

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 6, 1996

Mr. Esmail Icassam President Imperial Cleaners 1500 East Commercial Boulevard Ft. Lauderdale, Florida 33334

Dear Mr. Icassam:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

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

Strety Seretz

/DD

cc: Mr. Robert Wong, Broward County

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

L& O Enterprises of South Fla, Inc. Larry Domain

> \$123/96 Invitivate

> > #0112207

Imperial Cleaners

P.14 1.6 mark out "X" and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	_
1. Facility Owner/Company Name (Name of corporation, agency, or individual	al owner):
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
IMPÉRIAL CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD 065662017.	·
4. Facility Location: 1500 EAST COMMERCIAC Street Address:	BLVD
City: F-T/LAYOERDAG County: FL	Zip Code: 3733 4
5. Facility Identification Number (DEP Use): $O//220\%$	
Responsible Official	
6. Name and Title of Responsible Official:	
MR. ESMAIL ICASIAM PRESIDE	INT.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:	7'n Code
City: County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: (929771-5811 Fax: ()	-
Facility Contact (If different from Responsible Offi	cial)
9. Name and Title of Facility Contact (For example, plant manager):	
·	
10. Facility Contact Address:	
Street Address:	
	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: () - Fax: ()	-

RECEIVED

AUG 1 2 1996

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

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Bureau of Air Monitoring & Mobile Sources

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	DA	YT. OK	<i>y</i>		DA	y 7. DA	y		
(1) w/ ref. condenser	(1)	10-199-	10-1980	(2)		10-1980	_		
(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					T				
(b) Control devices are C No control devices 2.(a) What was the total of 2.44 (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (perc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	nitions found nall area sour rge area sour	ce []	3) of 	Part II?	

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(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	<u>×</u> ,
(c) Refrigerated condenser temperature monitoring	<u>[</u> ×]
(d) Carbon adsorber exhaust perc concentration mon	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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)
\boxtimes	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the thin the thin thin this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Date Date

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261014

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED HAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 20 97

Do NOT Remove Label

AIRS ID# 0112207

KASSAM INC ESMAIL KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫ.: 002273

Y. BEST AVAILABLE COPY INSPECTION SUMMARY REP TYPE OF INSPECTION: ANNUAL 19 COMPLAINT/DISCOVERY RE-INSPECTION TIME OUT: TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: _____PHONE NUMBER: (95 Y RESPONSIBLE OFFICIAL: ESMAIL Based on the results of the compliance requirements evaluated during this inspection, the facility is round 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM NONG. COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY:

Page___of__

PHONE NUMBER:

INSPECTOR'S SIGNATURE:

Revised 10/96

	ne over top of envelope to	W 100 J		
65	SENDEN:	il te bloa	-1	
ğ	Complete items 1 and/or 2 for additional services.		also wish to receive the	,
9	 Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so t 	hat we can return this I	following services (for an extra fee):	
your <u>RETURN ADDRESS</u> completed on the reverse side?	card to you. Attach this form to the front of the mailpiece, or on the back it		1. Addressee's Address	Thank you for using Return Receipt Service.
5	permit. Write "Return Receipt Requested" on the mailpiece below the	article number		ē
Ę	The Return Receipt will show to whom the article was deliver		2. Restricted Delivery	ອ
Ĕ	delivered.		Consult postmaster for fee.	<u>.</u>
9	3. Article Addressed to:	4a, Article Nu	umber	Ö
ĕ	7		362-337	Œ
퓔	. **	/		Ē
Ę	AIRS ID#: 0112207	4b. Service T	'' ·	i et
ŏ	KASSAM INC ESMAIL KASSAM	☐ Registere	d Certified	9
SS	1500 EAST COMMERCIAL BLVD	☐ Express N	Mail	Ë
끮	FT LAUDERDALE FL 33334	☐ Return Rec	eipt for Merchandise COD	ñ
8	I I ENOBERBALL LE 33354	7. Date of De	<u> </u>	٥
₹		1. Date of De	- 19	Ž
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2	5. Received By: (Print Name)		s Address (Only if requested	ᆂ
Щ	,	and fee is	paid)	: عَج
Ξ	6. Signature: (Addressee or Agent)			_
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13)				
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	No Insurance Coverage P			
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	136/11/10		1	
	AIRS I	D#: 0112207	,	
	KASSAM INC	D#. 0112207		
	ESMAIL KASSAM			
	1500 EAST COMMERCIA	AL BLVD	1	
	FT LAUDERDALE FL 333	334		
	Certified Fee		1	
		•	7	
	Special Delivery Fee			
	D		7	
	Restricted Delivery Fee			
	Return Receipt Showing to			
	Return Receipt Showing to Whom, Date, & Addressee's Address			
			 	
