

New owner

Old ID # 0990497

RECEIVED
MAY 29 1998
Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	VAN Cleeckley		
2. Site Name (For example, plant name or number):	Alexander's Cleaners		
3. Hazardous Waste Generator Identification Number:	5. Federal Hwy, Delray Beach, FL		
4. Facility Location:	Street Address:	City:	Zip Code:
	3001 S. DEL Highway	Delray Beach	33484
5. Facility Identification Number (DEP Use):	0990546		

Responsible Official

6. Name and Title of Responsible Official:	VAN Cleeckley ^{owner} Manager		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:
		Same	County:
			Zip Code:
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	562-276-5518	() -	

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:	Zip Code:
	Same	County:	
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	() - Same	() -	

0990546

6/22/98

Spoke to Van Clechley and he stated that he is a co-owner in Clechsonders Cleaners. He also stated that he had not purchased any perchloroethylene since he bought the facility. He also stated that the machine is less than 1 year old and has a refrigerated condenser.

p14

(a) Add date control device installed

p16

Responsible Official sign and date for changes

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>X</i>	<i>9/7/1997</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

Existing small area source New small area source
 Existing large area source New large area source

*New Business
 New machine
 therefore,
 it is estimated
 that it would be
 a new small area source*

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

Already installed - Came with Machine

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature

Date

New owner

Old ID # 0990497

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& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	VAN Cleeckley		
2. Site Name (For example, plant name or number):	ALEXANDER'S CLEANERS		
3. Hazardous Waste Generator Identification Number:	5. Federal Hwy, Delray Beach, FL		
4. Facility Location:	Street Address:	City:	Zip Code:
	3001 S. Delray Highway	Delray Beach	33484
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Responsible Official

6. Name and Title of Responsible Official:	VAN Cleeckley ^{owner} MANAGER		
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		Same	County:
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	561 276-5518	()	-

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<i>Example</i>									
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I will promptly notify the Department of any changes to the information contained in this notification.



Signature

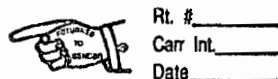
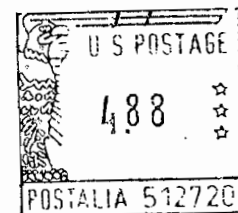


Date

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



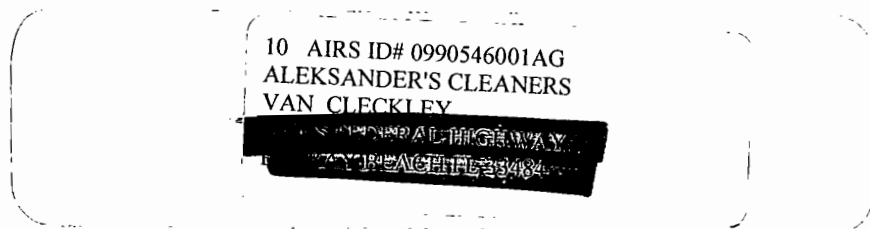
7001 0320 0001 7976 3064



Rt. # _____
Carr Int. _____
Date _____

- Not Deliverable As Addressed
 Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due _____

Handwritten signature: Fred E.C.



RECEIVED
APR 1 2003
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 3064

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

03
 receipt

Sent To: 10 AIRS ID# 0990546001AG
 ALEKSANDER'S CLEANERS
 Street, Apt. or PO Box: VAN CLECKLEY
 City, State: 3001 S FEDERAL HIGHWAY
 DELRAY BEACH FL 33484

PS Form 3811, July 1999 Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID# 0990546001AG
 ALEKSANDER'S CLEANERS
 VAN CLECKLEY
 3001 S FEDERAL HIGHWAY
 DELRAY BEACH FL 33484

2. Article Number (PS Form 3811)

7001 0320 0001 7976 3064

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MS# 5510
37550301000

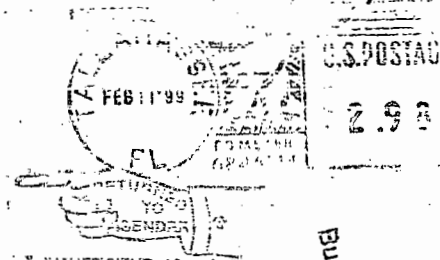
CERTIFIED

Z 333 660 660

MAIL

AIRS ID # 0990546

ALEXSANDER'S CLEANERS
VAN CLECKEPPY



RECEIVED
FEB 22 1999
Bureau of Air Monitoring
& Mobile Sources

NO SUCH NUMBER
UNCLAIMED RETURN TO SENDER
RECEIVED NOT KNOWN
NO SUCH STREET
NO SUCH CITY
NO ACCEPTABLE
DELIVERABLE AS
UNDELIVERABLE - UNABLE TO FORWARD
DATE
CARDINALS

mlp

POSTAGE WILL BE PAID BY ADDRESSEE

PS Form 3800, April 1995
 PSN 7530-01-000-9000

RETURN ADDRESS completed on the reverse side?

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990546

ALEKSANDER'S CLEANERS
 VAN CLECKLEY
 3001 S FEDERAL HIGHWAY
 DELRAY BEACH FL 33484

4a. Article Number
 Z 333 660 660

4b. Service Type

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

7. Date of Delivery

Received By: (Print Name)

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

Thank you for using Return Receipt Service.

