0112229

# Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 16, 1996

Mr. Sobhy Ibrahim
The Dry Cleaner
3097 Northwest 62nd Street
Fort Lauderdale, Florida 33309

Dear Mr. Ibrahim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 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 is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

300976 ✓

**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#0112229
IBRAHIM CORP
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

**FOR GOVERNMENT USE ONLY**
**Org.: 37550101000 EO: B1**
**Fund: 20-2-035001**
**Obj.: 002273**

#0112229

The Dry Cleaner

p.15 5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   IBRAHIM CORP.
2. Site Name (For example, plant name or number):
   THE DRY CLEANER
3. Hazardous Waste Generator Identification Number:
   FLD 984 207 720
4. Facility Location:
   Street Address: 3097 N.W. 62ND STREET
   City: FORT LAUDERDALE County: BROWARD Zip Code: 33309
5. Facility Identification Number (DEP Use): 0112229

## Responsible Official

6. Name and Title of Responsible Official:
   SOBHY IBRAHIM (PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm: 3097 N.W. 62ND STREET
   Street Address:
   City: FT. LAUDERDALE County: BROWARD Zip Code: 33309
8. Responsible Official Telephone Number:
   Telephone: (954) 970-4020 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: ( ) -

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AUG 20 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.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | (1) | 07/1989 | 07/1989 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed [X]

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

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

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

existing small none

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

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

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [ ]

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 [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [ ]

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

S. G. Ahrabi
Signature SOHY IBRAHIM

5/15/96
Date

# Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 21, 2001

Mr. Ehab Mourad
Dry Cleaner
3097 Northwest 62 Street
Ft. Lauderdale, Florida 33309

Dear Mr. Mourad:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Dry Cleaner elected to surrender its existing Title V air general permit (AIRS ID 0112229). 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 as 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 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Mr. Jarrett Mack, Broward County

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# INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1570 TIME OUT: - 1630 AIRS ID#: 0112229

TYPE OF FACILITY: Dry Cleaners - Perc

FACILITY NAME: The Dry Cleaners DATE: 6/23/97

FACILITY LOCATION: 3097 N.W. 62nd St.
Ft. Lauderdale, FL.

RESPONSIBLE OFFICIAL: Ehab Mourad PHONE NUMBER: 9704020

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

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

DATE OF NEXT INSPECTION: 6/98 (Approximate)

INSPECTION CONDUCTED BY: John Coppola (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 519-1235



Revised 10/96

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JUL 2 1 1997

Bureau of Air Monitoring & Mobile Sources

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0112229 DATE: 6/23/97 TIME IN: 1520 TIME OUT: 1630

FACILITY NAME: The Dry Cleaners

FACILITY LOCATION: 3097 NW 62nd St.
Ft. Lauderdale, Fl. 33309

## PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

A.

1. Existing small area source ☑
   dry-to-dry only, x<140 gal/yr
   transfer only, x<200 gal/yr
   both types, x<140 gal/yr
   (constructed before 12/9/91)

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<x<2, 100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (constructed before 12/9/91)

4. New large area source ☐
   dry-to-dry only, 140<x<2, 100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

☑ facility qualified for a general permit as number 1 above
☐ facility exceeds above limits and is not eligible for a general permit

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

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☑Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; NO LEAKS ☑Y ☐N
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☐Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☑Y ☐N
6. Maintained startup/shutdown/malfunction plan? ☑Y ☐N
7. Maintained deviation reports? ☑Y ☐N
   Problem corrected? ☑Y ☐N
8. Maintained compliance plan, if applicable? ☑Y ☐N ☐N/A

## PART VI: LEAK DETECTION AND REPAIRS

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

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

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☑ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ NO |
| **If using direct-reading instrumentation, is the equipment:** N/A | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

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

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

| | | | | | |
|---|---|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y | ☐N | Muck cookers | ☑Y | ☐N |
| Door gaskets and seating | ☑Y | ☐N | Stills | ☑Y | ☐N |
| Filter gaskets and seating | ☑Y | ☐N | Exhaust dampers | ☑Y | ☐N |
| Pumps | ☑Y | ☐N | Diverter valves | ☑Y | ☐N |
| Solvent tanks and containers | ☑Y | ☐N | Cartridge filter housings | ☑Y | ☐N |
| Water separators | ☑Y | ☐N | | | |

Ehab Mourad
Name of Responsible Official

Toto Gappoia
Inspector's Name (Please Print)

Inspector's Signature

6/23/97
Date of Inspection

6/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT
## ANNUAL COMPLIANCE CERTIFICATION FORM

0112229

FACILITY NAME: The Dry Cleaner DATE: 6-23-97

FACILITY LOCATION: 3097 NW 62 Street
Ft. Lauderdale Florida 33309

Annual Reporting Period: June 1996 TO June 1997

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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 rolling averages of 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: Sobhi G Ibrahim S.G. Ibrah 11-7-97
Name (Please Print) Signature Date

*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.

