

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Ms. Cynthia Contrad Excel Dry Cleaners 7630 Peters Road Plantation, Florida 33324

Dear Ms. Contrad:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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

#0112238

	Excel Dry Cleaners
:	5(f) required
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Contrad's Chlanus, Inc. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Excel Dry Cheaners
3.	Hazardous Waste Generator Identification Number:
	FLD 980841217
4.	Facility Location:
	Street Address: 1630 Perfect Ro
TI-SELVE	Street Address: 7630 Refero Rd City: Plantalion County: Broward Zip Code: 33324
.5. **	Facility Identification Number (DEP Use)
	01/2238
	Responsible Official
6.	Name and Title of Responsible Official:
	Cynthia Contrat, president
7.	
7.	One of institute (Times
	Street Address: 7/2/ Pyllan VX
	City: Plantation County: Broward Zip Code: 33324
8.	Responsible Official Telephone Number:
	Telephone: $(954) 475 - 1718$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 2 2 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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		lnitially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		Dry T.	ory						+2 1 1,
(1) w/ ref. condenser	(1)	MAY 1566	MAY 1786						
(2) w/ carbon adsorber	C								
(3) w/ no controls									
Washer Unit		in the second							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									i,ī, .
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit	1111			1.1	•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 									
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)				3) of	Part II?	
Existing small ar		•			nall area soui		j -		
Existing large are	ea sou	ırce []	Ne	w lai	rge area sour	ce []	j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
×
All steam and hot water generating units exempt No such units on-site
No such units on-site
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring

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

Surrender of Existing Air Permit(s)

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

Effective: 6-25-96

June 20, 1997

Ms. Cheri Brightwell Excel Dry Cleaners 7630 Peters Road Plantation, Florida 33327

Re: AIRS I.D. No. 0112238

Dear Ms. Brightwell:

The Broward County staff has informed us that you are the new owner of Excel Dry Cleaners.

The general permit is not transferrable and does not follow a change in the ownership of the facility. Prior to any sale, other change of ownership, or permanent shutdown of the facility, the responsible official must notify the Department.

For your convenience, I am forwarding to you a copy of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete, sign, and submit this form to the following address.

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

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman Mobile Source Control Section Bureau of Air Monitoring and Mobile Sources

/SB

Enclosure

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

000

FACILITY NAME: Excel Dry (FACILITY LOCATION: 7630 Peter	Cleoners	DATE:	05/19/97
FACILITY LOCATION: 7630 Peter	s Rd., Planta	tion, Florida	33324
		/	
		A	
Annual Reporting Period:	19 <u>97</u> to _	May	19 <u>98</u>
Based on each term or condition of the Title V general a	•	<u> </u>	
62-213.300, Florida Administrative Code (F.A.C.), duri	ng the period covered by this	statement. ZYES	UNO
If NO, complete the following:			
#1. Term or condition of the general permit that has no	t been in continuous compliar	ace during the reporting perio	nd 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 no	t been in continuous complian	ace during the reporting perio	d stated above:
Exact period of non-compliance: from	to	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on inj made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not except year for transfer or combination facilities.	te. Further, my annual consum ceed 2,100 gallons per year fo	nption of perchloroethylene :	solvent, based
RESPONSIBLE OFFICIAL: <u>CYNTHIA</u> (Name (Please P		Signature D - 1.	Date
Cheri Bri	ghtwell (he Albrighter	<u>3U) 5-14-</u>
*This form is made available to you as an aid in order to	meet vour annual compliance	e certification requirements	It is at the
discretion of the responsible official to use this form.	oct your manual compilation		

