

# Department of Environmental Protection

0112212

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Jay Gicostein President 1750 University Drive Coral Springs, Florida 33065

Dear Mr. Gicosteinn:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 15, 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

/DD

cc: Mr. Robert Wong, Broward County

# 01/2012

p. 14
p. 14 1.(c) should not be marked
3. new small area
3. new small area Should be marked
,
p.15 4. new small r.c. should be marked
be marked
(f) should be marked

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	CON AL CLEANENS INC				
2.	Site Name (For example, plant name or number):				
	Lini-Al CLEANERS				
3.	Hazardous Waste Generator Identification Number:				
	FLO 02/4 229/0				
4.	Street Address: 1750 UNIVERSITY DAIVE				
	City: Const SPrints County: Barnon. Zip Code: 33061				
<b>5</b> .	Facility Identification Number (DEP Use): $OH22/2$				
	Responsible Official				
6.					
	JAY GOLDSTEIN (PRESIDENT)				
7.					
	Organization/Firm: Lan of Cleaned  Street Address: 1750 UNIVERSTY Daire				
	City: Come spaces County: Brown Zip Code: 33061-				
8.	F · · · · · · · · · · · · · · · · · · ·				
	Telephone: (954) 755- 4664 Fax: ( ) -				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
	·				
10.	Facility Contact Address:				
	Street Address:				
	City: County: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: ( ) - Fax: ( ) -				

RECEIVED

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AUG 1 5 1996

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date Machine	Date Control		Machine Machine	Date Control		Date Machine	Date Control
		Initially	Device	l	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		DAT T.	- Dry						
(1) w/ ref. condenser	(1)	<b>47-1193</b>	07-1993						
(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 ar  (c) No control devices  2.(a) What was the total	are re	equired to be	installed [_	V	J	n the latest [2	2 moi	nths?	
(b) If less than 12 mon Check why it is les					_] New store	:: [] Did	not k	keep records:	
3. What is the facility's so (Indicate with an "X".					initions found	d in section (	3) of	Part II?	•
Existing small a	rea so	urce [	N	ew sn	nall area soui	rce [	]		
Existing large as	ea sou	irce []	N	ew la	rge area sour	ce [	]		

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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 []					
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					
(c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring					

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

#### Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin the air pollutions of this general permit as set forth in Part II of this notification form.
I will pron	mptly notify the Department of any changes to the information contained in this notification.  9/9/96  Date



# Department of Environmental Protection

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

David B. Struhs Secretary

July 2, 2001

Mr. Jay Goldstein Lori-Al Cleaners 1316 University Drive Coral Springs, Florida 33071

Dear Mr. Goldstein:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Lori-Al Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112212). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

BEST AVAILABLE	COPY LAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:30 THE OUT: 4:00	AIR 7#: 01/22/2
TYPE OF FACILITY: Vacant store	
FACILITY NAME: Lori - Al Cled-ers	DATE: 10-17-97
FACILITY LOCATION: 1750 University Driv	·e
Coral Springs Fl	pride 3 3065
RESPONSIBLE OFFICIAL: Jay Goldstein	PHONE NUMBER: 755 - 4664
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate	ive Code (F.A.C.).
discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
The Place is Empty	None - They are gove.
	,
·	
	-
	<u> </u>
COMMENTS:	<del></del>
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: NOT	proximate)
INSPECTION CONDUCTED BY: 806 Thom	
INSPECTOR'S SIGNATURE: Sob Thomas	PHONE NUMBER: 519-1459
9/age"	_of Revised 10/96

Not at This Address store space empty Business Moved Out.

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKLI

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCOVERY	<i>?</i> • • • • • • • • • • • • • • • • • • •
AIRS ID#: 0//22 /2	ATE: 10 -17-97	TIME	IN: <u>3 : 30</u> TIME OUT	: 4:00
FACILITY NAME: Lori	Al Cleaners			
FACILITY LOCATION:/	750 Univers	ity Dr.	ive	
	oral Springs	,		
RESPONSIBLE OFFICIAL :	Juy Goldste.	<u>ئ</u>	PHONE: 755 - 46	64
CONTACT NAME:			_PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION				
Facility indicated on notificatio (check appropriate box)	n form that it is:		<ul><li>☐ No notification form</li><li>☐ Drop store/out of business</li></ul>	s/netroleum
A.			•	, p • •
1. Existing small area source dry-to-dry only, x < 140 gal/y		New small : -to-dry only	area source □ , x < 140 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$	tra	nsfer only, x	< 200 gal/yτ	
both types, x < 140 gal/yr (constructed before 12/9/91)		th types, x < instructed on	140 gal/yr 1 or after 12/9/91)	
İ				
3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g. (constructed before $12/9/91$ )	00 gal/yr dry gal/yr tra al/yr bot	nsfer only, 2 th types, 140	area source , $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ a or after $12/9/91$ )	
dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g	00 gal/yr dry 0 gal/yr tra al/yr bot (co	v-to-dry only nsfer only, 2 th types, 140 onstructed on	, 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g. (constructed before $12/9/91$ )  5. This is a correct facility cla  If no, please check the a	00 gal/yr dry 0 gal/yr tra al/yr bot (consistification propriate classification)	v-to-dry only nsfer only, 2 th types, 140 onstructed on Y N  n: I permit as n	, $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ 1 or after 12/9/91)	

