

## 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, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

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

#### 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

|      | The Dry Cleaner                       |
|------|---------------------------------------|
| P.15 | The Dry Cleaner 5.(f) required        |
|      |                                       |
|      |                                       |
|      |                                       |
|      |                                       |
|      |                                       |
|      |                                       |
|      | · · · · · · · · · · · · · · · · · · · |
|      |                                       |
|      |                                       |
|      |                                       |

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

| 1.  | Facility Owner/Company Name (Name of corporation, agency, or individual owner):                  |
|-----|--|
|     | IBustin Cons.  |
| 2.  | Site Name (For example, plant name or number):   |
|     | THE DRY CLEAREN  |
| 3.  | Hazardous Waste Genérator Identification Number:   |
|     | FLD 984207720  |
| 4.  | Facility Location: 3-87 N.W. 62 of STructs  Street Address:                                      |
|     | City: Fort Lovenomer County: Brown Zip Code: 32329   |
| 5.  | Facility Identification Number (DEP Use): $\mathcal{O}//2229$                                    |
|     | Responsible Official   |
| 6.  | Name and Title of Responsible Official:  |
|     | SOBHY ZBANHIM (PRESIDEN  |
| 7.  | Responsible Official Mailing Address:  Organization/Firm: 3.97 M.W' 622 Procest  Street Address: |
|     | City: F1. Lavocanne County: Brown Zip Code: 333309   |
| 8.  | Responsible Official Telephone Number:   |
|     | Telephone: (957) 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:  |
|     | Sweet Address  |
|     | Street Address: City: County: Zip Code:  |
| 11. | Facility Contact Telephone Number:   |
|     | Telephone: ( ) - Fax: ( ) -  |
|     |  |

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AUG 2 0 1996

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

Page 13 of 16

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.

|  |                | Machine Machine           | Control                |        | Machine                | Control             |        | Machine                | Control             |
|--|----------------|---------------------------|------------------------|--------|------------------------|---------------------|--------|------------------------|---------------------|
| Type of Machine  | ID             | Initially<br>Purchased    | Device<br>Installed    | ID     | Initially<br>Purchased | Device<br>Installed | ID     | Initially<br>Purchased | Device<br>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)            | 07/1990                   | 67/199.                | T      |                        |                     |        |                        |                     |
| (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   |                |                           |                        |        |                        |                     |        |                        | 1                   |
| Reclaimer Unit   |                | _                         |                        |        |                        |                     |        |                        |                     |
| (10) w/ ref. condenser   |                |                           |                        |        |                        |                     |        |                        |                     |
| (11) w/carbon adsorber   |                |                           |                        |        |                        |                     |        |                        |                     |
| (12) w/ no controls  |                |                           |                        |        |                        |                     |        |                        |                     |
| <ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of</li></ul> | are re         | equired to be             | installed [_           | ×      | ,<br>                  | n the latest 1      | 2 ma   | nths?                  |                     |
| [ /2 o ]   |                |                           | oroemylene (           | perc   | purchased i            | ii tiie iatest 1.   | 2 1110 | nuis:                  |                     |
| (b) If less than 12 mont<br>Check why it is less   | hs, he<br>than | ow many? [_<br>12 months: | ] months<br>New owner: | :<br>[ | _] New store           | e: [] Did           | not }  | keep records:          |                     |
| 3. What is the facility's so (Indicate with an "X".  |                |                           |                        |        | initions foun          | d in section (      | 3) of  | Part II?               |                     |
| Existing small ar  | ea so          | urce [X                   | N                      | ew sn  | nali area sou          | rce [               | J      |                        |                     |
| Existing large are   | ea sou         | irce []                   | N                      | ew la  | rge area soui          | rce [               | j      |                        |                     |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Experience of substitutes

none

Page 14 of 16

| (Indicate with an "X".)   | uired on machines    | pursuant to section (3) of  | Part II of this notification form? |  |  |  |
|---|----------------------|-----------------------------|------------------------------------|--|--|--|
| Existing large area sourd Carbon adsorber   | <u>:e</u>            | Refrigerated condenser      |                                    |  |  |  |
| New small area source<br>Refrigerated condenser   |                      |                             |                                    |  |  |  |
| New large area source Refrigerated condenser  |                      |                             |                                    |  |  |  |
|   |                      |                             |                                    |  |  |  |
|   |                      |                             |                                    |  |  |  |
| 5. A facility which contains non-<br>to Rule 62-213.300, F.A.C. Veri<br>exemption criteria or that no such  | fy that all steam an | d hot water generating unit |                                    |  |  |  |
| 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 No such units on-site  | g units exempt       |                             |                                    |  |  |  |
|   |                      |                             |                                    |  |  |  |
|   |                      |                             |                                    |  |  |  |
| Equip   | nent Monitoring      | and Recordkeeping Infor     | mation                             |  |  |  |
| Check all logs which are required   | to be kept on-site   | in accordance with the req  | uirements of this general permit:  |  |  |  |
| (a) Purchase receipts and solvent   | purchases            |                             | $\swarrow$                         |  |  |  |
| (b) Leak detection inspection and   | гераіг               |                             | ı <u>X</u> ı                       |  |  |  |
| (c) Refrigerated condenser tempe  | rature monitoring    |                             |                                    |  |  |  |
| (d) Carbon adsorber exhaust perc  | concentration mor    | nitoring                    |                                    |  |  |  |
| (e) Instrument calibration  |                      |                             |                                    |  |  |  |
| (f) Start-up, shutdown, malfunction   | on plan              |                             |                                    |  |  |  |

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

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

| lease 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) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ι <u>ζ</u> ι  | No air permits currently exist for the operation of the facility indicated in this notification form.  |  |  |  |  |  |
|   | Responsible Official Certification   |  |  |  |  |  |
| this notij<br>statemen<br>maintain  | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. |  |  |  |  |  |
| I will pro  | omptly notify the Department of any changes to the information contained in this notification.   |  |  |  |  |  |



## 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,

Šandra 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 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.  Pt. Landendale, 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: $6/98$   |
| INSPECTION CONDUCTED BY: (Approximate)  (Please Print)  |
| INSPECTOR'S SIGNATURE: PHONE NUMBER: 519-1235  Page of Revised 10/96  |

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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST JUL 2 1 1997

| TYPE | OF | INSPECTION     | ON: |
|------|----|----------------|-----|
|      |    | 77 107 70 7 77 | J   |

ANNUAL .