300976

acc ✓

# DRY CLEANER AIR QUALITY GENERAL PERMIT

## ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
MAIL ROOM
JAN 27 98

RECEIVED
JAN 29 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#0112229
IBRAHIM CORP
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

**Do NOT Remove Label**

Annual Reporting Period: January 1 19 97 TO December 31 19 97

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. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

_____

Exact period of non-compliance: from _____ to _____

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 _____ 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:** S. Ibrahim (Name Please Print) × S. G. Ibrahim (Signature) 1/21/98 (Date)

*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.

AIRS ID#: 0112229

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Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT

RECEIVED
JUL 2 1997
Bureau of Air Monitoring & Mobile Sources

## ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Dry Cleaner DATE: 6/23/97

FACILITY LOCATION: 3077 N.W. 62nd St Ft. Lauderdale

Annual Reporting Period: 6/23 1997 TO 6 1998

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. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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 rolling averages of 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: EHAB S. MOURAD (Name (Please Print)) _____ (Signature) 6/23/97 (Date)

*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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TYPE OF INSPECTION: ANNUAL [✓] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 14:53 TIME OUT: 15:40 AIRS ID#: 011 2229

TYPE OF FACILITY: Perc Dry Cleaners

FACILITY NAME: The Dry Cleaners DATE: 9/15/98

FACILITY LOCATION: 3097 N.W. 62nd St.
Ft. Lauderdale, FL.

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

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

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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OCT - 2 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS

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

DATE OF NEXT INSPECTION: 9/15/99 (Approximate)

INSPECTION CONDUCTED BY: E. Coppola (Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: 519-1235



Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 011 2229 DATE: 9/15/98 TIME IN: 14:55 TIME OUT: 15:40

FACILITY NAME: The Dry Cleaners

FACILITY LOCATION: 3097 N.W. 62nd St.
Ft. Lauderdale, FL

RESPONSIBLE OFFICIAL: Ehab Mourad PHONE: 970-4020

CONTACT NAME: Ehab Mourad PHONE: 970-4020



### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☑
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, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☐N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☐N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☐N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☑Y ☐N
2. Maintained rolling monthly total of perc consumption? ☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following: No leaks
   a. documentation of leaks repaired w/in 24 hrs? or: ☑Y ☐N ☐N/A
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☑Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* ☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☑Y ☐N ☐N/A
6. Maintained startup/shutdown/malfunction plan? ☑Y ☐N
7. Maintained deviation reports? ☑Y ☐N ☐N/A

   Problem corrected? ☑Y ☐N ☐N/A
8. Maintained compliance plan, if applicable? ☑Y ☐N ☐N/A

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Sills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

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

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☑ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) No | ☐ |
| Halogen leak detector | ☐ |
| If using direct-reading instrumentation, is the equipment: | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

John Coppola
Inspector's Name (Please Print)

9/15/98
Date of Inspection

Inspector's Signature

9/99
Approximate Date of Next Inspection

AIRS ID#: 0112229

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT
## ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Dry Cleaners DATE: 9/15/98

FACILITY LOCATION: 3097 N.W. 62nd St.
Ft. Lauderdale, Fl. 33309

Annual Reporting Period: 9/15 19 97 TO 9/15 19 98

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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OCT - 2 1998
Bureau of Air Monitoring & Mobile Sources

#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 _____ 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 1,300 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: EHAB. S. TOURAJ Ehab S. Touraj 9/15/98
Name (Please Print) Signature Date

*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.

AIRS ID#: 0112229 ACC

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT

RECEIVED
JUL 2 1997
Bureau of Air Monitoring & Mobile Sources

## ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Dry Cleaner

DATE: 6/23/97

FACILITY LOCATION: 3297 N. Cir. 62nd St Ft. Lauderdale

Annual Reporting Period: 6/23 19 97 TO 6 19 98

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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 rolling averages of 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: EHAB S. MOURAD (Name (Please Print)) _____ (Signature) 6/23/97 (Date)

*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.

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

**AIRS ID#:** 0112229 **DATE:** 9-23-99 **TIME IN:** 10:10 **TIME OUT:** 11:00

**FACILITY NAME:** THE DRY CLEANER

**FACILITY LOCATION:** 3097 NW 62ND ST. FT. LAUD FL 33309

**RESPONSIBLE OFFICIAL:** EHAB MOURAD **PHONE:** 970-4020

**CONTACT NAME:** _____ **PHONE:** _____

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

**A.**

**1. Existing small area source** ☐
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

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

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

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

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

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

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

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

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☑
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   **If using direct-reading instrumentation, is the equipment:** ☑N/A

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

ART PENNETTA
Inspector's Name (Please Print)

9-23-99
Date of Inspection

Art Pennetta
Inspector's Signature

SEP 2000
Approximate Date of Next Inspection

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT
## ANNUAL COMPLIANCE CERTIFICATION FORM

ARC *

0112229

**FACILITY NAME:** THE DRY CLEANER **DATE:** 9-23-99

**FACILITY LOCATION:** 3097 NW 62 ST FT. LAUD. FL 33309

Annual Reporting Period: 9/15 1998 TO 9/23 1999

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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: Edwin S. Monreal (Name Please Print) | Edwin S. Monreal (Signature) | 9/23/99 (Date)

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.

