ew large area so dry only, 140<x er only, 200<x<: ypes, 140<x<1,8 tructed on or afte</x<1,8 </x<: </x </td><td>:&lt;2, 100 gal/yr 1,800 gal/yr 00 gal/yr</td><td>a</td><td></td></x<2,>	dry-to transf both t	ew large area so dry only, 140 <x er only, 200<x<: ypes, 140<x<1,8 tructed on or afte</x<1,8 </x<: </x 	:<2, 100 gal/yr 1,800 gal/yr 00 gal/yr	a	
This is a correct facility classification	<b>y</b>	ИD			
If no, please check the appropriate class	ification:				
facility qualified for a gracility exceeds above l	•				
B. The total quantity of perchloroethyle facility was 1 00 gallons.	ne (perc) purchase	d within the prec	eding 12 mont	ns by this dry	cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY ON DYNA 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) ND YD 1. Equipped all machines with the appropriate vent controls? AMD MD. YD 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the UY UN 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?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QY QN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON_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?	OY ONN/A
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
_		
P	ART V: RECORDKEEPING REQUIREMENTS	`
$\equiv$	ARI V. RECORDICER IN PREQUIRENTS	
1	as the responsible official: heck appropriate boxes)	17
(c	as the responsible official:	WY ON
(c	as the responsible official: heck appropriate boxes)	ON ON
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	ON ON
1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	ON ON
1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	MY ON MO YES
(c 1. 2. 3.	as the responsible official: heck appropriate boxes)  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	MY ON ONIX
(c 1. 2. 3.	as the responsible official: heck appropriate boxes)  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?	. / .
(c) 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes)  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 receding instruments only)	OY ON WNIX
(c 1. 2. 3.	As the responsible official: heck appropriate boxes)  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 receding instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	OY ON WNIA
(c 1. 2. 3.	As the responsible official: heck appropriate boxes)  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 receding instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY ON WNIX
1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  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?	OY ON WNIX OY ON N/A MY ON OY ON
(c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  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?  Maintained compliance plan, if applicable?	OY ON WNIX OY ON N/A OY ON OY ON OY ON
(c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  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?	OY ON WNIX OY ON N/A OY ON OY ON OY ON

_			** * * * * * * * * * * * * * * * * * * *			
	2. Which method of detection is used by	he respon	sible offic	tial?		•
·,	Visual examination (condensed s	olvent on	exterior s	rurfaces)	p/	
	Physical detection (airflow felt th	rough gas	skets)		প্	
	Odor (noticeable perc odor)				ਖ	
	Use of direct-reading instrument	ation (FID	)/PID/calc	rimetric tubes)		N/A
	If using direct-reading instrum	entation,	is the equ	ipment:		\
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	ΩY	□NN/A
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	QΥ	ON_N/A
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	QΥ	ON_N/A
<b>-</b> .	d. Kept in a clean and s	secure are	a when no	ot in use?	ΩY	ON_N/A
,	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	Δ¥.	ON_N/A
	3. Has the facility maintained a leak log?	,			AA	□N
	4. Does the responsible official check the	following	g areas for	: leaks?		
	Hose connections, fittings, couplings, and valves	e ex	ND	Muck cookers	_ QY	□ии
	Door gaskets and seating	ZY/	ЙD	Stills	Y	□ИИ
	Filter gaskets and seating	Δ,	ПN	Exhaust dampers	ΩY	
	Pumps	ZY	ND	Diverter valves	O.Y	_ии
	Solvent tanks and containers	<b>⊅</b> ∕r	ПN	Cartridge filter housings	ZZYY	⊡и_п
	Water separators	AR	ПИ			
	× Soph Caral	<u></u>		Joe Garall	0	
	Name of Responsible Offic	ial (Signa	ature)	Name of Responsible Officia	l (Pri	nt) & Phone
	m, Lieblar	,		3 251	97	
	Inspector's Name (Please Pr	int)		Date of Inspe	Gron Se	(
	m. Leble			3126	LL	<u> </u>
	Inspector's Signature			Approximate Date of	Next I	nspection
L. Sec	ondary Containment for: Dry	Cleanin	g Machi	.ne & Storage area		Yes No
				Waste area		
				Spotting area Seale	d	[1]
. Dis	sposal of Water from Water Sep	arator	using	approved evaporator		
				Pick <b>s</b> up Water		