COMPLAINT/DISCOVERY & Mobile Sources

| RE-INSPECTIO  | <u>, α</u>  |                  |
|---|---|------------------|
| AIRS ID#: 6 (12229 DATE: 6/23  FACILITY NAME: The DR.  FACILITY LOCATION: 3097  FT. L   | /97 TIME IN: 1520 TIME OUT  (220000000000000000000000000000000000   | : 1630           |
| D. DOTA MORPHICA TON  |   |                  |
| PART I: NOTIFICATION  |   |                  |
| (check appropriate box)   |   |                  |
| 1. Existing facility notified DARM by 9/1/96  |   |                  |
| 2. New facility notified DARM 30 days prior to st   | artup   |                  |
| 3. Facility failed to notify DARM to use general p  | ermit   |                  |
|   |   |                  |
| 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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,> | 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,> |                  |
| This is a correct facility classification   | MY ON   |                  |
| If no, please check the appropriate classification:   |   |                  |
| facility qualified for a general p  | permit as number above<br>d is not eligible for a general permit  |                  |
| B. The total quantity of perchloroethylene (perc) facility was ( ) gallons.   | purchased within the preceding 12 months by the   | nis dry cleaning |

| PART III: GENERAL CONTROL REQUIREMENTS  |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes)   |            |  |  |  |  |  |
| Storing perchloroethylene in tightly sealed and impervious containers?  | OY ON      |  |  |  |  |  |
| 2. Examining the containers for leakage?  | מס עם      |  |  |  |  |  |
| 3. Closing and securing machine doors except during loading/unloading?  | DY ON      |  |  |  |  |  |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?   | or on      |  |  |  |  |  |
| Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  | DY ON ON/A |  |  |  |  |  |
|   |            |  |  |  |  |  |
| PART IV: PROCESS VENT CONTROLS  |            |  |  |  |  |  |
| 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 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?  | NO YO      |  |  |  |  |  |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | OY ON ON/A |  |  |  |  |  |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  | OY ON ON/A |  |  |  |  |  |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  | OY ON      |  |  |  |  |  |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  | ОУ ОИ      |  |  |  |  |  |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  | NO Y       |  |  |  |  |  |

| 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 loo<br>on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  | Cated OY 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?  | OY ON       |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | OY ON ON/A  |
| Is the perc concentration equal to or less than 100 ppm?   | מם עם       |
| 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? | מס אם       |
| 5. Equipped transfer machines (drycrs, reclaimers, and washers) with individual condenser coils?   | OY ON ON/A  |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | A/ND ND YD  |
|  |             |
| PART V: RECORDKEEPING REQUIREMENTS   |             |
| Has the responsible official: (check appropriate boxes)  |             |
| 1. Maintained receipts for perc purchased?   | Oγ ΩN       |
| 2. Maintained rolling monthly averages of perc consumption?  | DY ON       |
| 3. Maintained leak detection inspection and repair reports for the following:  |             |
| a. documentation of leaks repaired w/in 24 hrs? or;  | OMKS MY ON  |
| 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       |
| 4. Maintained calibration data? (for direct reading instruments only)  | OY ON ON/A  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | OY ON       |
| 6. Maintained startup/shutdown/malfunction plan?   | ON ON       |
| 7. Maintained deviation reports?   | OY ON       |
| Problem corrected?   | OY ON       |
| 8. Maintained compliance plan, if applicable?  | OY ON ON/A  |
|  |             |
|  |             |
| PART VI: LEAK DETECTION AND REPAIRS  |             |

| 2   | Which method of detection is used by the          | ne respons                        | ible offi | cial?                           |                  |     |
|---|---|-----------------------------------|-----------|---------------------------------|------------------|-----|
|   | Visual examination (condensed so                  | olvent on e                       | exterior  | surfaces)                       |                  |     |
|   | Physical detection (airflow felt th               |                                   | 0         |                                 |                  |     |
|   | Odor (noticeable perc odor)                       | ;                                 |           | ,                               |                  |     |
|   | Use of direct-reading instrumenta                 | orimetric tubes)                  | 0 N       | 10                              |                  |     |
|   | If using direct-reading instrume                  | uipment: V/A                      |           |                                 |                  |     |
|   | a. Capable of detecting                           | trations in a range of 0-500 ppm? | OY O      | N                               |                  |     |
|   | b. Calibrated against a s<br>(PID/FID only)?      | to and after each use             | OY ON     |                                 |                  |     |
|   | c. Inspected for leaks ar                         | ıd obvious                        | signs o   | f wear on a weekly basis?       | OY O             | N   |
|   | d. Kept in a clean and s                          | есше агеа                         | when n    | oot in use?                     | OY O             | N   |
|   | e. Verified for accuracy                          | by use of                         | duplicat  | te samples (calorimetric only)? | OY O             | N , |
| 3.  | . Has the facility maintained a leak log?         |                                   |           |                                 | OÝ O             | N   |
| 4. Does the responsible official check the following areas for leaks? |   |                                   |           |                                 |                  |     |
|   | Hose connections, fittings, couplings, and valves | ΦÝ                                | ΠN        | Muck cookers                    | ΩÝ               | ПИ  |
|   | Door gaskets and seating                          | ΩÝ                                | ПN        | Stills                          | <b>Ø</b> Y       | ПN  |
|   | Filter gaskets and seating                        | QΎ                                | ΩИ        | Exhaust dampers                 | OY               | ПΝ  |
|   | Pumps   | QÝ                                | ПИ        | Diverter valves                 | CTY.             | ΠN  |
|   | Solvent tanks and containers                      | e¥,                               | ΩИ        | Cartridge filter housings       | OX               | ПΝ  |
|   | Water separators                                  | ΦÝ                                | ND        |                                 |                  |     |
| -   | Name of Responsible Office                        | AD ial                            |           | · .                             | la -             |     |
| -   | Inspector's Name (Please Pr                       | int)                              |           | Date of Insoe                   | / // /<br>ection |     |
|   | 7,3,100   | /                                 |           |                                 | /                |     |

Revised 10/28/96

Approximate Date of Next Inspection

Inspector's Signature

| A | DDITIONAL SIT | TE INFORMATION: |   |   |   |
|---|---------------|-----------------|---|---|---|
|   |               |                 |   |   |   |
|   |               | •               |   |   |   |
|   |               |                 |   |   | ; |
|   |               |                 |   |   |   |
|   |               |                 |   |   |   |
|   |               |                 | ; | , |   |
|   |               |                 |   |   |   |
|   |               |                 |   |   | · |