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	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 11:30	AIRS ID#: 01/22 38
TYPE OF FACILITY: Dry Cleaning -	
FACILITY NAME: Excel Dry Cleaner	DATE: 05/19/9;
FACILITY LOCATION: 7630 Peters Rd., P	lautation, Florida 33324
responsible official: CHERI BRIGHTWE	ELL PHONE NUMBER: (954) 475-1780
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Called hus.
	plane temp
T of the second	discorrect
Facility is in Compliance	at ceestoner
V	- Carles
	•
	- letter - Mallo
	\sim
	Rap
COMMENTS:	
New facility own	en i
	·
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May 1	998
J(Appr	oximate)
NSPECTION CONDUCTED BY: OCTAVIAA	
	se Print)
NSPECTOR'S SIGNATURE:	PHONE NUMBER: (954) 519-14

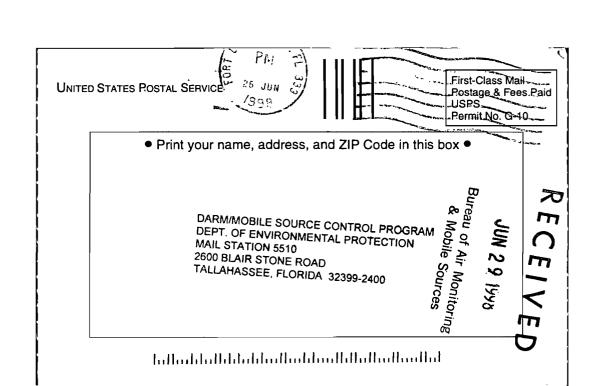
Z 333 613 J740

US Postal Service Receipt for Certified Mail

AIRS ID# 0112238 **EXCEL DRYCLEANERS** CYNTHIA CONTRACT 7630 PETERS ROAD PLANTATION FL 33324

Ī	Postage	\$
	Certified Fee	
-	Special Delivery Fee	
	Restricted Delivery Fee	
April 1990	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date & Addressee's Address	
Ś	TOTAL Postage & Fees	\$
PS FORT SOUC,	Postmark or Date	

	ver top of envelope to	o ənil 1s blo) -		
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address ed Delivery	eceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID# 0112238 EXCEL DRYCLEANERS CYNTHIA CONTRACT 7630 PETERS ROAD PLANTATION FL 33324	4b. Service Registere Express	73 6/3 Type ed Mail ceipt for Merchandise	Certified	you for using Return R
ls your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	, ,		Thank
7	PS Form 3811 . December 1994		Domestic Ret	urn Receipt	





Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sändra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLAINT/DISCOVERY	
RE-INSPECTIVE	ON· / 🗆 .	
- Na	on. former change —	
,	/98 TIME IN: 1310 TIME OUT: 1345	
FACILITY NAME: EXCE/ Dry	cleaners - Custom cleaners inc	dfb/a
	tens Rd.	,
Plantation	n FL. 33324	
RESPONSIBLE OFFICIAL: Cherile	324 3219htwell PHONE: 475-1718 PHONE: Same	
CONTACT NAME:Same	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artun	
2. Facility failed to notify DARM to use general pe	·	
2. Tacinty lance to nouty Bridge to use general pe		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
A.	2. New small area source	
1. Existing small area source	/ New email area cource	
dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
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-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)	
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	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	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	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	
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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 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 sheck the appropriate classification	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 on or after $12/9/91$) $\square N \square Can not determine$	
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 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 qualified for a general 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 on or after $12/9/91$) $\square N \square Can not determine$ ication: eneral permit as number above	
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 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 qualified for a general 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 on or after $12/9/91$) $\square N \square Can not determine$	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) TY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON ON/A 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/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 condenser upon opening the door? DY ON ONA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD YD condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? AMD ND YD 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART VI: LE	EAK DETECTION AND R	EPAIRS			
1. Does the res	sponsible official conduct a v	veekly (for	small sources,	bi-weekly) leak detection as	nd repair
inspection?		•	·	••	מס אָם
2. Has the faci	lity maintained a leak log?		·.		og on
3. Does the res	sponsible official check the f	ollowing ar	reas for leaks?		
	connections, fittings, lings, and valves	dy on	□N/A	Muck cookers	ON ON/A
Door :	gaskets and seating	dy on	□N/A	Stills	ON ON/A
Filter	gaskets and seating	CY ON	□N/A	Exhaust dampers	CHY ON ON/A
Pump	s	MO AD	□N/A	Diverter valves	ON ON/A
Solver	nt tanks and containers	ON YED	□N/A	Cartridge filter housings	ON ON/A
Water	separators	DN YE	□N/A		
4. Which meth	nod of detection is used by th	e respo n sib	ole official?		
Visua	l examination (condensed so	lvent on ex	terior surfaces)		a
Physic	cal detection (airflow felt thre	ough gaske	ts)		Q
Odor	(noticeable perc odor)				9
Use of	direct-reading instrumentat	ion (FID/P	D/calorimetric	tubes)	0
Halog	en leak detector	•			
If	using direct-reading instru	imentation	, is the equipm	ent:	□N/A
	a. Capable of detecting p	erc vapor c	oncentrations in	n a range of 0-500 ppm?	ND Y
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use	OY ON
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area w	hen not in use?	•	OY ON
	e. Verified for accuracy b	y use of du	iplicate samples	(calorimetric only)?	QY QN
	-				<u>-</u>
	Paul R. Shelton	7		12/21/04	
	enector's Nama (Places Pri-	·\		Data of I	ction