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35 TIME OUT: 11:15	AIRS ID#: 0990466
TYPE OF FACILITY: Doy cleaning	· · <del>-</del>
FACILITY NAME: L'est side cléaner	DATE: 9-18-98
FACILITY LOCATION: 6/43 India	intown Rd
Jupiter, FL	33458
RESPONSIBLE OFFICIAL: Joseph Cavallo	PHONE NUMBER: 575-5/50
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:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
•	- P
	Burgar OCT
	· Sources
	3
· · · · · · · · · · · · · · · · · · ·	
•	
COMMENTS:	· .
4	
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Sept	17/8
INSPECTION CONDUCTED BY:	Approximate)  Chokshi  Please Print)
INSPECTOR'S SIGNATURE: A'V. MKShi	PHONE NUMBER: 355-3070

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON   ON   ON   ON   ON   ON   ON   ON
AIRS ID#: 0990466 DATE: 9-18- FACILITY NAME: West Side	98 TIME IN: 10:35 TIME OUT: 11:15
FACILITY LOCATION: 67 43	
,	avallo PHONE: 575-5/50
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: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	
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	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
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 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	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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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 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)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge	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 ≤ 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)  Y □N □Can not determine

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? DY ON 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? ØÝ ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/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 MY ON ON/A 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?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם ע'בֿע
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	N/A ON ON/A
	Is the temperature differential equal to or greater than 20° F?	MY ON ON/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?	DY DN ØN/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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DAN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? Asked to keep receipt on site	NO YO
2. Maintained rolling monthly total of perc consumption?	ØY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ZN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ØN/A
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	אורם אם צבאַ.
Problem corrected?	אועם אם אַעַ
8. Maintained compliance plan, if applicable?	DY DN DN/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regain ΠN inspection? 2. Has the facility maintained a leak log? DN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN ØN/A DY ON ON/A Muck cookers couplings, and valves MY ON ON/A Door gaskets and seating Stills DY DN ØN/A Filter gaskets and seating Exhaust dampers DY ON ON/A MY ON ON/A Diverter valves Pumps DY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A MY ON ON/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:

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

Approximate Date of Next Inspection

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

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

(PID/FID only)?

OY ON

OY ON

DY DN

DY DN

DY DN

#### 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 [ ] [ ]

MGF Picks upthe Waster
as needed

- Died to koop records for L

Explained to keep records for Leak Check, Temperature monitoring and Perc Purchase receipts on Site

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

PE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
MEIN: 2:10 TIMEOUT: 2:4	15 AIRS 10#: 0990466
PEOFFACILITY: Dry Cleaning	
ACILITY NAME: Westside Cleaners	DATE: 1/12/00
ACILITY LOCATION: 6743 Judinatous es	Ad
Jupike , F1 33458	•
ESPONSIBLE OFFICIAL: Joseph Cavallo	PHONE NUMBER: 575 - 5150
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1.2
	~
	REFERENCE TO THE CO.
	Mobile Sci M
	Monitoring Sources
•	
OMMENTS:	•
	•
ne Annual Compliance Certification form has been properly co	ertified and submitted to the inspector. YES NOX
ATE OF NEXT INSPECTION: J	AN 2001
	(Approximate)  Fea. Dize K  (Please Print)
SPECTOR'S SIGNATURE: Depen Digele	PHONE NUMBER: 355 - 3070

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY

RE-INSPECT	ION D
AIRS ID#: 0990 466 DATE: 1/12	/oc TIME IN: 2 ≥ 10 TIME OUT: 2 ≥ 45
FACILITY NAME: Westsick Clas	
FACILITY LOCATION: 6743 INC	•
up, Re	F1 33458
RESPONSIBLE OFFICIAL: OSLPH CA	Vallo PHONE: 575 - 5150
CONTACT NAME:	PHONE:
DIAM'S NOWING LINES.	
PART 1: NOTIFICATION	
(check appropriate box)	<del>-</del>
1. New facility notified DARM 30 days prior to sta	artup 🗆
2. Facility failed to notify DARM to use general pe	ermit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(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/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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both 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	XY ON OCan not determine
If no, please check the appropriate classific	ation:
	neral permit as number above
☐ facility exceeds above lim	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purfacility was 141 gallons. Se 1999	rchased 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) 1. Storing perchloroethylene in tightly sealed and impervious containers? AYY ON ON/A XY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ND Y**DK** 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) XY ON 1. Equipped all machines with the appropriate vent controls? XY ON ON/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 AYA DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO YX 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? XY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after Y 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?	<b>18</b> ()	□N	
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<b>&gt;</b>	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	X	ΠИ	□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,			
ľ	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	A\N <b>¤</b>
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПИ	<b>⊠</b> 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?	ПΥ	ПИ	X/N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	מם :	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N	<b>M</b> N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Not At facility	<b>Ж</b> У 🗆 И			
2. Maintained rolling monthly total of perc consumption?	<b>УД</b> У 🗆 И			
3. Maintained leak detection inspection and repair reports for the following:	ĺ			
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אאל			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צי <b>אל</b>			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON 🕱N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN <b>X</b> N/A			
6. Maintained startup/shutdown/malfunction plan?	MG A <b>X</b>			
7. Maintained deviation reports?	AVA NO YX			
Problem corrected?	ANO NO Y <b>K</b>			
8. Maintained compliance plan, if applicable?	רם צם אל N/A			