P.	ART III: GENERAL CONTRI	REQUIREMENTS	
1	the responsible official of the dry heck appropriate boxes)	cleaning facility:	
1.	Storing perchloroethylene in tight	y scaled and impervious containers?	OY ON XV/A
2.	Examining the containers for leak	age?	ava <b>x</b>
3.	Closing and securing machine doc	rs except during loading/unloading?	OY ON
4.	Draining cartridge filters in their l least 24 hours prior to disposal?	nousing or in sealed containers for at	OY ON DANA
5.	Maintaining solvent-to-carbon rational beds according to the manufacture	os and steam pressure for carbon adsorber r's specifications?	OY ON XN/A

PA	RT IV: PROCESS VENT CONTROLS				
In	In Part II-A:				
	If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .			
	If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser			
	If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
	If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser			
	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)				
1.	Equipped all machines with the appropriate vent controls?	OY ON			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN 🕅			
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON XV/A			
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ANA			
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

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?	d OY ON
2. Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	אמאל מם צם A
Is the temperature differential equal to or greater than 20° F?	אאנאל אם צם
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?	אא <b>א</b> אם צם
Is the perc concentration equal to or less than 100 ppm?	אמעל מם אם
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?	אמעל מם צם 🗎
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA!
6. Routed airflow to the carbon adsorber (if used) at all times?	אוא אם צם
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	•
1. Maintained receipts for perc purchased?	אם צם
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואל אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN XN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN QQNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XVIA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	ANA <b>X</b> NO YO
I P Table	<b>-1</b> -17
Problem corrected?	DY DN MANA

PART VI: LEAK DETECTION	AND REPAIRS	<u> </u>	
1. Does the responsible officia.	duct a weekly (for small sources,	bi-weekly) leak detection ar	ıd repair
inspection?			NO YO
2. Has the facility maintained a le	ak log?		OY ON
3. Does the responsible official ch	eck the following areas for leaks?		
Hose connections, fittings couplings, and valves	s, dy dn <b>x</b> in/a	Muck cookers	באעאָל אם אם
Door gaskets and seating	OY ON XINA	Stills	OY ON XVI
Filter gaskets and seating	ANA NO YO	Exhaust dampers	DY DN XX
Pumps	OY ON ANIA	Diverter valves	DY DN DNIA
Solvent tanks and contain	ners QY QN QN/A	Cartridge filter housings	DY DN XNA
Water separators	· OY ON MIN/A		
4. Which method of detection is t	used by the responsible official?		
Visual examination (cond	densed solvent on exterior surfaces)		
Physical detection (airflo	w felt through gaskets)		
Odor (noticeable perc ode	or)		
Use of direct-reading inst			
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			
a. Capable of do	etecting perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated as (PID/FID on	gainst a standard gas prior to and af	ter each use	מס עם
	leaks and obvious signs of wear on	a weekly hacis?	אס עם
	an and secure area when not in use	-	OY ON
	accuracy by use of duplicate sample		אם עם
c. Vertica for a	iccuracy by use of duplicate sample	s (calorimetric ordy):	
<u> </u>			
Inspector's Name (P)	5	October Date of Inspe	17,1997
Inspector's Name (Pl	ease Print)	Date of Inspe	ctión
Inspector's Stgna	5	NOT	
Inspector's Signa	nture	Approximate Date of	Next Inspection