::

Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#:	01122	38	



Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Exce/ Dry C	leaners	DAT	TE: 12/21/98
FACILITY NAME: Exce/ Dry C FACILITY LOCATION: 7630 Refer Plantation	rs Rd. El 33324		
Annual Reporting Period: Jan 1	1998 то	Dec. 31	19 <i>98</i>
Based on each term or condition of the Title V general air p62-213.300, Florida Administrative Code (F.A.C.), during	•	<u>-</u> /	DEP Rule
If NO, complete the following:			
≠1. Term or condition of the general permit that has not be	een in continuous complia	ince during the reporting po	eriod 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 be	een in continuous complia	nce during the reporting pe	eriod stated above:
Exact period of non-compliance: from		• to	
Action(s) taken to achieve compliance:		•	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on informate in this notification are true, accurate and complete. 2200 purchase receipts, does not exceed 2,100 gallons per combination facilities. RESPONSIBLE OFFICIAL: Responsible Print Name (Please Print)	Further, my annual consu	imption of perchloroethyle	ne solvent, based

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

Same Day Service



EXCEL DRY CLEANERS

Quality Service • Spot Removal Atlerations • Specialty Garments •

(954) 475-1718 7630 Peters Road Plantation, FL 33324

ROBERT and CHERI BRIGHTWELL

- PERCHLOROETHYLENE DRY CLEANERS

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPI	r CTI	ON
III	Or.	LIGIL	こしょょ	vii.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0112238 DATE: apri/a	19,99 TIME IN: 1600 TIME OUT: 1630 mars, inc. d/b/a Exce/ Dry Cleanors							
FACILITY NAME: Custom Claan	news, Inc. d/b/a Exce/ Dry cleaners							
FACILITY LOCATION: 7630 Pek								
Plantation FL. 33324								
RESPONSIBLE OFFICIAL: Robert Bri	9 h/we// PHONE: (954)-475-1718							
CONTACT NAME: Same	PHONE:							
PART I: NOTIFICATION								
(check appropriate box)								
1. New facility notified DARM 30 days prior to star	tup C9							
2. Facility failed to notify DARM to use general per	mit 🚨							
PART II: CLASSIFICATION								
Facility indicated on notificatio arm that it is:	☐ No notification form							
(check appropriate box)	☐ Drop store/out of business/petroleum							
1. Existing small area sour is dry-to-dry only, $x < 140$ gallor transfer only, $x < 200$ gal/yr both types, $x < 140$ gai/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: \square dry-to-dry only, $140 \le x \le 2, \square 0$ 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							
If no, please check the appropriate classific facility qualified for a ger								

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? CHY ON ON/A 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ZY ON ON/A beds according to the manufacturer's specifications? 1 . A . . . PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YO 1. Equipped all machines with the appropriate vent controls? DY QN QN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/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? ND YD

PART III: GENERAL CONTROL REQUIREMENTS

. .