(dv)	DITIONAL SITE INFORMATION:		
		Yes	NO.
1.	Secondary Containment for: Dry Cleaning Machine & Storage area	[X]	[]
	Waste area	<b>[X</b> ]	[ ]
	Spotting area Sealed	[X]	[]
		-	•
2.	Disposal of Water from Water Separator using approved evaporator	[X]	[]
	or contracted Wastewater service	[X]	[]
		`	
	(A) MCF PICKI up the WASK Sludge		
	(B) Peer esceipts were faxed to ove office or		
	JAN 13, 2000.		
	the state of the s		
	•••		٠
			••
		•	
	· · · · · · · · · · · · · · · · · · ·		

inspection?		a weekly (101 sman soul	ces, bi-weekly) leak detection	and repair	
				Y <b>B</b>	ПN
2. Has the facility m	naintained a leak log	?		XXY	□N
3. Does the respons	ible official check th	e following areas for lead	cs?		
	ections, fittings, and valves	XY □N □N/A	Muck cookers	ום צם	A\M <b>X</b>
Door gasker	ts and seating	AVA NO YK	Stills	XIY DI	A/ND N
Filter gaske	ts and seating	AVI ON ON/A	Exhaust dampers	OY O	A/N <b>Æ</b> ( I
Pumps		A/N N P	Diverter valves	XY D	A/ND 1
Solvent tank	cs and containers	<b>À</b> Y □N □N/A	Cartridge filter housings	<b>D</b> Y ON	N'A□ I
Water separa	ators	XY □N □N/A			
. Which method of	detection is used by	the responsible official?			
Visual exam	ination (condensed s	solvent on exterior surfac	es)	124	
Physical dete	ection (airflow felt th	nrough gaskets)	•	×	
Odor (notice	eable perc odor)			`₽	
Use of direct	t-reading instrument	ation (FID/PID/calorimet	ric tubes)	X NA	
Halogen leak	c detector			D NA	
If using	direct-reading instr	umentation, is the equip	oment:	<b>⊠</b> N/A	
a. (	Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	Calibrated against a s PID/FID only)?	standard gas prior to and a	after each use	OY ON	L Many Control
c. I	nspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON	
d. K	Cept in a clean and se	ecure area when not in us	e?	OY ON	
e. V	erified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	

YPE OF INSPECTION: ANNUAL		OMPLAINT/DISCOVERY [	RE-INSPECTION
TIME IN:TIME	ОИТ:	airs id#:0	190466
YPE OF FACILITY: P ~ (	· leanor		
ACILITY NAME: West sile	Cleener,	•	DATE: 1/3/6/
ACILITY LOCATION: 174		ntory M Jy	15th 3375V
			•
ESPONSIBLE OFFICIAL: 30>pL	Carallo	PHONE NUMBER:	575 5150
Based on the results of the compliance r compliance with DEP Rule 62-213.300,	•	_	ty is found to be in
Based on the results of the compliance rediscrepancies were noted:	equirements eval	uated during this inspection, the follow	ving compliance
COMPLIANCE REQUIREMENTA	PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	•	•	
•		D F	
	•	MAI	EIVED
	•	Bureau oi & Mot	Air Monitoring
MMENTS:	<u></u> -		
		•	
Annual Compliance Certification form has been	properly certific	d and submitted to the inspector.	YES NO
TE OF NEXT INSPECTION:	(App		
SPECTION CONDUCTED BY: : : : : : : : : : : : : : : : : : :		se Print)  PHONE NUMBER:	

### HEREBILOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

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COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	4	COMPLAINT/DIS	COVERY	Q
HSGP	RE-INSPECTION	и о			
AIRS ID#: 699 461	DATE: 13, loi		N: TI	ME OUT: _	
FACILITY NAME:	West side				
FACILITY LOCATION:	(143 h	ultentown	hd J-	11 len	13458
RESPONSIBLE OFFICIAL	: Joseph Coval	lo	PHONE:	575	5150
CONTACT NAME:		· ·	PHONE:	<del></del>	<del></del> .
•		•			
PART I: NOTIFICATION					
(check appropriate box)				_	
1. New facility notified DARA	A 30 days prior to start	up			
2. Facility failed to notify DAI	RM to use general pen	nit .			
	• .		21.75	10-30 PK 17	
PART II: CLASSIFICATIO		· · ·			
PART II: CLASSIFICATIO  Facility indicated on notifica (check appropriate box) A.			☐ No notification f ☐ Drop store/out o	orm	etroleum
Facility indicated on notification (check appropriate box)	tion form that it is:	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	□ No notification f □ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	orm	etroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is:  arce  allyr  arce  2,100 gallyr  300 gallyr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140	□ No notification f □ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	orm f business/pe	etroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 toth types, 140 ≤ x ≤ 1,80 transfer only, 200	tion form that it is:  arce  allyr  arce  2,100 gal/yr  300 gal/yr  3 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140	No notification f  Drop store/out of  rea source  x < 140 gal/yr <200 gal/yr 140 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	orm f business/pa	etroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area sould dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/9)  3. Existing large area sould dry-to-dry only, 140 < x < 1,80 (constructed before 12/9/9)  5. This is a correct facility.  If no, please check the	tion form that it is:  arce  allyr  arce  2,100 gal/yr  300 gal/yr  3 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140 (constructed on DY DN ation:	No notification f  □ Drop store/out of  trea source    x < 140 gal/yr   < 200 gal/yr   140 gal/yr   or after 12/9/91)  rea source   140 ≤ x ≤ 2,100 gal/yr   ≤ x ≤ 1,800 gal/yr   or after 12/9/91)  □ Can not determination	f business/pa	etroleum

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?	PY ON ON/A	
2. Examining the containers for leakage?	DA ON ONIA	
3. Closing and securing machine doors except during loading/unloading?	מם עם	
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?	אואבא אם צם	
PART IV: PROCESS VENT CONTROLS	·	
In Part II-A:	• •	
If classification 1 has been checked, no controls are required. Proceed to Part V.		3.4 T
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser	
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	refrigerated have been installed	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated 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?	DY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ON ON ON/A	
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY OX	
		H

• :

٠. ٠

_			
<b>B</b> .	Has the responsible official of an existing large or new large area source also:		
t.	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?	אם ייש	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	אם צים	□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,		<b>.</b>
	if machines are equipped with a carbon adsorber?	אם אם	DN/A
	Is the perc concentration equal to or less than 100 ppm?	🗆 Ү 🗆 х	PANA
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?	DY DN	AVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ים אם	AN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	. עם עם	DIVA

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	\DY □N
2. Maintained rolling monthly total of perc consumption?	אם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØY ON ON/A
4. Maintained calibration data? Gor explicable direct reading Instruments)	אאלף אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	אָם אָם
7. Maintained deviation reports?	ay dy dna
Problem corrected?	DY DN DN/A
3. Maintained compliance plan, if applicable?	DY DN PAWA

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Cleaning Machine & Stora Waste area Spotting area \$	NII
2. Disposal of Water from Water Separator using approved e or contracted Wastewater se	evaporator [1] [1] ervice [3] [