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## BEST AVAILABLE COPY

## DRY CLE. VER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| facility name: 7  | e Dry Cleane  | ?~                  |                | DA               | TE: 6-2       | 3-97   |
|---|---|---------------------|----------------|------------------|---------------|--------|
|   | 3097 NW 62  |                     |                |                  |               |        |
|   | FT. Lande-dale  | Florida             | 33309          |                  |               |        |
| Annual Reporting Period:  | June  | 19 <u>96</u>        | то             | June             |               | 19_97  |
|   | on of the Title V general air portative Code (F.A.C.), during the             |                     |                |                  | h DEP Rule    | )      |
| I NO, complete the following  | ;   |                     |                |                  |               |        |
| #1. Term or condition of the  | general permit that has not bee   | en in continuous co | ompliance duri | ng the reporting | period stated | above: |
|   |   |                     |                | · .              |               |        |
| Exact period of non-complian  | ce: from  |                     | to             |                  |               |        |
| statet period of hour-compliant   |   |                     |                |                  | <u> </u>      |        |
|   |   |                     |                |                  |               |        |
| Action(s) taken to achieve con Method used to demonstrate c   | mpliance:   |                     |                |                  |               |        |
| Action(s) taken to achieve con<br>Method used to demonstrate c<br>#2. Term or condition of the                        | mpliance: compliance: general permit that has not be                          | en in continuous co | ompliance duri | ng the reporting |               |        |
| Action(s) taken to achieve con Method used to demonstrate c #2. Term or condition of the Exact period of non-complian | mpliance:  compliance:  general permit that has not been ce: from             | en in continuous co |                | RECE             | IVE           |        |
| Action(s) taken to achieve con<br>Method used to demonstrate c  | mpliance:  compliance:  general permit that has not besonce:  from  mpliance: | en in continuous co |                | R E C E          |               | D      |

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

discretion of the responsible official to use this form.

acc

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

| Annual Reporting Period:  Based on each term or condition of 62-213.300, Florida Administrativ  If NO, complete the following:  #1. Term or condition of the general | f the Title V general air permit, re Code (F.A.C.), during the peri | DT Remove Label  19 7 TO  my facility has remained in iod covered by this statement |   |
|--|---|---|---|
| Exact period of non-compliance: f Action(s) taken to achieve complia Method used to demonstrate compl #2. Term or condition of the gener                             | liance:   | ontinuous compliance durin  | g the reporting period stated above:  |
| Exact period of non-compliance: f Action(s) taken to achieve complia Method used to demonstrate compl  | nce:  | to  |   |
|  | mplete. Further, my annual cons                                     | umption of perchloroethylene  | inquiry, that the statements made in this solvent, based upon purchase receipts, or combination facilities.  \[ \frac{21/9F}{Date} \] |

<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.

APS.IDE: 0112229

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. Perrised 1.0/10/95

## DRY CLEANER AIR QUALITY GENERAL PERMITE CEIVED ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME:  | DRy Clam  | ier j                                 | DATE: 6/23/5) Bureau of Air Monnoring |
|---|---|---------------------------------------|---------------------------------------|
| FACILITY LOCATION: 3 8  | 97 NEV.   | 621951                                | & Mobile Sources                      |
| 1-1-0   | and dal.  |                                       |                                       |
| Annual Reporting Period:  | <u>- } 19</u>   | 9 7то6                                |                                       |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.  | •   | <u> </u>                              |                                       |
| If NO, complete the following:  |   | 3                                     |                                       |
| #1. Term or condition of the general permit   | that has not been in continu                          | ious compliance during the rep        | porting 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 continu                          | nous compliance during the rep        | porting 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: | and complete. Further, my does not exceed 2,100 gallo | annual consumption of perchlo         | proethylene solvent, based            |
|   | ne (Please Print)                                     | 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** TYPE OF INSPECTION: ANNUAL TY COMPLAINT/DISCOVERY REHINSPECTION TIME IN: 14:53 \_AIRS ID=:\_ TIME OUT: Perc TYPE OF FACILITY: FACILITY NAME:\_\_\_ FACILITY LOCATION:\_\_\_\_ PHONE NUMBER: RESPONSIBLE OFFICIAL:\_ 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 RECEIVED Bureau of Air Monitoring COMMENTS The Annual Compliance Certification form has been properly certified and submitted to the inspector. YESTV DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: PHONE NUMBER: 519-1235 INSPECTOR'S SIGNATURE:

Page\_\_\_of\_\_

Revised 10/96

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## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL  | COMPLAINT/DISCOVERY 🖸   |
|---|---|
| RE-INSPECTIO  |   |
|   |   |
|   | 10d   |
| AIRS ID#: 01/2229 DATE: 9/15  | 198 TIME IN: 14: 53 TIME OUT: 1540  |
| FACILITY NAME: The DR   | y Cleaners  |
|   |   |
| FACILITY LOCATION: 3097   | a. w. 62 nd St.   |
| Ft. C.  | grideragle F1   |
| RESPONSIBLE OFFICIAL: ELAS M  | M 1 970-1/22  |
| RESPONSIBLE OFFICIAL: [MAS ]]   | MOY RAD PHONE: 4/0-4020   |
| CONTACT NAME: Chab //   | Mon and PHONE: 570-4020   |
|   | <i>_</i>  |
|   | <u>`^</u>   |
| PART I: NOTIFICATION  | $C_{\lambda}$   |
| (check appropriate box)   | Qu Och 1.   |
| 1. New facility notified DARM 30 days prior to sta  | ermit Sur   |
| 2. Facility failed to notify DARM to use general pe   | ermit Obj. N. Ts. Co.   |
|   | 70 14 0 U   |
|   |   |
|   | O <sub>LL</sub> O <sub>D</sub>  |
| PART II: CLASSIFICATION   | Out on the second   |
| Facility indicated on notification form that it is:   | □ No noutication form   |
| Facility indicated on notification form that it is: (check appropriate box)   | ☐ No notification form ☐ Drop store/out of business/petroleum   |
| Facility indicated on notification form that it is: (check appropriate box) A.  | ☐ Drop store/out of business/petroleum  |
| Facility indicated on notification form that it is: (check appropriate box)   | ☐ Drop store/out of business/petroleum  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source  | ☐ Drop store/out of business/petroleum  2. New small area source ☐  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yt transfer only, x < 200 gal/yr both types, x < 140 gal/yr   | Drop store/out of business/petroleum  2. New small area source $\Box$ dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yt transfer only, x < 200 gal/yr  | Drop store/out of business/petroleum  2. New small area source $\Box$ dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr   |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yt transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  | Drop store/out of business/petroleum  2. New small area source $\Box$ dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $12/9/91$ )   |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yt transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source   | Drop store/out of business/petroleum  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)  4. New large area source   |
| 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)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr   | ☐ Drop store/out of business/petroleum  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)  4. New large area source  dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr  |
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| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source facility facil | Drop store/out of business/petroleum  2. New small area source     dry-to-dry only, $x \le 140$ gal/yr     transfer only, $x \le 200$ gal/yr     both types, $x \le 140$ gal/yr     (constructed on or after $12/9/91$ )  4. New large area source     dry-to-dry only, $140 \le x \le 2.100$ gal/yr     transfer only, $200 \le x \le 1.800$ gal/yr     both types, $140 \le x \le 1.800$ gal/yr     (constructed on or after $12/9/91$ ) $\Box Y  \Box N  \Box Can not determine$ cation: eneral permit as number above |
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#### DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at IN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVAD ND 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) DY DN 1. Equipped all machines with the appropriate vent controls? AME NE YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airtlow will be directed away from the AVACE NC YO condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AND NE YE condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