	TOTAL Postage & Fees	\$;	

INSPECTION SUM	`
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY . RE-INSPECTION .
TIME IN:TIME OUT:	AIRS ID#: 01/2207
TYPE OF FACILITY: DRY C'luliners	
FACILITY NAME: Tryperine Clean FACILITY LOCATION: 1100 E Comme	ees. DATE: 2/17/5>
FACILITY LOCATION: 15 00 E Comuse	curl.
RESPONSIBLE OFFICIAL: ESMAIL TO ASSAM	PHONE NUMBER: (95-4) 77/-5815-
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NONE	·
	RECEIVED
	MAY 8 1997
	Bureau of Air Monitoring & Mobile Sources
	-
COMMENTS:	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/98	·
	proximate)
INSPECTION CONDUCTED BY:	case Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER:

Page___of__

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AIRS ID#: 6/12207



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Imperia	1 Clopners	DATE: 2/17/97
FACILITY LOCATION:/500	E. E. Common	ecial Blud.
9+.	P. Indela Fl.	
7	(Santower C)	
Annual Reporting Period: 2/17/97	19ТО _	2/98 19_
Based on each term or condition of the Title V get 62-213.300, Florida Administrative Code (F.A.C.)		
If NO, complete the following:		
#1. Term or condition of the general permit that h	has not been in continuous complian	nce during the reporting period stated above:
Exact period of non-compliance: from	·	RECEIVED
Action(s) taken to achieve compliance:		MAY 8 1997
Method used to demonstrate compliance:		Bureau of Air Monitoring
#2. Term or condition of the general permit that l	has not been in continuous complian	& Mobile Sources ace during the reporting period stated above:
Exact period of non-compliance: from	t	0
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based made in this notification are true, accurate and compon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Simple (Plane)	omplete. Further, my annual consumot exceed 2,100 gallons per year fo	mption of perchloroethylene solvent, based

*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.

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Page	10

AIRS ID#: 0//) 207

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	2/17/92
FACILITY LOCATION: 1500 E. Commoncial Blod.	<u></u>
9+. Landale. Fl.	
Annual Reporting Period: $\frac{2/17/97}{19}$ 19 TO $\frac{2/98}{19}$	19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP I	tule
	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 s	tated above:
RECEIV.	
Exact period of non-compliance: from	<u> </u>
Action(s) taken to achieve compliance: MAY 8 1997	
Method used to demonstrate compliance: Bureau of Air Monitor & Mobile Source	
Method used to demonstrate compliance: 8. Mobile Sources	fig
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period s	ated 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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solv upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 g year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Signal (Please Print)	rent, based

*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.

Page _____ of _____.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

KASSAM INC

AIRS ID#0112207

	1500 EAST COMMERCIAL BLVI FT LAUDERDALE FL 33334	D	KEGEIVI FIAIL RO FEB -6	
	Do <u>NOT</u> Remove l	Label	88 0 <u>7</u> ED	
Annual Reporting Period: JANNAN	7 / 1987	TO DECEMBE	2 31 19	91 ——
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A If NO, complete the following:		\/	_	
#1. Term or condition of the general permit th	hat has not been in continuous c	ompliance during the report	7	Ø
Exact period of non-compliance: from		to	& d = 1	$\frac{\pi}{2}$
Action(s) taken to achieve compliance:	•			Tì
Method used to demonstrate compliance:) 398 Monitor Sources	<
#2. Term or condition of the general permit th	hat has not been in continuous c	ompliance during the reporti	*	
Exact period of non-compliance: from		to		
Action(s) taken to achieve 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.