TY GENERAL PERMIT

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

て)	8e
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			RECEI	VED
	LORI AL CLEANERS I	AIRS 1D#0112212		<b>V</b> L D
,	JAY GOLDSTEIN  1730 UNIVERSITY DR	IVE 1316	JAN 2 7	1998
	CORAL SPRINGS FL	1708 E-2007	Bureau of Air	Monitoring
		NOT Remove Label	& Mobile	Sources
Annual Reporting Period:	, ) ,	19 <u>9</u> 7 to	Dee	3) 1998
Based on each term or condition of the Total Administrative Cod If NO, complete the following:  #1. Term or condition of the general per	e (F.A.C.), during the pe	eriod covered by this st	atement. TYES	□ио
Exact period of non-compliance: from		to	)	<u> </u>
Action(s) taken to achieve compliance:				23 RO
Method used to demonstrate compliance	:			98 X
#2. Term or condition of the general per	mit that has not been in	continuous compliance	e during the reporting	ng period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	: <u>-</u>			
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for d	e. Further, my annual cor lry-to dry facilities or 1,80	nsumption of perchloroe Ogallons per year for tro	thylene solvent, based	d upon purchase receipts,
RESPONSIBLE OFFICIAL:	Py Golds Name (Please Print)	tein gund	Signature	) 1)17/78 Date

·-- (

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## **BEST AVAILABLE COPY**

RECEIVED
WAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS 1D#0112212 RECEIVED

LORI AL CLEANERS INC
JAY GOLDSTEIN
1730 UNIVERSITY DRIVE | 3 | (
CORAL SPRINGS FL 33065 5 50.7)

JAN 2 7 1998

Bureau of Air Monitoring

Do NOT Remove Label

Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213 300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:

JAY (10 LOSTEIN) Janitas

Signature

Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

0354372

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

DEC 2 1 1998 TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0112212

LORI-AL CLEANERS JAY GOLDSTEIN 1316 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 FOR GOVERNMENT USE ON Org.: 37550101000 EO: 81 Fund: 20-2-035001 Obj.: 002273

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 MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0112212

LORI AL CLEANERS INC JAY GOCOSTEIN 1750 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300761

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#0112212

LORI AL CLEANERS INC JAY GOLDSTEIN 1989 UNIVERSITY DRIVE 1316 CORAL SPRINGS FL 33065-330 5 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

Xg \*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

•	
FACILITY NAME: Lovi - Al Cleoners, luc DATE: 1	2/08/98
ACILITY LOCATION: 1316 University Dr.	
Corol Spring, Florida 33071	
Annual Reporting Period: Oct. 1 1997 to Dec.	 19 <u>48</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP F 12-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	Sule NO
f 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:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	<del>_</del>
Nethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous compliance during the repay to get period s	tated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Viethod used to demonstrate compliance:	
As the responsible official. ! 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 solution purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for combination facilities.  RESPONSIBLE OFFICIAL: TAY GOLDSTEIN Signature	vent, basec
Name (Please Print) 1 / Signature	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AVAILABLE COPY ANNUAL X COMPLAINT/DISCOVERY [ RE-INSPECTION T TYPE OF INSPECTION: TIME IN: 11:45 a. w. TIME OUT: 13:45 p. w. AIRS ID#: 01/22/2 TYPE OF FACILITY: Dry Cleaners - Perc. DATE: /2/08/98 FACILITY LOCATION: 1316 Chiversity Drive Florido 33071 PHONE NUMBER (95 4) Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in X 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 tocality is in confliance COMMENTS: Adderen changed The Annual Compliance Certification form has been properly certified and submitted to the inspector. YESY NOI

DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

\_\_\_\_PHONE NUMBER: (454) 519-1420

Page 2 of 2.

Revised 10/95

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>9</b>	COMPLAINT/DISCOVERY	
FACILITY NAME:	i - AI Che 316 Cluir Corol Spri	ersity	Drive	
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	30 days prior to startup			۵
2. Facility failed to notify DARM	A to use general permit			ם ا
PART II: CLASSIFICATION				
Facility indicated on notificatio	n form that it is:		☐ No notification form	_
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of business/pe	troleum
Facility indicated on notificatio	te 🛭 2. r dry trai bot	nsfer only, x h types, x <	☐ Drop store/out of business/pe trea source ☐ x < 140 gal/yr < 200 gal/yr	ctroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	te 2.  r dry tran bot (co  te 💆 4. 1.00 gal/yr dry 0 gal/yr tran al/yr bot	-to-dry only, x h types, x < nstructed on New large a -to-dry only, nsfer only, 2 h types, 140	☐ Drop store/out of business/pearea source☐  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ctroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	te	-to-dry only, x h types, x < nstructed on New large a t-to-dry only, 2 h types, 140 nstructed on nstructed on	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ x < 200  gal/yr x < 140  gal/yr x < 140  gal/yr or after $12/9/91$ ) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1.800  gal/yr	ctroleum

