



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 3, 1997

Mr. Bob Weinstein
President
Custom Care Cleaners
198 South Dixie Highway
Boca Raton, Florida 33432


Re: Facility I.D. No. 0990489

Dear Mr. Weinstein:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 5, 1997

Mr. Bob Weinstein
President
Custom Care Cleaners
~~1985 Dixie Highway~~
Boca Raton, Florida 33432

198 S. Dixie Hwy.

Re: Facility I.D. No. 0990489

Dear Mr. Weinstein:

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Sincerely,

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Bureau of Air Monitoring
and Mobile Sources

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



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Sincerely,

A handwritten signature in cursive script that reads "Dotty Diltz".

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

#0990489

Custom Care Cleaners

- spoke with Bob Weinstein -
04/21/1997 - out of business

original

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
GBG / INC DBA CUSTOM CARE CLEANERS Bob Weinstein

2. Site Name (For example, plant name or number):
CUSTOM CARE CLEANERS

3. Hazardous Waste Generator Identification Number:
FLD098059611

4. Facility Location:
Street Address: **1985 OXIE HWY**
City: **BOCA RATON FLA** County: **PALM BEACH** Zip Code: **33432**

5. Facility Identification Number (DEP Use):
0990489

Responsible Official

6. Name and Title of Responsible Official:
Bob WEINSTEIN Pres

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: **SAME AS # 4**
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: **(561) 3955922** Fax: ()
954 922 4811

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
BILL DOYLE

10. Facility Contact Address:
Street Address: **SAME AS # 4**
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: **(561) 3955922** Fax: ()

RECEIVED

MAR 24 1997

Bureau of Air Monitoring & Mobile S

Facility Information

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.

<i>Prenzacci PAROtel</i>		Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Type of Machine									
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit		<i>DRY TO DRY Closed UNITS 2 machines approx 1994 machines Installed</i>							
(1) w/ ref. condenser	<i>YES</i>				<i>YES</i>				
(2) w/ carbon adsorber	<i>N/A</i>								
(3) w/ no controls	<i>N/A</i>								
Washer Unit									
(4) w/ ref. condenser	<i>N/A</i>								
(5) w/ carbon adsorber	<i>N/A</i>								
(6) w/ no controls	<i>N/A</i>								
Dryer Unit <i>LDY</i>		<i>YES</i>							
(7) w/ ref. condenser	<i>N/A</i>								
(8) w/ carbon adsorber	<i>N/A</i>								
(9) w/ no controls	<i>N/A</i>								
Reclaimer Unit		<i>N/A</i>							
(10) w/ ref. condenser	<i>N/A</i>								
(11) w/ carbon adsorber	<i>N/A</i>								
(12) w/ no controls	<i>N/A</i>								

(b) Control devices are required, but not yet installed *SD*

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

<i>new small pe</i>	Existing small area source <input checked="" type="checkbox"/>	New small area source <input type="checkbox"/>
	Existing large area source <input checked="" type="checkbox"/>	New large area source <input type="checkbox"/>

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

Existing large area source

Carbon adsorber

N/A

Refrigerated condenser

New small area source

Refrigerated condenser

N/A BB

New large area source

Refrigerated condenser

N/A

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

N/A

(e) Instrument calibration

? BB

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

+ Bill Doyle FOR Bob Winston Owner
Signature

3/11/97
Date

4

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:20 TIME OUT: 2:00 AIRS ID#: 0990489
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: CUSTOM CARE CLEANERS DATE: 3/11/97
 FACILITY LOCATION: 198 S. DIXIE HWY., BOCA RATON, FL 33432
 RESPONSIBLE OFFICIAL: BOB WEINSTEIN (owner) PHONE NUMBER: (954) 922-4811

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
DOD NOT NOTIFY DEP	NOTIFICATION FILED ON THIS VISIT

COMMENTS:

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

DATE OF NEXT INSPECTION: 3/11/98 (Approximate)
 INSPECTION CONDUCTED BY: DONALD SIKARWE
 INSPECTOR'S SIGNATURE: Donald Sikarwe (Please Print) PHONE NUMBER: (561) 355-4537

Exempt in drums

ARMS

4/1

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0890489 DATE: 3/6/97 ^{3/11/97} TIME IN: 1:20 Pm. ~~12:40~~ TIME OUT: 2:00 Pm.
FACILITY NAME: CUSTOM CARE CLEANERS
FACILITY LOCATION: 198 S. DIXIE HWY, BOCA RATON,
FL 33432

PART I: NOTIFICATION

- (check appropriate box)
- 1. Existing facility notified DARM by 9/1/96
 - 2. New facility notified DARM 30 days prior to startup
 - 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification. Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) BEEPING DEVICE N/A

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N N/A
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N N/A
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N N/A
- d. Kept in a clean and secure area when not in use? Y N N/A
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N N/A

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

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

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

Bill Doyle For Bob Weinstein
Name of Responsible Official (Signature)

Bob Weinstein 954-922-4811
Name of Responsible Official (Print) & Phone #

Donald SIKAZWE
Inspector's Name (Please Print)

3/11/97
Date of Inspection

Donald SIKAZWE
Inspector's Signature

3/11/98
Approximate Date of Next Inspection

- 1. Secondary Containment for: Dry Cleaning Machine & Storage area Yes No
- Waste area Yes No
- Spotting area Sealed Yes No
(IN THE PROCESS)
- 2. Disposal of Water from Water Separator using approved evaporator Yes No
- or Waste Handling Pick ups Water Yes No

(Plv by MCF)

NOTE: FACILITY HAS BEEN OPERATING UNDER CUSTOM CARE 4 of 4 SINCE MAY 1995 Revised 10/23/96

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

✓ ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RECEIVED RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:10 AIRS ID# 0990489

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Custom Care Cleaners Bureau of Air M... DATE: 7-16-99

FACILITY LOCATION: 198 S. Dixie Hwy Boca Raton, FL 33432

RESPONSIBLE OFFICIAL: Bob Weinstein PHONE NUMBER: 954-922-4811

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Business sold to ID# 0990499.	N/A

COMMENTS:

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

DATE OF NEXT INSPECTION: N/A (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070