В.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a central adsorber?	Οv	ΩN	ONTA
	if machines are equipped with a carbon adsorber?	ЦY	N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠŸ	$\Box N$	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	иО	□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?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YO 1. Maintained receipts for perc purchased? ON PO 2. Maintained rolling monthly averages of pcrc 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 ON ON/A and parts installed w/in 5 days of receipt? OY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DN ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON 6. Maintained startup/shutdown/malfunction plan? · GY ON ONA 7. Maintained deviation reports? DY ON CHIA Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ND Y			
2.	Has the facility maintained a leak log?	•		מם צם			
3. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	QY QN QN/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON ON/A	Stills .	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A			
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY ON ON/A			
	Water separators	□Y □N □N/A					
4.	Which method of detection is used by	the responsible official?	•				
	Visual examination (condensed s	solvent on exterior surface	s)				
	Physical detection (airflow felt th	hrough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	٥			
	Halogen leak detector			0			
	If using direct-reading inst	rumentation, is the equip	oment:	□N/A			
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם			
	•	nd obvious signs of wear o	on a weekly basis?	OY ON			
		secure area when not in us		OY ON			
	•	by use of duplicate samp		OY ON			
_	Paul R. Shelton		4-29-99				
	Inspector's Name (Please Pri	int)	Date of Inspe	ction			
	PR		4-29-2000				
	Inspector's Signature	_	Approximate Date of	Next Inspection			

ADDITION	AL SITE INFOR	MATION:			
	,				
		LEN Z			
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ACILITY NAME: EXCE Dry Cléangs		DATE: 4-29-99
CTITYLOCATION. 7630 Peters Rd.		
ACILITY NAME: EXCE Dry cleaners ACILITY LOCATION: 7630 Peters Rd Plantation, FL. 33324		
nnual Reporting Period: 4-29-99 19	TO <u>4-29</u>	19
ased on each term or condition of the Title V general air permit, my facility h	as remained in complian	ce with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered b	y this statement. Y	ES 🗆 NO
NO, complete the following:		
l. Term or condition of the general permit that has not been in continuous co	mpliance during the repo	rting period stated above:
xact period of non-compliance: from	to	
ction(s) taken to achieve compliance:		
ction(s) taken to achieve compliance:		
fethod used to demonstrate compliance:		
	mpl 🚓	Same Day
fethod used to demonstrate compliance:	mpi	Same Day
fethod used to demonstrate compliance:		
fethod used to demonstrate compliance: 2. Term or condition of the general permit that has not been in continuous contin		Same Day EXCEL DRY CLEAN Quality Service • Spot F Atlerations • Specialty Gar
fethod used to demonstrate compliance: 2. Term or condition of the general permit that has not been in continuous contin	(954) 475-1718	EXCEL DRY CLEAN Quality Service • Spot F Atlerations • Specialty Gai
fethod used to demonstrate compliance: 2. Term or condition of the general permit that has not been in continuous contin		EXCEL DRY CLEAN Quality Service • Spot F Atterations • Specialty Gar
fethod used to demonstrate compliance: 2. Term or condition of the general permit that has not been in continuous contract period of non-compliance: from action(s) taken to achieve compliance: Sethod used to demonstrate compliance:	(954) 475-1718 	Quality Service • Spot F Atlerations • Specialty Gar ROBERT and BRIGH
Section (s) taken to achieve compliance: Some the demonstrate compliance: Some the responsible official. I hereby certify, based on information and belief for each in this notification are true, accurate and complete. Further, my annual	(954) 475-1718 7630 Peters Road Plantation, FL 33324 rmed after reasonable inconsumption of perchloro	Quality Service • Spot F Atlerations • Specialty Gar ROBERT and BRIGH
Section (s) taken to achieve compliance: Some interest of the general permit that has not been in continuous continuous (s) taken to achieve compliance: Some interest of the section of the general permit that has not been in continuous cont	(954) 475-1718 7630 Peters Road Plantation, FL 33324 rmed after reasonable inconsumption of perchloro	Quality Service • Spot F Atlerations • Specialty Gar ROBERT and BRIGH
Section (s) taken to achieve compliance: Some constrate compliance: Some condition of the general permit that has not been in continuous cont	(954) 475-1718 7630 Peters Road Plantation, FL 33324 rmed after reasonable inconsumption of perchloro	Quality Service • Spot F Atlerations • Specialty Gar ROBERT and BRIGH