| В  | . Has the responsible official of an existing large or new large area source also:  |                          |
|----|---|--------------------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | אם אם                    |
| 2  | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | OY ON ON/A               |
|    | Is the temperature differential equal to or greater than 20° F?   | אועם אם אם אם            |
| 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?  | אואם אם אם               |
|    | Is the perc concentration equal to or less than 100 ppm?  | אאם אם צם                |
| 7  | 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, | ארם אם אם.<br>בארם אם אם |
|    | or expansion; and downstream from no other inlet?   | אוים אים זים             |
| 5  | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ב/אם אם צם               |
| 6  | Routed airflow to the carbon adsorber (if used) at all times?   | אום אם אם אם             |

| PART V: RECORDKEEPING REQUIREMENTS   |             |
|--|-------------|
| Has the responsible official:  |             |
| (check appropriate boxes)  |             |
| 1. Maintained receipts for perc purchased?   | אם אם       |
| 2. Maintained rolling monthly total of perc consumption?   | SY ON       |
| 3 Maintained leak detection inspection and repair reports for the following:   | /           |
| a. documentation of leaks repaired w/in 24 hrs? or:  | אורכ אכ אב  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | AND NO YO   |
| 4 Maintained calibration data? ifor applicable direct reading instruments)   | DY DNO NA   |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | ANC NC YE   |
| б. Maintained startup/shutdown/malfunction plan?   | NG XE       |
| 7. Maintained deviation reports?   | אאם אם אב   |
| Problem corrected?   | AVAC NC YG  |
| 8. Maintained compliance plan, if applicable?  | אוס אם איני |

| P.:  | ART VI: LEAK DETECTION AND R                                      | REPAIRS                    |                            |                 |
|--|---|----------------------------|----------------------------|-----------------|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |   |                            |                            |                 |
|  | inspection?   |                            |                            | MO / Y          |
| 2.   | Has the facility maintained a leak log?                           |                            |                            | NO YES          |
| 3.   | Does the responsible official check the t                         | following greas for leaks  | ?                          |                 |
|  | Hose connections, fittings,                                       |                            |                            |                 |
|  | couplings, and valves   | AND NO XC                  | Muck cookers               | A/NC NC YES     |
|  | Door gaskets and seating  | AVA DA DAVA                | Sulls                      | MY ON ON/A      |
|  | Filter gaskets and seating  | בומם מם צם                 | Exhaust dampers            | AINC NO YE      |
|  | Pumps   | DY DW DWA                  | Diverter valves            | AN DN QNYA      |
|  | Solvent tanks and containers                                      | DY DN/A                    | Cartridge filter housings  | אור אם אם AV    |
|  | Water separators  | אואם אם אם                 |                            |                 |
| 4.   | Which method of detection is used by the                          | he responsible official?   |                            |                 |
|  | Visual examination (condensed so                                  | olvent on exterior surface | esi                        | A/              |
|  | Physical detection (airflow felt thr                              | rough gaskets)             |                            | 9/              |
| Odor (nouceable perc odor)   |   |                            | D.                         |                 |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes)   |   |                            | <u>.</u>                   |                 |
|  | Halogen leak detector   |                            | V                          |                 |
|  | If using direct-reading instr                                     | umentation, is the equi    | pment:                     | DX/A            |
|  | a. Capable of detecting p   | perc vapor concentration   | s in a range of 0-500 ppm? | ND YE           |
|  | <ul> <li>b. Calibrated against a s<br/>(PfD/FfD only)?</li> </ul> | standard gas prior to and  | after each use             | OY ON           |
|  | c. Inspected for leaks an   | id obvious signs of wear   | on to weekly basis?        | אם אם           |
|  | . J. Kept in a clean and se                                       | •                          | •                          | אם אם           |
| :  | e. Venified for accuracy  |                            |                            | אם עם           |
|  | c. crimod to accarno,   | of ago of adprease skills  |                            |                 |
| _  |   |                            |                            |                 |
|  |   |                            | •                          |                 |
|  | $\mathcal{I}$   | _                          | 0/15                       | 100             |
| _  | Inspector's Name (Please Prin                                     | oppola                     | Date of Inspe              | / 9 8<br>ection |
|  | 4   | ,                          | 3 4.5,5. 11154             | •               |
|  | (Da) um da  |                            | 9/9                        | 9               |
| _  | Inspector's Signature   |                            | Approximate Date of        | Next Inspection |

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

| FACILITY NAME:  | The D             | Ry Clea                                  | Ners               |                             | _DATE:         | 7/15/98         |
|---|-------------------|--|--------------------|-----------------------------|----------------|-----------------|
| FACILITY LOCATION:  | 3097              | _ N. W.                                  | 62245              | ٧.                          | <u></u>        |                 |
|   | FT. L             | medale                                   | , F1. 3            | 3309                        |                | <del></del>     |
| Annual Reporting Period:  | 9                 | 15                                       | 19 <u>7</u> TO     | 9/                          | 15             | 19_8            |
| Based on each term or condition 62-213,300, Florida Administrat   | _                 | -  |                    |                             |                | P RWe<br>□NO    |
| If NO, complete the following:  |                   |  |                    |                             |                |                 |
| #1. Term or condition of the gen  | neral permut that | has not been in co                       | onunuous compliar  | nce during the rep          | rung period    | i stated above: |
| Exact period of non-compliance.   | from              |  |                    | to                          | ~ (V)          | //-             |
| Action(s) taken to achieve comp   | liance:           |  |                    | 10 Sureall                  | ر<br>سارتے .   | ED-             |
| Method used to demonstrate con  | npliance:         |  |                    | Mobile                      | No. No.        |                 |
| #2 Term or condition of the ge  | neral permit that | has not been in co                       | ontinuous compliur | Mobile more during the repo | Air Monitoring | d stated above: |
| Exact period of non-compliance  | from              |  | [                  | 0                           | _              |                 |
| Action(s) taken to achieve comp   | liance:           |  |                    |                             |                |                 |
| Method used to demonstrate con  | npliance:         |  |                    |                             |                |                 |
| As the responsible official, I here made in this notification are true upon purchase receipts, does no combination facilities.  RESPONSIBLE OFFICIAL: | e, accurate and c | complete. Further<br>ailons per vear fo. | , my annual consul | mption of perchlore         | oethylene s    | olvent, based   |

<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.