Method used to demonstrate compliance:

Name (Please Print)

^{*}This form is made available to you as an aid in order to meet your annual compliance cert dication requirements. It is at the discretion of the responsible official to use this form.

TYPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISCOVERY	REHNSPECTION _
TIME IN: 13:15	TIME OUT:	13:55	AIRS ID#:	0112207
YPE OF FACILITY:	Perc	CleANER		
FACILITY NAME:	_ mpek	CIAL CL	ANERS	DATE: 3/27/98
FACILITY LOCATION:	1500	E	Commercial	glad!
RESPONSIBLE OFFICIAL:	Esmail	Icassan	PHONE NUMBER	::
Based on the results of compliance with DEP			during this inspection, the face Code (F.A.C.).	cility is found to be in
Based on the results of discrepancies were not		rements evaluated	I during this inspection, the fo	Howing compliance
COMPLIANCE REQ	UIREMENT/PRO	OBLEM	FOLLOW-UP ACT	ION REQUIRED
			·	_
				P
				K
			APA C Monitor	(K)
			NOT C	0 4
			is Sou	36 CO
			(
			•	
COMMENTS:				
The Annual Compliance Certifi	cation form has been	property certified	and submitted to the inspecto	r. YEST NOT
DATE OF NEXT INSPECTION	-/-	8		
			oximate)	
INSPECTION CONDUCTED) BY:	Joh.7	Coppolar	
INSPECTOR'S SIGNATURE	(R)	(Pleas	•	519-1235
SK S SIONATORE	A W		, HONE HOMBER	
	-	Pageo	ot	Revised

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DI	SCOVERY BA 20	14
AIRS ID#: 0/12207 D	ATE: 3/28/91	5 TIME I	N: /3/5 T	IME OUT A: 55	
FACILITY NAME:	Ing	DRIAL	Cleaner	S B William	_
FACILITY LOCATION:	1500 E.	Comm	arcial Blu	A	┈
	Et. Land				
RESPONSIBLE OFFICIAL:	Esmail Ic	ASSAM	PHONE:		-
CONTACT NAME: Eson					-
					<u> </u>
PART I: NOTIFICATION					
(check appropriate box)		_			
L. New facility notified DARM 30	days prior to startup				
2. Facility failed to notify DARM	to use general permit			ā	
		_			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	i form that it is:		☐ No notification ☐ Drop store/out	form of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry trai bot	nsfer only, x h types, $x \le $	x < 140 gal/yr < 200 gal/yr	2 Machine	25
3. Existing large area source dry-to-dry only, $140 \le x \le 2.10$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ ga (constructed before 12/9/91)	00 gal/yr dry gal/yr trai l/yr bot	nsfer only, 20 h types, 140	rea source $140 \le \tilde{x} \le 2.100 \text{ ga}$ $00 \le x \le 1.800 \text{ gal/yr}$ $00 \le x \le 1.800 \text{ gal/yr}$ $00 \le x \le 1.800 \text{ gal/yr}$		
5. This is a correct facility clas	ssification 🗹	NO	□Can not determ	ine	
	opropriate classification qualified for a general exceeds above limits a	permit as nu			
B. The total quantity of perchlore facility was 125 gallons.	pethylene (perc) purcha	ised within th	ne preceding 12 mo	nths by this dry cleaning	;

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? NE NO 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AND NO YO least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON BN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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 helow). 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). Curbon 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) DY DN i. Equipped all machines with the appropriate vent controls? AMD NO YO 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 condenser on a weekly/bi-weekly basis? MO YO 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? AMD NO YO 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MO YO