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ART VI:	LEAK DETECTION AND R	EPAIRS			
. Does the	responsible official conduct a	weekly (for small sources, l	bi-weekly) leak detection	and repair	ĺ
inspecti	on?	•		של סא	•
. Hus the	facility maintained a leak log?	••		DY ON	
. Does the	e responsible official check the	following areas for leaks?			
	ose connections, fittings, ouplings, and valves	אום אם צא	Muck cookers	OY ON BARA	
Do	oor gaskets and seating	MY ON ON/A	Stills	N/A NO YOU	
Fi	lter gaskets and seating	אותם אם צבק	Exhaust dampers	DY ON DAVA	
Pu	imps	DY ON ON/A	Diverter valves	MY ON ON/A	
. So	olvent tanks and containers	ם אותם אם אות	Cartridge filter housings		·
· w	ater separators	באם אם עם			
. Which r	nethod of detection is used by the	ne responsible official?			
V	isual examination (condensed so	olvent on exterior surfaces)		10	
Pl	nysical detection (airflow felt the	ough gaskets)		<b>d</b> .	
. 0	dor (noticeable perc odor)			ZÍ.	
Ū	se of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	THE NAME OF THE PROPERTY OF TH	
	alogen leak detector	:		Ta no	
•	If using direct-reading instr	umentation, is the equipm	ent:	/ □N/A	
		perc vapor concentrations in	•	אם צם	
•		tandard gas prior to and afte		DY DN .	
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	אם עם	
		cure area when not in use?	•	אם עם	
		by use of duplicate sample		DY DN	A STATE OF THE STA
<del></del>			4/	1	1
	ole Official's Name	ISPAT R	Joseph Caralla Responsible Off	icial's Sign	dature
	Inspector's Name (Please Pr	(ac)	Date of Inspection		
	ha Lule		110		
	Inspector's Signature		Approximate Date o	ENext Inspection	

Approximate Date of Next Inspection

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0361118

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### **TOTAL AMOUNT DUE: \$50.00**

FEB 2 5 1999

Bureau of Air Monitoring & Mobile Sources

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WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418 EEB 13 3

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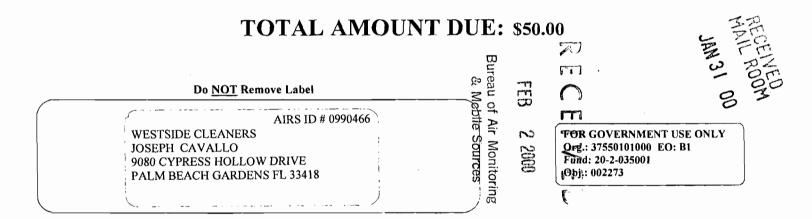
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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service	PPO POP VOU
Receipt for Cer	tified Mail
WESTSIDE CLEAN JOSEPH CAVALLO 9080 CYPRESS HOI PALM BEACH GAR	O
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Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address	ı,
Whom & Date Delivered	\$

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested** on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	does not  1.   Addressee's Address  number.  2.   Restricted Delivery
3. Article Addressed to:  AIRS ID # 0990466  WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418	4a. Article Number  2 3 3 6 6 0 6 6 6  4b. Service Type      Registered
5. Received By: (Print Name)  6. Signature (Addresses or Agent)  X  PS Form 3811, December 1994  102	8. Addressee's Address (Only if requested and fee'is paid)  595-97-8-0179 Domestic Return Receipt

P 174 052 132 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See rayang)
AIRS ID # 0990466 WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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 spac permit.  Write "Feturn Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.		ceipt Service.
ADDRESS completed	AIRS ID #:0990466 WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418	4a. Article N 4b. Service 1 Registere Express Return Rec 7. Date of De	Type  ad  (D)  Certified  Mail  Cellor for Merchandise  COD	you tor using Heturn He
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994			Inank



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AIRS ID#0990466

WESTSIDE CLEANERS
JOSEPH CAVALLO
9080 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

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JOSEPH CAVALLO
9080 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

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

Obj.: 002273

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~	PALM BEACH	I GARDENS FL 33418	Instructions

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delive  C. Signature  Agent  Addresse
1. Article Addressed to:  10 AIRS ID # 0990466001AG JOSEPH CAVALLO WESTSIDE CLEANERS 9080 CYPRESS HOLLOW DRIVE	D. Is delivery address different from item 1? Yes  If YES enter delivery address below: No  3. Service Type
PALM BEACH GARDENS FL 33418	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
) }	4. Restricted Delivery? (Extra Fee) ☐ Yes

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Fund: 20-2-035001

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! <u></u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
AIRS ID # 0990466  WESTSIDE CLEANERS JOSEPH CAVALLO 9080 CYPRESS HOLLOW DRIVE 9080 CYPRESS HOLLOW DRIVE	
9080 CYPRESS HOLLOW STANDERS FL 33418 PALM BEACH GARDENS FL 33418	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise
PALM BEACH GARDENS FL 33418	Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
2. Article Number (Copy from service label)  7000 0600 0006 4(2)	Certified Mail
PALM BEACH GARDENS 123311	Certified Mail

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