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

385434

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

· AIRS ID # 0112238

EXCEL DRYCLEANERS CYNTHIA CONTRACT Cheri

7630 PETERS ROAD

PLANTATION FL 33324

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

Obj.: 002273

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form a card to you. Attach this form to the front of the mallpiece, or on the bapermit. Write Return Receipt Requested on the mailpiece below are Return Receipt will show to whom the article was delivered.	ck if space does not the article number.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address ed Delivery
	4a. Article N	umber	 }
3. Article Addressed to: AIRS ID# 0112238 CONTRAD'S CLEANERS INC CYNTHIA CONTRACT			
CONTRAD'S CLEANERS INC	4b. Service	Туре	•
	☐ Register	ed	☐ Certified 9
7630 PETERS ROAD	☐ Express	Mail	☐ Insured
7630 PETERS ROAD PLANTATION FL 33324	☐ Return Re	ceipt for Merchandise	COD
	7. Date of D	elivery /58	
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only paid)	if requested
6. Signature: (Addressee or Agent)	\supset		
PS Form 3811 , December 1994	102595-97-B-0179	Domestic Ret	urn Receipt

Z 333 613 131 US Postal Service , Receipt for Certified Mail AIRS ID# 0112238 CONTRAD'S CLEANERS INC CYNTHIA CONTRACT 7630 PETERS ROAD PLANTATION FL 33324 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. AIRS ID 0112238 CONTRAD'S CLEANERS INC	tice does not 1. Addressee's		s (for an ee's Address d Delivery ter for fee.	Return Receipt Service.
RETURN ADDRESS	CYNTHIA CONTRACT 7630 PETERS ROAD PLANTATION FL 33324 5. Received By: (Print Name)	☐ Registere ☐ Express II☐ Retum Rec 7. Date of De	Mail seipt for Merchandise slivery o's Address (Only in		Thank you for using Ret
ls your	6. Signature: (Addressee or Agent) PS Form 3811, December 1994		Domestic Retu	ırn Receipt	{

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PS Form 3800 , April 1995	Postmark o	Date					