## DRY CLEANER AIR QUALITY GENERAL PERMRTE CEIVED ANNUAL COMPLIANCE CERTIFICATION FORM

| ·   |   |                            |  |
|---|---|----------------------------|--|
| FACILITY NAME:  | Dry Clemer  |                            | DATE: 6/23/5) Bureau of Air Monitoring |
| FACILITY LOCATION: 3 & 9  | 7 NEV. 6.   | 219 51                     | & Mobile Sources                       |
|   | 10-0 200 21 dex .   | •                          |  |
| Annual Reporting Period:  | 3 1997  | ro <u>6</u>                | 19 5 8                                 |
| Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.  |   | <u> </u>                   | _                                      |
| If NO, complete the following:  |   |                            |  |
| #1. Term or condition of the general permit th  | at has not been in continuous con                                 | inpliance during the repor | ting period stated above:              |
| Exact period of non-compliance: from  |   | to                         |  |
| Action(s) taken to achieve compliance:  |   | <u> </u>                   |  |
| Method used to demonstrate compliance:  |   |                            | <del>.</del>                           |
| #2. Term or condition of the general permit th  | at has not been in continuous co                                  | mpliance during the repor  | ting 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, ba made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Name | d complete. Further, my annual<br>es not exceed 2,100 gallons per | consumption of perchloro   | ethylene solvent, based                |

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# RECEIVE

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPEC   | CTION   COMPLAINT/DISCOVERY  CTION   |
|--|--|
|  | 23-99 TIME IN: <u>/0:/0</u> TIME OUT://:00   |
| FACILITY LOCATION:3097 N   | W 62ND ST. FT. LAUD FL 33309   |
|  | MOURAD PHONE: 970-4020  PHONE:   |
| PART I: NOTIFICATION   |  |
| (check appropriate box)  |  |
| 1. New facility notified DARM 30 days prior t  | o startup  |
| 2. Facility failed to notify DARM to use generate  | •  |
| PART II: CLASSIFICATION  |  |
| Facility indicated on notification form that is (check appropriate box)  A.  | is:   No notification form  Drop store/out of business/petroleum   |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source | 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)  4. New large area source                    |
| dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )                 | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) |
| 5. This is a correct facility classification   | ✓Y □N □Can not determine   |
| ☐ facility exceeds abov  | a general permit as number above re limits and is not eligible for a general permit  |
| B. The total quantity of perchloroethylene (per facility was 120 gallons.  | c) purchased within the preceding 12 months by this dry cleaning   |

#### 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? MY ON ON/A 2. Examining the containers for leakage? **Y**Y ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MYA 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 DN 1. 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated N DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A 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 צם  | 1      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  |        | N □N/A |
|    | Is the temperature differential equal to or greater than 20° F?   |        | 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,  | D      | . 5    |
|    | if machines are equipped with a carbon adsorber?  | UY UN  | N □N/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | OY ON  | 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, | Dv. Dv | . 5.44 |
|    | or expansion; and downstream from no other inlet?   | UY UN  | N □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   |        | J □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | OY ON  | N □N/A |

| PART V: RECORDKEEPING REQUIREMENTS  |             |
|---|-------------|
| Has the responsible official: (check appropriate boxes)   |             |
| 1. Maintained receipts for perc purchased?  | ØY □N       |
| 2. Maintained rolling monthly total of perc consumption?  | QA ON       |
| 3. Maintained leak detection inspection and repair reports for the following:   | _           |
| a. documentation of leaks repaired w/in 24 hrs? or;   | OY ON ON/A  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | OY ON PAN/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | OY ON MON/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | OY ON PAN/A |
| 6. Maintained startup/shutdown/malfunction plan?  | MD AM       |
| 7. Maintained deviation reports?  | OY ON OTN/A |
| Problem corrected?  | OY ON MIN/A |
| 8. Maintained compliance plan, if applicable?   | OY ON ON/A  |

| 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?                                       |                             |                            | ofy □n          |  |  |  |
| 2.   | Has the facility maintained a leak log?           |                             |                            | ZY ON           |  |  |  |
| 3.   | Does the responsible official check the           | following areas for leaks   | ?                          |                 |  |  |  |
|  | Hose connections, fittings, couplings, and valves | DY ON ON/A                  | Muck cookers               | MY ON ON/A      |  |  |  |
|  | Door gaskets and seating                          | MY ON ON/A                  | Stills                     | MY ON ON/A      |  |  |  |
|  | Filter gaskets and seating                        | DY ON ON/A                  | Exhaust dampers            | DY ON ON/A      |  |  |  |
|  | Pumps   | MY ON ON/A                  | Diverter valves            | ZY ON ON/A      |  |  |  |
|  | Solvent tanks and containers                      | DY ON ON/A                  | Cartridge filter housings  | DY ON ON/A      |  |  |  |
|  | Water separators                                  | CY ON ON/A                  |                            |                 |  |  |  |
| 4.   | Which method of detection is used by t            | the responsible official?   |                            |                 |  |  |  |
|  | Visual examination (condensed s                   | solvent on exterior surface | es)                        | <b>x</b>        |  |  |  |
|  | Physical detection (airflow felt th               | <b>a</b>                    |                            |                 |  |  |  |
|  | Odor (noticeable perc odor)                       | <b>1</b>                    |                            |                 |  |  |  |
|  | Use of direct-reading instrumenta                 |                             |                            |                 |  |  |  |
|  | Halogen leak detector                             | ٥,                          |                            |                 |  |  |  |
|  | If using direct-reading insti                     | ⊠N/A                        |                            |                 |  |  |  |
|  | a. Capable of detecting                           | perc vapor concentrations   | s in a range of 0-500 ppm? | OY ON           |  |  |  |
|  | b. Calibrated against a<br>(PID/FID only)?        | standard gas prior to and   | after each use             | OY ON           |  |  |  |
|  | c. Inspected for leaks ar                         | nd obvious signs of wear o  | on a weekly basis?         | OY ON           |  |  |  |
|  | d. Kept in a clean and s                          | secure area when not in us  | se?                        | OY ON           |  |  |  |
|  | e. Verified for accuracy                          | by use of duplicate samp    | les (calorimetric only)?   | OY ON           |  |  |  |
|  |   |                             |                            |                 |  |  |  |
|  |   |                             |                            |                 |  |  |  |
|  | A   |                             |                            |                 |  |  |  |
| _  | ART PENNETTA                                      |                             | <u>9-23-99</u>             |                 |  |  |  |
|  | Inspector's Name (Please Pri                      | nt)                         | Date of Inspe              | ction           |  |  |  |
|  | Get Perneth                                       |                             | 5EP 2000                   |                 |  |  |  |
|  | Inspector's Signature                             |                             | Approximate Date of 1      | Next Inspection |  |  |  |