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?	אס אם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY 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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	אואם אם צם
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 ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ANAC AC YC

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	ON COM				
2. Maintained rolling monthly total of perc consumption?	ON DA				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	ON DAVA				
5. Maintained exhaust duct monitoring data on perc concentrations?	AND NO PE				
6. Maintained startup/shutdown/malfunction plan?	אם אם				
7. Maintained deviation reports?	OY ON ONA				
Problem corrected?	אואם אם אים				
8. Maintained compliance plan, if applicable?	ANG NO PO				

P.	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-week	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		OY ON .			
2.	2. Has the facility maintained a leak log?		OY ON			
3.	3. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	c cookers	ON ON/A			
	Door gaskets and seating GY ON ON/A Stills		DY ON ON/A			
	Filter gaskets and seating BY ON ON/A Exha	ust dampers	אואם אם אם			
	Pumps Diver	rter valves	אואם אם צם			
	Solvent tanks and containers TY ON ON/A Cartr	ridge filter housings	אואם אם אס			
	Water separators GY ON ON/A					
4.	4. Which method of detection is used by the responsible official?		_			
	Visual examination (condensed solvent on exterior surfaces)		9			
	Physical detection (airflow felt through gaskets)					
	Odor (nouceable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		O NIA			
	Halogen leak detector		0			
}	If using direct-reading instrumentation, is the equipment:		□ NIA			
	a. Capable of detecting perc vapor concentrations in a ran	ge of 0-500 ppm?	OY OM			
	 b. Calibrated against a standard gas prior to and after each (PID/FID only)? 	h use	מם עם			
	c. Inspected for leaks and obvious signs of wear on a week	dy basis?	אם אם			
	d. Kept in a clean and secure area when not in use?		NO YO			
	e. Verified for accuracy by use of duplicate samples (calor	imetric only)?	NO YO			
	·					
		-/ /				

Inspector's Name (Pleasi Frint)

Date of Inspection

Approximate Date of Next Inspection

AIRS ID#: 01(2207



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Imperior(Clean	ers	DATE:	
FACILITY LOCATION:	500	F. Co.	may cia	I Blad	
tt. C.	order dale.	<u>.</u>			P
Annual Reporting Period: 2/9	2	_19 TO	3/	98	6
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (E	: V general air permit, F.A.C.), during the peri	my facility has re od covered by th	emained in compli	and was DEP R	1
If NO, complete the following:				Source	
#1. Term or condition of the general permi	t that has not been in c	onunuous compli	iance during the re	eporting period su	ad above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:			·		
Method used to demonstrate compliance:			· · ·		
#2. Term or condition of the general permi	t that has not been in c	ontinuous compli	iance during the r	eporting period st	aled above:
Exact period of non-compliance: from			(0		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			<u>,,</u>		
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further	, my annual con.	sumption of perch	lorgethylene solve	enı, based
			XYV		

^{*}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.

INTEROFFICE MEMORANDUM

(Draft)

Date:

08-Sep-2000 09:14am

From:

Sandy Bowman TAL

Dept:

Tel No:

To: jmack@broward.org

CC: William Davis TAL (DAVIS_W)
CC: Rick Butler TAL (BUTLER_R)

Subject: RE: AIRS ID #0112207

Jarrett,

We have received an inspection checklist for Imperial Cleaners located at 1500 E. Commercial Blvd. in Ft. Lauderdale.

The checklist identifies the AIRS ID # as 0112036. However, this number relates to a Point source in ARMS. The AIRS ID # for the Title V general permit is #0112207. I have changed the number on the checklist to #0112207.

Also, the checklist received for years 2000 and 1999 identify the RO as Deborah Burns. Both inspections indicate the facility is active. However, a check of the ARMS database indicates the RO is Esmail Kassam. The facility status is currently inactive in ARMS. Please make note of this status change in your records.

In order for the facility to be active, we will need a new notification form identifying Deborah Burns as the new RO. Once the notification form is received, we can update ARMS. I appreciate your assistance with this.