Z 333 660 660

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 AIRS ID # 0990546

ALEKSANDER'S CLEANERS
 VAN CLECKLEY
 3001 S FEDERAL HIGHWAY
 DELRAY BEACH FL 33484

Return Receipt

PS Form 3800 April 1995

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

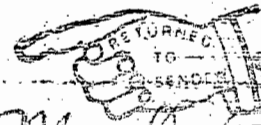
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

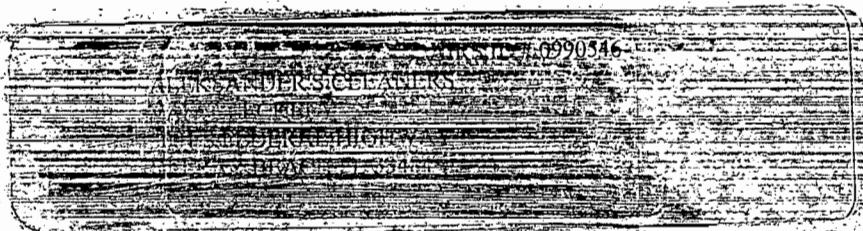
P 265 302 750

MAIL

37550301000
2529 1R MS#5910
BAMMS
JOEY RODERTS



- RETURNED TO SENDER
- MOVED, LEAVE NO ADDRESS
 - FORWARDING SERVICE REQUIRED
 - ATTEMPTED DELIVERY
 - UNCLAIMED DELIVERY
 - NO SUCH STREET
 - NO SUCH NUMBER
 - INSUFFICIENT ADDRESS



YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990546

ALEKSANDER'S CLEANERS
VAN CLECKLEY
3001 S FEDERAL HIGHWAY
DELRAY BEACH, FL 33484

4a. Article Number
P 265 302 750

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

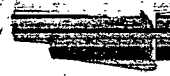
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

Thank you for using Return Receipt Service.



7-B-0179 Domestic Return Receipt

P 265 302 750

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0990546

ALEKSANDER'S CLEANERS
VAN CLECKLEY
3001 S FEDERAL HIGHWAY
DELRAY BEACH FL 33484

PS Form 3800, April 1995

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

1999

3/8/99 called + # has been disconnected

✓
PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MNC
ADMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0990546 DATE: 5-22-98 TIME IN: 10:15 TIME OUT: 11:00
 FACILITY NAME: Aleksander's Cleaners
 FACILITY LOCATION: Aleksander's Cleaners
3001 S. Federal Hwy, Delray Beach, FL 33484
 RESPONSIBLE OFFICIAL: Van cleckley PHONE: 276-5518
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

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

RECEIVED
JUN 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART II: CLASSIFICATION

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

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

<input type="checkbox"/>	facility qualified for a general permit as number _____ above
<input type="checkbox"/>	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 _____ gallons. New Machine, - New Business,

** estimated
 Because, New owner
 New Machine*

↑ did not purchase yet one month old

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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 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/bi-weekly basis? *asked to Record temp in Log.* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *asked to record in Log.* Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? *He was asked to record temperatures.* 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 N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? 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) *owner did not purchase any perc yet*
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 N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) 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 N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? *asked to keep log.* Y N

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

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

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

Van Cleekley

Responsible Official's Name
(Please Print)

[Signature]

Responsible Official's Signature

R.V. Chokshi

Inspector's Name (Please Print)

5-22-98

Date of Inspection

[Signature]

Inspector's Signature

May 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

owner was advised to install secondary containment for waste area, as soon as possible.

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

*
 # Give owner Van Cleckley Phoenix Form and FDEP Calendar for record keeping

Owner Van Cleckley was asked the following:

1. measure & keep record of Temperature as explained in Part IV Procon Vent Control.
2. Check leak, keep record for the leak & Break down also keep record for Part Purchase receipts.

All these were explained item by item and owner agreed that he understood record keeping requirement. This owner used to own Dry Cleaners ID# 515, Classic Cleaners, 338 N.E. 2nd Ave Deltona. This owner had poor record keeping at Classic Cleaners.

Therefore, everything was explained again

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**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:15 TIME OUT: 11:00 AIRS ID#: 0990546
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Aleksander's Cleaners DATE: 5-22-98
 FACILITY LOCATION: 3001 S. Federal Hwy
Delray Beach, FL 33484
 RESPONSIBLE OFFICIAL: Van Cleckley PHONE NUMBER: 276-5518

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
owner was advised to install Secondary Containment for waste area ASAP	FDEP will be informed
owner was asked to keep records for leak, Perc. Purchase & Temp monitoring	He will be re inspected in 4 months.

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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: MAY 1999
 (Approximate)

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

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

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TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:10 TIME OUT: 10:20 AIRS ID#: 0990546

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Aleksander's cleaners DATE: 2-24-99

FACILITY LOCATION: 300.1 S. Federal Hwy Delray Beach, FL 33485

RESPONSIBLE OFFICIAL: Van cleckley PHONE NUMBER: [Redacted]

RECEIVED
 MAR 18 1999
 Bureau of Air Monitoring & Mobile Sources

- 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 closed Neighbour said this place is out of business for at least few months	

COMMENTS:

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

DATE OF NEXT INSPECTION: Not applicable (Approximate)

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

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

Ext 1174