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ONA 2. Examining the containers for leakage? AVAD MD YED Closing and securing machine doors except during loading/unloading? MY DN 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ONA 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? MY ON ONA 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? $\Delta D \times \Box N$ MY ON ONA 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 AME NE YOU 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? MAY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AME NO YES condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **Q**X ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	<b>Ø</b> Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<b>'Ø</b> Y	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ØY	ПN	□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	ПN	XXIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	$\square N$	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ØY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<b>∀</b> Y	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	<b>Ø</b> Y	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
Maintained receipts for perc purchased?	ØDY □N						
2. Maintained rolling monthly total of perc consumption?	ADA OM						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אולים						
4. Maintained calibration data? (for applicable direct reading instruments)	BAYON DANY						
5. Maintained exhaust duct monitoring data on perc concentrations?	אאולל אם אם						
6. Maintained startup/shutdown/malfunction plan?	obut ⊡iv.						
7. Maintained deviation reports?	ava <b>z</b> ino yo						
Problem corrected?	ANA <b>K</b> NO YO						
8. Maintained compliance plan, if applicable?	אאנגא אם אם						

PA	PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
:	inspection?		•		ØÎY □N				
2. 1	Has the facility maintained a leak log?				ØdY □N				
3. ]	Does the responsible official check the f	following a	reas for leaks?		,				
ļ	Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	AND ND YA				
	Door gaskets and seating	<b>Q</b> Y □N	□N/A	Stills	MANO NO YE				
	Filter gaskets and seating	фі≀ ⊡и	□N/A	Exhaust dampers	AINO NO YE				
	Pumps	day N □ N	□N/A	Diverter valves	AINO NO YK				
	Solvent tanks and containers	AN ON	□N/A	Cartridge filter housings	AIND NO YO				
	Water separators	DY ON	□N/A						
4.	Which method of detection is used by th	ne responsit	ole official?						
	Visual examination (condensed so	olvent on ex	terior surfaces)		ġ				
	Physical detection (airflow felt thr	ough gaske	ets)		<b>€</b>				
	Odor (noticeable perc odor)				<b>)</b>				
	Use of direct-reading instrumental	tion (FID/P	ID/calorimetric	tubes)	R N/H				
	Halogen leak detector				- NA				
	If using direct-reading instru	umentation	, is the equipm	ent:	ON/A				
	a. Capable of detecting p	,			NO AO				
	b. Calibrated against a st (PID/FID only)?	tandard gas	prior to and aft	er each use	OY ON				
	c. Inspected for leaks and	d obvious s	igns of wear on	a weekly basis?	ND YE				
	d. Kept in a clean and se	ecure area v	vhen not in use?		NO YO				
	e. Verified for accuracy	by use of di	iplicate samples	(calorimetric only)?	OY ON				
			=						
	OCTAVIAN OPRIS Inspector's Name (Please Print)  12/08/98  Date of Inspection								
	Inspector's Name (Please Prin	nt)	<del></del>	Date of Inspe	ection				
				A -	199D				
	A. M.			yee.	Vov. Inspection				
	/Inspector's Signature			Approximate Date of	esext inspection				
	<i>(</i>								

## PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	6	2	COMPLAINT	DISCOVERY	
•	RE-INSPECTIO	N (	<b>_</b>	•	REC	EIVAL
						ELVE
AIRS ID#: 0112212	DATE: 10 26 0	79 T	IME I	N: <u>10-45</u>	TIME OUT!	41:50
FACILITY NAME:	DRI- AL CU	EVVNEE	×===		Bureau of A	Vir Monitoring
FACILITY LOCATION:	316		~~"	200	Mobile Mobile	Nir Monitoring Sources
FACILITY LOCATION:	UNIOF	EKEXEG	1.14	SIVE COR	CAL SPAN	7., 5.008
RESPONSIBLE OFFICIAL :	: Day Gou	DSTEIN		PHONE: <u>954</u>	-755 -40	<i>64</i>
CONTACT NAME:	<u> </u>			PHONE:	l i	
PART I: NOTIFICATION						
(check appropriate box)						
New facility notified DARM	f 30 days prior to star	tun				9
2. Facility failed to notify DAR	•	•				a
		·				
PART II: CLASSIFICATIO	N	<u> </u>	· · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notificat				☐ No notificati	on form	
(check appropriate box)					at of business/po	troleum
A. 1. Existing small area sour	rce 🗆	2. New sr	nall ar	ea source	а	
dry-to-dry only, x < 140 gal/	/yr			< 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$			-	200 gal/yr		
(constructed before 12/9/91)		both types (constructe		r after 12/9/91)		
3 Frinting large area sour				ŕ	<b>19</b>	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ .		4. New la		ea source .40 ≤ x ≤ 2,100 ;	<b>~</b>	
transfer only, $200 \le x \le 1.80$				$0 \le x \le 1,800 \text{ gain}$		•
both types, $140 \le x \le 1,800$				$x \le 1,800 \text{ gal/y}$		
(constructed before 12/9/91)		(constructo	ed on o	r after 12/9/91)		
5. This is a correct facility of	lassification	ŒY C	אנ	□Can not deter	mine	
If no, please check the	appropriate classifica	ation:				ľ
☐ facili	ty qualified for a gen	eral permit	as nun	nber	above	
☐ facili	ity exceeds above limi	its and is no	ot eligi	ble for a general	permit	
B. The total quantity of perchlo facility was 225 gallons.	arouthulana (nara)		h:- +b-			