Sandy

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to refollowing service extra fee): 1.	es (for an see's Address ed Delivery
Is your <u>RETURN ADDRESS</u> completed	AIRS ID # 0112207 IMPERIAL CLEANERS ESMARE KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334 5. Received By: (Print Name) 6. Signature (Addressee) or Agent)	7. Date of De	Type ed Mail ceipt for Merchandiselivery 3/4/ b's Addréss (Ønly paid)	f f requested
_	PS Form 3811 , December 1994		Domestic Ret	turn Receipt

P 174 052 192

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0112207

IMPERIAL CLEANERS ESMAIL KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334

	<u> </u>	ı ,
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whorn & Date Delivered	
, April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

0863390

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112207

IMPERIAL CLEANERS ESMAIL KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334 MAIL ROOM

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

30/911

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112207

KASSAM INC ESMAIL KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

382645

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112207

IMPERIAL CLEANERS
ESMAIL KASSAM
1500 EAST COMMERCIAL BLVD
FT LAUDERDALE FL 33334

refuerue 121/99

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

Obj.: 002273

3:5

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.				
ADDRESS completed	AIRS ID # 0112207 IMPERIAL CLEANERS ESMAIL KASSAM 1500 EAST COMMERCIAL BLVD FT LAUDERDALE FL 33334	Z 33 4b. Service 1 ☐ Registere ☐ Express 1	Type ed Æ Certified Mail □ Insured ceipt for Merchandise □ COD	you for using Return R	
s your RETURN	5. Received By: (Print Name) 6. Signature: (Agaressee or Rogert) X	8. Addressee and fee is	,	Thank	
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	The second secon	. AIR	RSID#(112207
	IPERIAL CLEANERS			
	MAIL KASSAM			
15	00 EAST COMMERC	IAL BL	VD	
FT	LAUDERDALE FL 3	3334		
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	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
2	Restricted Delivery Fee			
1 199	Return Receipt Showing to Whom & Date Delivered			
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
E	Postmark or Date			
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9557					
4328	Postage Certified Fee	\$	Postmark		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here		
7000 0600	ESMAIL KASSA IMPERIAL CLEA	ANERS IMERCIAL BLVD	01AG		
	Po-rominocoo, romany	_000	See neverse for Instructions		

1

ATTENTION RICK BUTLER.

3/4199

DEPT OF GNINONMENTAL PROFESTION.
TWIN FOWERS OFFICE BUILDING
2600 BLAIN STONE ROAD.
TALCAHASICS, FL, 32389.

E. H. Kassam 2590 N. W. 112th Ave. Coral Springs, FL 3306

DEAR SIRS

AS PEN MT FELERAME CALL THIS

AFRICADOSA, I ENCLISE MT CHECK & 215 ton

SSO-- FON AIR PENMIT TITLE V FIN 1888

PLEASE NOFT THAT THIS DUSINESS WAS

SOLD ON 4/2488 FO. L.D. ENTERPRISE OF S.F.

ING. THE HEN OWNER IS LARRY DUMAIN

PLEASE CORRECT YOUR RECORD FOR

THE FUTURE REFINENCE.

Sixiènes?

E. H. Kassam 2590 N. W. 112th Ave. Coral Springs, FL 33065

RICK BUTLER







TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315%3070

Authorbiothouthbloothlantoidthioliothlad

BEST AVAILABLE COPY

Aco

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	eio/ Class	a QR 5		TE: <u>3/26/89</u>
FACILITY LOCATION:	80 E.	Commercial	Blud	
41	Landerdo	le, Fl.		
Annual Reporting Period:	Mard	19 <i>98</i> to	March	19_89
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (= .	-	Ċ	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	uit that has not been i	n continuous complianc	e during the reporting p	eriod stated above:
Exact period of non-compliance: from			o	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general perm	uit that has not been i	n continuous complianc	e during the reporting p	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL:	e and complete. Furt	ther, my annual consum for dry-to dry facilities	ption of perchloroethyles or 1,800 gallons per ye	ene solvent, based