## BEST AVAILABLE COPY

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

| 0112229   | <u> </u>  |
|---|---|
| FACILITY NAME: THE DRY CLEANER:   | DATE: <u>9-23-99</u>                                |
| 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 52-213.300. Florida Administrative Code (F.A.C.), during the period covered by this statement.  |   |
| f NO, complete the following:   |   |
| El. Term or condition of the general permit that has not been in continuous compliance during the report  | ting 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 report   | ting period stated above:                           |
| Exact period of non-compliance: fromto  |   |
| Acuon(s) taken to achieve compliance:   |   |
| Method used to demonstrate compliance:  |   |
| · · · · · · · · · · · · · · · · · · ·   |   |
| is the responsible official, I hereby certify, based on information and belief formed after reasonable inquate in this notification are true, accurate and complete. Further, my annual consumption of perchtorograph purchase receipts, does not exceed 2 100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities.  RESPONSIBLE OFFICIAL: | ethylene solvent, based<br>per year for transfer or |
| 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 secretion of the responsible official to use this form.

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

## PERCHLOROETHYLENE DRY CLEANERS

## COMPLIANCE INSPECTION CHECKLIST

| /  | COMPLEMENCE                             | SIECTION         | A  |
|--|---|------------------|--|
| TYPE OF INSPECTION:  | ANNUAL                                  | <b>a</b>         | COMPLAINT/DISCOVERY  |
| Į.   | RE-INSPECTION                           | ı 🗅              |  |
|  |   |                  |  |
| AIRS ID#: 0112229  |   |                  | The state of the s |
| AIRS ID#: 0112229  | DATE: 10 12 0                           | O TIME           | IN: 10:50 THME OUT: >  |
| FACILITY NAME: THE   | Day Pisa                                | u verio          | Objeating Con  |
|  | •                                       |                  | - · · · · · · · · · · · · · · · · · · ·  |
| FACILITY LOCATION:3  | 3097 NIN (                              | 0240 ST          | HT. LAUD FL 933307   |
|  |   | ,                | •  |
| -  | . 1                                     |                  |  |
| RESPONSIBLE OFFICIAL:  | EHAB MO                                 | CURAD            | PHONE: (954)770 - 4020   |
| CONTACT NAME.  |   |                  | PHONE:   |
| CONTACT NAME:  |   |                  | THORE.   |
|  |   |                  |  |
| PART I: NOTIFICATION   | *************************************** |                  |  |
| (check appropriate box)                                      |   |                  |  |
| <b>1</b>   | 20 4                                    |                  |  |
| New facility notified DARM                                   | •                                       | •                |  |
| 2. Facility failed to notify DARN                            | A to use general perm                   | nit              |  |
| ·  |   |                  |  |
| PART II: CLASSIFICATION                                      |   |                  |  |
| Facility indicated on notification                           | n form that it is:                      |                  | ☐ No notification form   |
| (check appropriate box)                                      |   |                  | ☐ Drop store/out of business/petroleum   |
| A.   | c 🗹 2                                   | 2. New small a   | area source  |
| 1. Existing small area source dry-to-dry only, x < 140 gal/y | -                                       |                  | x < 140 gal/yr   |
| transfer only, x < 200 gal/yr                                |   | ransfer only, x  |  |
| both types, $x < 140$ gal/yr                                 |   | ooth types, x <  |  |
| (constructed before 12/9/91)                                 | . (                                     | constructed on   | or after 12/9/91)  |
| 3. Existing large area sourc                                 | c 🛭 4                                   | . New large a    | rea source   |
| dry-to-dry only, $140 \le x \le 2,1$                         |   | •                | $140 \le x \le 2{,}100 \text{ gal/yr}$   |
| transfer only, $200 \le x \le 1,800$                         |   | ransfer only, 20 | $00 \le x \le 1,800 \text{ gal/yr}$  |
| both types, $140 \le x \le 1,800$ ga                         |   |                  | $\leq x \leq 1,800 \text{ gal/yr}$   |
| (constructed before 12/9/91)                                 | (4                                      | constructed on   | or after 12/9/91)  |
| 5. This is a correct facility cla                            | ssification [                           | NO YE            | □Can not determine   |
| If no, please check the a                                    | ppropriate classificati                 | on:              |  |
| ☐ facility   | qualified for a gener                   | al permit as nu  |  |
| ☐ facility   | exceeds above limits                    | and is not elig  | gible for a general permit   |
|  | octhylene (perc) pure                   | hased within th  | he 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?  | DY ON ON/A           |
| 2. Examining the containers for leakage?   | ØY ON ON/A           |
| 3. Closing and securing machine doors except during loading/unloading?   | MY ON                |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  | WY ON ON/A           |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  | OY ON WAYA           |
| 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 ref (complete A below).  | frigerated condenser |
| If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 |                      |
| If classification 4 has been checked, the machine should be equipped with a refu<br>(complete A and B below).  | rigerated condenser  |
| 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?   | OY ON                |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | OY ON ON/A           |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?   | OY ON ON/A           |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?   | оу ои                |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?   | OY ON ON/A           |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after   |                      |

| В. | Has the responsible official of an existing large or new large area source also:  |     |    |      |
|----|---|-----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | ΠY  | ПN |      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΩY  | Ωи | □N/A |
|    | Is the temperature differential equal to or greater than 20° F?   | '□Y | ΩИ | □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?   | ΟY  | □и | □N/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | ΠY  | ПΝ | □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? | ΟY  | иП | □n/a |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY  | □и | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΩY  | מם | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS  |             |  |  |  |  |  |
|---|-------------|--|--|--|--|--|
| Has the responsible official:<br>(check appropriate boxes)  |             |  |  |  |  |  |
| 1. Maintained receipts for perc purchased?  | ON DN       |  |  |  |  |  |
| 2. Maintained rolling monthly total of perc consumption?  | r on        |  |  |  |  |  |
| 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<br>and parts installed w/in 5 days of receipt? | CY ON ON/A  |  |  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | OY ON ON/A  |  |  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | מעם מם צם A |  |  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?  |             |  |  |  |  |  |
| 7. Maintained deviation reports?  | OY ON OMÍA  |  |  |  |  |  |
| Problem corrected?  | OY ON ON/A  |  |  |  |  |  |
| 8. Maintained compliance plan, if applicable?   | מאש אם צם Y |  |  |  |  |  |