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? DOY 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 DN EZÑ/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) OY ON I. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY DN verifying that the coolant had been completely charged?

1,

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?	at on	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	
	Is the temperature differential equal to or greater than 20° F?	□Y □N	MN/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	<b>⊠</b> Ñ/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	<b>⊡</b> √√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?	אם אם	<b>⊠</b> Ñ/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מם עם	<b>⊠</b> Ñ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	ØŃ/A

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

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a w	veekly	(for	small sources, b	i-weekly) leak detection ar	id rep	air	
	inspection?					ØY	ПN	
2.	Has the facility maintained a leak log?					ØY	ПN	
3.	Does the responsible official check the fo	ollowi	ng ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	<b>⊴</b> Y	ПN	□N/A	Muck cookers	<b>d</b> Y	□N □N/A	
	Door gaskets and seating	<b>G</b> Y	ПN	□N/A	Stills	<b>G</b> Y	□N □N/A	
	Filter gaskets and seating	ďY	ΠN	□N/A	Exhaust dampers	<b>Ø</b> Y	□N □N/A	
	Pumps	₫Y	ПΝ	□N/A	Diverter valves	<b>G</b> Y	□N □N/A	
	Solvent tanks and containers	<b>G</b> Y	ПN	□N/A	Cartridge filter housings	ПY	ON WINA	
	Water separators	<b>G</b> Y	ПΝ	□N/A				
4.	Which method of detection is used by th	e resp	onsib	ole official?				
	Visual examination (condensed so	lvent o	on ex	terior surfaces)		Ø		
	Physical detection (airflow felt thro	ough g	gaske	ts)				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentat	ion (F	ID/P	ID/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	ment	ation	, is the equipm	ent:	ON/	'A	
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	₽Y	ПΝ	
	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and aft	er each use	ΩY	□N ·	
	c. Inspected for leaks and	l obvid	ous si	igns of wear on	a weekly basis?	Z Y	ПN	
	d. Kept in a clean and se			•	-	ĽΥ	ПИ .	
	e. Verified for accuracy b					ΩY	GN	
_							,	
	1- D.	Δ.			iolai ha			
_	Inspector's Name (Please Prin	( <del>1</del>			Date of Inspe	ction		
		-,			2 3.2 0			
	lat two not				CCT 200	$\mathcal{C}$		
_	Inspector's Signature				Approximate Date of		nspection	

ST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM
CILITY NAME: LORI-AL CLEANERS  ADDATE: 10126/79  CILITY LOCATION: 1316 UNIVERSITY DR. CORAL SPRINGER CONTROL OF THE CONTROL OF
unual Reporting Period: DEC 8 1998 TO CCT 26 1999
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO NO, complete the following:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: from
tion(s) taken to achieve compliance:
chod used to demonstrate compliance:
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: from
uon(s) taken to achieve compliance:
thod used to demonstrate compliance:
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements de in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based on purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or mbination facilities.  ESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date
his form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the cretion of the responsible official to use this form.

Page \_\_\_\_\_ of \_\_\_\_\_.