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED NOV - 7 2000 Bureau of Air Monitoring & Mobile Sources

**AIRS ID#:** 0112229 **DATE:** 10/12/00 **TIME IN:** 10:50 **TIME OUT:** 11:30

**FACILITY NAME:** THE DRY CLEANER

**FACILITY LOCATION:** 3097 NW 62ND ST. FT. LAUD FL 33309

**RESPONSIBLE OFFICIAL:** EHAB MOURAD **PHONE:** (954)970-4020

**CONTACT NAME:** — **PHONE:** —

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

**A.**

**1. Existing small area source** ☑
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

*If no, please check the appropriate classification:*
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

120

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☐N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☐N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☐N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

   Problem corrected? ☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑N/A

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

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

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ |
| Halogen leak detector | ☐ |
| **If using direct-reading instrumentation, is the equipment:** | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

ART PENNETTA
Inspector's Name (Please Print)

OCT 12 2000
Date of Inspection

Art Pennetta
Inspector's Signature

SEP 2001
Approximate Date of Next Inspection

AIRS ID#: 0112229

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT
## ANNUAL COMPLIANCE CERTIFICATION FORM

**FACILITY NAME:** THE DRY CLEANER **DATE:** 10/12/00

**FACILITY LOCATION:** 3097 NW 62nd ST. FT. LAUD FL 33309

Annual Reporting Period: SEP 23 1999 TO OCT 12 2000

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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:** Chas S. Howard Chas S. H 10/12/2000

Name (Please Print) Signature Date

*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.

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

RECEIVED NOV - 2 2000 Bureau of Air Monitoring & Mobile Sources

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

**AIRS ID#:** 0112229 **DATE:** 10/12/00 **TIME IN:** 10:50 **TIME OUT:** 11:20

**FACILITY NAME:** THE DRY CLEANER

**FACILITY LOCATION:** 3097 NW 62ND ST. FT. LAUD FL 33309

**RESPONSIBLE OFFICIAL:** EHAB MOURAD **PHONE:** (954)770-4020

**CONTACT NAME:** — **PHONE:** —

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

**A.**

**1. Existing small area source** ☑
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

120

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

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

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ |
| Halogen leak detector | ☐ |
| **If using direct-reading instrumentation, is the equipment:** | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

ART PENNETTA
Inspector's Name (Please Print)

OCT 12 2000
Date of Inspection

Art Pennetta
Inspector's Signature

SEP 2001
Approximate Date of Next Inspection

AIRS ID#: 0112229 Revised 01/18/00

* Acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT
## ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THE DRY CLEANER DATE: 10/12/00

FACILITY LOCATION: 3097 NW 62nd ST. FT. LAUD FL 33309

Annual Reporting Period: SEP 23 1999 TO OCT 12 2000

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. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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 _____ 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: Elias S. Hoummad (Name Please Print) Elias S. M (Signature) 10/12/2000 (Date)

*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.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID # 0112229001AG
S IBRAHIM
THE DRY CLEANER
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 6/8/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

RECEIVED
JUN 13 2001
Bureau of Air Monitoring & Mobile Sources

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

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

2. Article Number (Copy from service label) 7000 0600 0026 4129 9853

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0026 4129 9853

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

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

Recip 10 AIRS ID # 0112229001AG
Street S IBRAHIM
City, S THE DRY CLEANER
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

PS Fo Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391556

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

RECEIVED
MAIL ROOM
JAN 27 00

Do NOT Remove Label

AIRS ID # 0112229
THE DRY CLEANER
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JAN 31 2000

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

0354624

**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 # 0112229
THE DRY CLEANER
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

**FOR GOVERNMENT USE ONLY**
**Org.: 37550101000 EOB1**
**Fund: 20-2-035001**
**Obj.: 002273**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 258754

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

RECEIVED
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JAN 23 97

# TOTAL AMOUNT DUE: $50.00

**Do NOT Remove Label**

AIRS ID# 0112229
IBRAHIM CORP
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

**FOR GOVERNMENT USE ONLY**
**Org.: 37550101000 EO: B1**
**Fund: 20-2-035001**
**Obj.: 002273**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 401472

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

1-2-06

RECEIVED
MAIL ROOM
JAN -2

Do NOT Remove Label

AIRS ID # 0112229
THE DRY CLEANER
S IBRAHIM
3097 NW 62ND STREET
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273