| PART VI: LEAK DETECTION AND REPAIRS  |   |                           |             |  |  |  |  |  |
|--|---|---------------------------|-------------|--|--|--|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |   |                           |             |  |  |  |  |  |
| inspection?  |   |                           |             |  |  |  |  |  |
| 2. Has the facility maintained a leak log  | MY ON   |                           |             |  |  |  |  |  |
| 3. Does the responsible official check the   |   |                           |             |  |  |  |  |  |
| Hose connections, fittings, couplings, and valves  | MY ON ON/A  | Muck cookers              | QA ON ON/Y  |  |  |  |  |  |
| Door gaskets and seating   | Door gaskets and seating  DY ON ON/A  Stills  Filter gaskets and seating  DY ON ON/A  Exhaust dampers |                           |             |  |  |  |  |  |
| Filter gaskets and seating   |   |                           |             |  |  |  |  |  |
| Pumps  | Pumps Diverter valves   |                           |             |  |  |  |  |  |
| Solvent tanks and containers   | DY ON ON/A  | Cartridge filter housings | DY ON ON/A  |  |  |  |  |  |
| Water separators   | DY ON ON/A  |                           |             |  |  |  |  |  |
| 4. Which method of detection is used by  | the responsible official?   |                           |             |  |  |  |  |  |
| Visual examination (condensed  | solvent on exterior surfac  | cs)                       | ۵           |  |  |  |  |  |
| Physical detection (airflow felt the   | rough gaskets)  |                           |             |  |  |  |  |  |
| Odor (noticeable perc odor)  | ϫ   |                           |             |  |  |  |  |  |
| Use of direct-reading instrument   | ۵   |                           |             |  |  |  |  |  |
| Halogen leak detector  |   |                           |             |  |  |  |  |  |
| If using direct-reading inst   | MN/A  |                           |             |  |  |  |  |  |
| a. Capable of detecting  | DY DN   |                           |             |  |  |  |  |  |
| b. Calibrated against a (PID/FID only)?  | חס אם   |                           |             |  |  |  |  |  |
| c. Inspected for leaks a   | nd obvious signs of wear  | on a weekly basis?        | DY DN       |  |  |  |  |  |
| d. Kept in a clean and s   | ecure area when not in u  | se?                       | DY DN       |  |  |  |  |  |
| e. Verified for accuracy   | by use of duplicate samp  | les (calorimetric only)?  | OY ON       |  |  |  |  |  |
|  | •   |                           |             |  |  |  |  |  |
| ART ENNETA CCT 12 2000 Inspector's Name (Please Print)  Date of Inspection                                 |   |                           |             |  |  |  |  |  |
| Inspector's Signature  |   | Approximate Date of N     | <del></del> |  |  |  |  |  |

| Revised | 01/ | 10/nn |
|---------|-----|-------|
| Kevisea | UI/ | 18/00 |

| AIRS ID#: $(301227)$ | AIRS ID#: | 0112229 |  |
|----------------------|-----------|---------|--|
|----------------------|-----------|---------|--|

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

| FACILITY NAME: THE DRY   |                                       |                               | DATE:                     | 10/12/00           |
|--|---------------------------------------|-------------------------------|---------------------------|--------------------|
| FACILITY LOCATION: 3097  | NW 6200 S                             | T. Fr. Lau                    | o FL 33309                | <u> </u>           |
| Annual Reporting Period: 5EP   | 23 199                                | <b>9</b> то                   | OCT 12                    | 20                 |
| Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A  |                                       |                               | /                         | ule<br><b>J</b> NO |
| If NO, complete the following:   |                                       |                               |                           |                    |
| #1. Term or condition of the general permit th   | nat has not been in continu           | ous compliance during         | g the reporting period st | ated 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 th   | at has not been in continue           | ous compliance during         | the reporting period st   | ated above:        |
| Exact period of non-compliance: from   |                                       | to                            |                           |                    |
| Action(s) taken to achieve compliance:   | · · · · · · · · · · · · · · · · · · · |                               |                           | <u>.</u>           |
| Method used to demonstrate compliance:   |                                       |                               |                           |                    |
|  |                                       |                               |                           |                    |
| As the responsible official, I hereby certify, basin this notification are true, accurate and compurchase receipts, does not exceed 2,100 gallo combination facilities.  RESPONSIBLE OFFICIAL:  Name | plete. Further, my annual             | consumpt <b>i</b> on of perch | loroethylene solvent, ba  | sed upon           |

Page

<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.

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| /  | TYPE OF INSPECTION:  | ANNUAL RE-INSPECTIO   | М   | <b>g</b>                               | COMPLAINT/DI  | SCOVERY  |               |
|--|--|---|---|--|---|----------|---------------|
|  | AIRS ID#: DEFACILITY NAME: THE   | Day Cu  | EAUEİ   | <u> </u>                               |   | ME OUT:  | 11:201<br>6 C |
|  | RESPONSIBLE OFFICIAL:  |   |   |  | _ phone: <u>(954</u><br>_ phone: _  | 1)770-4  | 026           |
|  | PART I: NOTIFICATION   |   |   |  |   |          |               |
|  | (check appropriate box)  |   |   |  | <u> </u>  |          |               |
|  | New facility notified DARM 3   | 0 days prior to stai  | rtup  |  |   |          | <b>d</b>      |
|  | 2. Facility failed to notify DARM  | to use general per  | rmit  |  | ·   | <i>:</i> | ۵             |
|  | PART II: CLASSIFICATION  Facility indicated on notification  | a form that it is:  |   |  | ☐ No notification   | form     |               |
| ш  | (check appropriate box)  | i ioi iii tiiat it is.  |   |  | ☐ Drop store/out of   |          | rolcum        |
|  | 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)  |   | dry-to-c<br>transfer<br>both typ                          | fry only, only, $x < 1$ oes, $x < 1$   | rca source<br>x < 140 gal/yr<br>< 200 gal/yr<br>.40 gal/yr<br>or after 12/9/91)   |          |               |
| THE RESERVE AND ASSESSMENT OF THE PARTY OF T | <ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gai (constructed before 12/9/91)</li> <li>5. This is a correct facility class</li> <li>If no, please check the ap</li> </ul> | 00 gal/yr<br>gal/yr<br>l/yr<br>sification<br>propriate classifica | dry-to-o<br>transfer<br>both typ<br>(constru<br>V  ation: | fry only, 20 ocs, 140 costed on the DN | rea source $140 \le x \le 2,100 \text{ gal/}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) |          |               |
| ]  | ☐ facility   | qualified for a gen<br>exceeds above lim                          | eral perr<br>its and is                                   | not elig                               | ible for a general per  | mit      | cleaning      |