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	€	COMPLAINT	/DISCOVERY	Q
	RE-INSPECTION	ON D			
AIRS ID#: 0112212	DATE: 11 10	OO TIME	IN: <u>2:20</u>	TIME OUT:_	3:00
FACILITY NAME: LOS	u- AL Ci	EBUERS			
FACILITY LOCATION:	316 UNIVE	RSITY DRI	UE PROJET	R SPRING	SFL 571
RESPONSIBLE OFFICIAL :	JAY 601	LDSTEIN	PHONE:	54)75564	664
CONTACT NAME:	4		_ PHONE:	ing —	•
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to sta	rtup			<b>a</b>
2. Facility failed to notify DARM	A to use general pe	rmit			0
PART HE CLASSIFICATION					
Facility indicated on notification (check appropriate box)  A.	n form that it is:		☐ No notificat☐ Drop store/o	ion form out of business/pet	olcum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr constructed before 12/9/91)		2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ 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 gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100$ $90 \le x \le 1,800$ ga $90 \le x \le 1,800$ gal/y or after $12/9/91$	l/yr	
5. This is a correct facility cla	ssification	OY ON	□Can not deter	rmine	
	opropriate classifica qualified for a gen exceeds above lim	ieral permit as nu		above permit	
B. The total quantity of perchlore facility was <u>FOO</u> gallons.	oethylene (perc) pu	rchased within th	e preceding 12 m	nonths 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? MA UN Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN QYNA 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) MY UN 1. Equipped all machines with the appropriate vent controls? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	מם אם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מאָם מם עם
	Is the temperature differential equal to or greater than 20° F?	OY ON DONA
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 EM/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON DX7A
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?	CL ON ONIA
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?	DY DN DANIA

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

PART	VI: LEAK DETECTION AND	REPAIRS					
1. Do	es the responsible official conduct a	weekly (for small s	sources, bi-weekly) leak detection a	ınd repair			
ins	pection?			MA ON			
2. Has	s the facility maintained a leak log?			r on			
3. Do	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	EYY ON ON/A			
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	CETY ON ON/A			
	Solvent tanks and containers	UY ON ON/A	Cartridge filter housings	OY ON DAN/A			
	Water separators	OY ON ON/A	·	1.2			
4. Wh	ich method of detection is used by t	he responsible offic	ial?				
	Visual examination (condensed s	olvent on exterior s	urfaces)				
	Physical detection (airflow felt th	rough gaskets)		©r'			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	₽Ñ/A						
•	If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	OY ON						
	c. Inspected for leaks an	d obvious signs of v	vear on a weekly basis?	OY ON			
	OY ON						
	OY ON						
	Apr Paul	NETTA	Ulzinlon				
	Inspector's Name (Please Prin		Date of Inspec	ction			
	Ost Pott		ulsi				
	Inspector's Signature		Approximate Date of 1	Next Inspection			

Revised	$\Lambda 1/$	10//	$^{\circ}$
Revised	W 17	1 7/1	,,,,

AIRS ID#: 01/22/2

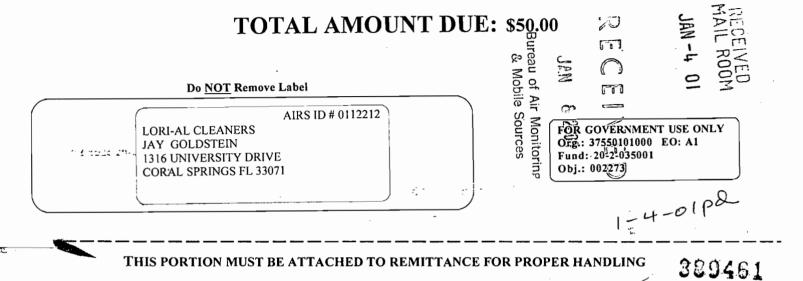
# We \*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

_ \\ \ \ \ \							
FACILITY NAME: LORI - AL	CLEANERS LORI- AL CLEANERS			DATE: 11/4/00			
FACILITY LOCATION: 1316 UN			_				
Annual Reporting Period:	26	1999	то	<del>Oct</del> Nov	اصل	20 <u>00</u>	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			~/	h DEP Rule		
If NO, complete the following:							
#1. Term or condition of the general permit	that has not been in	continuous c	ompliance durin	g the reporting p	period state	d 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 permit						d 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, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.							
RESPONSIBLE OFFICIAL: Nan	colpstel ne (Please Print)	N 9	Signa	iture	Date	6/00	

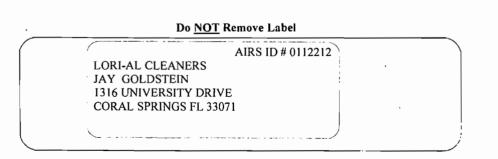
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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



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



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