*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.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON ·
RE-INSPECTION AIRS ID#: 0//2207DATE: 3/26 FACILITY NAME: Lupper/A FACILITY LOCATION: /500 RESPONSIBLE OFFICIAL: LD E CONTACT NAME: Deborah Burn	6/99 TIME IN: 10 95 TIME OUT: 1/55
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general positions.	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit

2 Mrs ag

facility was 120 gallons.

l of 5

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? LEY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DAYA 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? OY 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ND YD 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND YD verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY 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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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 ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מם אם
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	aks Us Opy on on/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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OMA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ON PO
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OY ON CHYA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND	THE RESIDENCE OF STREET PROPERTY AND ADDRESS OF THE PARTY OF		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			OY ON
2. Has the facility maintained a leak log?	•		DY ON
3. Does the responsible official check the			
Hose connections, fittings, couplings, and valves	oy on on/a	Muck cookers	OY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	CTY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	GY ON ON/A	Diverter valves	GY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by t	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)			o NIA.
Halogen leak detector			0 1/4
If using direct-reading instrumentation, is the equipment:			P N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ND Y
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
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?			OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
7-1-6			
Inspector's Name (Please Pri	nt)	Date of (nspe	ction

	pate of thispection
_	Approximate Date of Next Inspection
	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Dates

	ANNUAL RE-INSPECTION FLD65662	0017	COMPLAINT/DI		<u> </u>
RESPONSIBLE OFFICIAL	DATE: 126/00/100 penal: Cleaner 500 c. Comm ort Landon Delvan Burt	nencial f	3.3334- PHONE: 954	1-771-5	
CONTACT NAME:	Deborch Bu	nng.	PHONE: <u>93</u>	9-7/1-	-50/3
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI		•			0
PART II: CLASSIFICATIO	N				
Facility indicated on notificate (check appropriate box) A.			☐ No notification☐ Drop store/out		roleum
☐ facil	l/yr c r t b) (c rce □ 4 2,100 gal/yr c 00 gal/yr t gal/yr t	transfer only, 200 coth types, 140 ≤ (constructed on or only) ion: ral permit as num	<pre>< 140 gal/yr 200 gal/yr 0 gal/yr r after 12/9/91) ea source 40 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr r after 12/9/91) □Can not determinater</pre>	ine ove	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ON ON/A ÙY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ON/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 DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON ONA

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

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?	ΩY	ПΝ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N · □N/A
	Is the temperature differential equal to or greater than 20° F?	″ Q 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?	ΠY	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	□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?	ΩY	□N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DA ON
2. Maintained rolling monthly total of perc consumption?	מם אָם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY ON ON/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?	NO 100.155 determent
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	שע טא
7. Maintained deviation reports?	אס מם צם ביי
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	OM ON ON/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	ınd repair
inspection?		,	DN .
2. Has the facility maintained a leak log?			DY ON
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DAY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ONY ON ON/A
Water separators	CDY ON ON/A		
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed so	olvent on exterior surfaces))	₽∕
Physical detection (airflow felt the	rough gaskets)		- /
Odor (noticeable perc odor)			Q/
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equipn	nent:	□N/A
a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter each use	OY ON
c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON
d. Kept in a clean and so	cure area when not in use	?	□Y □N
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON
,			
		<i>f i</i>	
Inspector's Name (Please Prin		06/07/00	-45
Inspector's Name (Please Prin	()	Date of Inspec	cuon
(m/m/		06/07/01	
/ Inspector's Signature		Approximate Date of N	Next Inspection

0(1220) AIRS ID#: 0112036

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Imperial Dry Cleaners	DATE: 06/07/00
FACILITY LOCATION: 1500 E. Aummercial Blud.	
For (audindade # 33334	
Annual Reporting Period: June 1999 TO June	20
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.	s 🔲 NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
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	ng 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 inquiring in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	solvent, based upon

^{*}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.