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EMNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? OY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON ON/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

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?   | ΟY  | ПN |      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΟY  | ΩΝ | □N/A |
| ı  | Is the temperature differential equal to or greater than 20° F?   | '□Y | ΩИ | □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?   | ПΥ  | Пи | □N/A |
|    | Is the perc concentration equal to or less than 100 ppm?  |     |    | □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? | •   |    | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY  | ПΝ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΟY  | ПN | □N/A |

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

| PART VI: LEAK DETECTION AND REPAIRS                                       |                            |                                  |            |  |  |
|---|----------------------------|----------------------------------|------------|--|--|
| 1. Does the responsible official conduct                                  | a weekly (for small source | ces, bi-weekly) leak detection a | and repair |  |  |
| inspection?   | •                          |                                  | DEY CIN    |  |  |
| 2. Has the facility maintained a leak log                                 | ?                          |                                  | ØY ON      |  |  |
| 3. Does the responsible official check the                                | e following areas for leal | cs?                              |            |  |  |
| Hose connections, fittings, couplings, and valves                         | MY ON ON/A                 | Muck cookers                     | MY ON ON/A |  |  |
| Door gaskets and seating  | MY ON ON/A                 | Stills                           | ØŶ □N □N/A |  |  |
| Filter gaskets and seating  | MY ON ON/A                 | Exhaust dampers                  | DY ON ON/A |  |  |
| Pumps   | MY ON ON/A                 | Diverter valves                  | CY ON ON/A |  |  |
| Solvent tanks and containers  | MY ON ON/A                 | Cartridge filter housings        | DY ON ON/A |  |  |
| Water separators  | ØY ON ON/A                 |                                  |            |  |  |
| 4. Which method of detection is used by                                   | the responsible official?  |                                  |            |  |  |
| Visual examination (condensed   | solvent on exterior surfac | ces)                             |            |  |  |
| Physical detection (airflow felt through gaskets)                         |                            |                                  | ( <u>)</u> |  |  |
| Odor (noticeable perc odor)   |                            |                                  |            |  |  |
| Use of direct-reading instrument  |                            |                                  |            |  |  |
| Halogen leak detector   |                            |                                  |            |  |  |
| If using direct-reading instr   | MN/A                       |                                  |            |  |  |
| a. Capable of detecting   | OY ON                      |                                  |            |  |  |
| b. Calibrated against a s (PID/FID only)?                                 | OY ON                      |                                  |            |  |  |
| c. Inspected for leaks ar   | OY ON                      |                                  |            |  |  |
| d. Kept in a clean and secure area when not in use?                       |                            |                                  | OY ON      |  |  |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? |                            |                                  | OY ON      |  |  |
| _   |                            |                                  |            |  |  |
| ΛΩ  |                            |                                  |            |  |  |
| ART ENNETTA   | -4\                        | OCT 12                           |            |  |  |
| Inspector's Name (Please Prin   | 11)                        | Date of Inspec                   |            |  |  |
| Inspector's Signature   |                            | Approximate Date of N            |            |  |  |

AIRS ID#: 0(12227



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: THE DRY CLEAVER DATE: 10/12/0   | <u>x</u> |  |  |  |  |
|--|----------|--|--|--|--|
| FACILITY LOCATION: 3097 NW 6240 ST. FT. LAVO FL 33309  |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| Annual Reporting Period: SEP 23 1999 TO OCT 12 20  | $\infty$ |  |  |  |  |
| 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  | e:       |  |  |  |  |
| Every residue from the control of th |          |  |  |  |  |
| Exact period of non-compliance: from to  |          |  |  |  |  |
| Action(s) taken to achieve compliance:   |          |  |  |  |  |
| Method used to demonstrate compliance:   |          |  |  |  |  |
|  | · 1      |  |  |  |  |
| As the responsible official, I hereby certify, based on information and belief formed aften 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: PLAD SHOWED GLADS M  | 120      |  |  |  |  |
| Name (Please Print) Signature Date   | #        |  |  |  |  |

of

<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.

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |
|--|--|
| ENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> | A. Received by (Please Print Clearly B. Date of Delivery  C. Signature  Agent  Addressee  C. Iskeli ery address direfention nem 1? Yes  If YES, erzer delivery address takew: No |
| 10 AIRS ID # 0112229001AG<br>S IBRAHIM<br>THE DRY CLEANER  | JUN 1 3 2001   |
| 3097 NW 62ND STREET  | 3. Service Monitoring Certified Mail   |
| FT LAUDERDALE FL 33309   | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service Jabel) 4129   | 9853   |
| PS Form 3811, July 1999 Domes  | tic Return Receipt 102595-99-M-1789  |

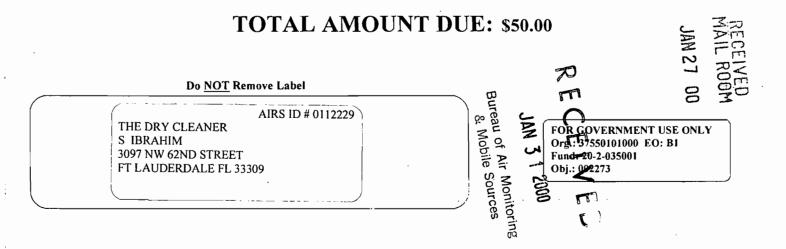
| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: Not Insurance Coverage Provided) |  |          |              |  |  |
|--|--|----------|--------------|--|--|
| 9-   |  |          |              |  |  |
| .6   | Postage  | \$       |              |  |  |
| 4.12   | Certified Fee  |          | Postmark     |  |  |
| -9   | Return Receipt Fee<br>(Endorsement Required)                     |          | Here         |  |  |
| 002F   | Restricted Delivery Fee<br>(Endorsement Required)                |          |              |  |  |
|  | Total P * F  | <b>.</b> |              |  |  |
| 0600   | Recip 10 AIRS ID # 0112229001AG S IBRAHIM Street THE DRY CLEANER |          |              |  |  |
|  |  |          |              |  |  |
| 7000   | City, \$ 3097 NW 621   |          |              |  |  |
| ~  | FT LAUDER  |          |              |  |  |
|  | PSIFO  |          | Instructions |  |  |

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THE DRY CLEANER S IBRAHIM 3097 NW 62ND STREET FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY DOOR; 37550101000 EOCB10 CC Obj.: 002273 Stories of the Control of the C



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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

FOR GOVERNMENT USE ON Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273