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COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ó	COMPLA	AINT/DISCOVI		
: •	RE-INSPECTION	ON D			·acc	B
AIRS ID#: 01/22 36	DATE: June 1	19, 00 TIM	E IN: 102;	TIME (UT: NOO	n
FACILITY NAME:	excel Dry	C/eaner	5			
FACILITY LOCATION:	7630 Peter	J Ret		•	P	
	Plantation	, 八、33	324	Bur B		
RESPONSIBLE OFFICIAL	: Robert B.	rightive	PHONE:	3875	-1973	
CONTACT NAME:	Same		PHONE:	Se as as	sie de	
				es		
PART I: NOTIFICATION				ලි		
(check appropriate box)						
1. New facility notified DAR	M 30 days prior to sta	rtup				
2. Facility failed to notify DA	RM to use general pe	rmit				
PART II: CLASSIFICATIO)N					
Facility indicated on notifica (check appropriate box) A.	tion form that it is:			fication form ore/out of busin	ness/petrolcum	l
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr r	dry-to-dry on transfer only, both types, x	ll area source ly, x < 140 gal/ x < 200 gal/yr < 140 gal/yr on or after 12/9	·		
3. Existing large area soundry-to-dry only, $140 \le x \le 3$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr 300 gal/yr 3 gal/yr	dry-to-dry on transfer only, both types, 14	e area source ly, $140 \le x \le 2$, $200 \le x \le 1,80$ $30 \le x \le 1,800$ on or after 12/9	00 gal/yr gal/yr		
5. This is a correct facility of	classification	OY ON	□Can not	determine		
	e appropriate classific ity qualified for a gen ity exceeds above lim	ieral permit as		above neral permit		
B. The total quantity of perchl facility was 100 gallons		rchased withir	the preceding	12 months by t	his dry cleanin	ng

Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 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 EY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A; If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) OY ON 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. 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

В.	Has the responsible official of an existing large or new large area source also:	N/W	7
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?		Γ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	「□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	「□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?	OY ON	í □N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□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?	ОУ ОМ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.,	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	I □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	. /
1. Maintained receipts for perc purchased?	edy on
2. Maintained rolling monthly total of perc consumption?	MO AG
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON CON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OM/A
6. Maintained startup/shutdown/malfunction plan?	מם צבו
7. Maintained deviation reports?	OY ON BY/A
Problem corrected?	OY ON 20XY/A
8. Maintained compliance plan, if applicable?	EY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, BY ON ON/A couplings, and valves Muck cookers CY ON ON/A DY ON ON/A DY ON ONA Door gaskets and seating Stills MY ON ON/A COY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A CY ON ON/A Diverter valves **Pumps** MY ON ON/A CY ON ONA Solvent tanks and containers Cartridge filter housings MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use OY ON (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? OY ON DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Pau/R. She/fon

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Same Day Service



Quality Service • Spot Removal Atterations • Specialty Garments •

Revised 9/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: - FX CE/	Dry cleaners	DATE: June 19 0
FACILITY LOCATION: 7680	Dry cleaners Refers Rd. When the	
Manta	afron, FL	
Annual Reporting Period: Juris	19 2000 to June	19 2001
	itle V general air permit, my facility has remained in compliant (F.A.C.), during the period covered by this statement.	nce with DEP Rule YES NO
If NO, complete the following:		
#1. Term or condition of the general per	nit that has not been in continuous compliance during the repo	orting 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 perm	nit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
in this notification are true, accurate and	o, based on information and belief formed after reasonable indicomplete. Further, my annual consumption of perchloroethyl gallons per year for dry-to dry facilities or 1,800 gallons per year to dry	ene solvent, based upon

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

Page _____ of ____.

HAZARDOUS MATERIAL MANAGEMENT ADDENDUM

BEST AVAILABLE COPY TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ID#0112238 Exce/Dry deaners - 7630 lefers Rd., Hantation

				ASI	E GENER	AILU			<u> </u>
Waste Type Code	Chemical name	Storage Method (Code ¹)	Disposal Method (Code ²)	F ₁	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)		Hauler Name
М3	Perchloroethylene	None	16	F	none	60	3.5	See	fely Kleen
NO	Dry Cleaning Filters	03	16	F	03	40#	40#		ti ti
02 Tanks 03 40 to 04 Sm. S 05 Open 06 Piled 07 Garba 08 Lab P 09 Other 10 Parts 11 Mediu 12 Antifr 13 Bulk F	-Good Storage Method Cleaner/Washer Machines am Containers (10 to 39 Gallon: eeze Stored Separately/Labeled RCRA Waste Container	07 08 09 10 s) 11 12 13	Landfill - G Buried on P Pit or Pond Permitted H Public Sewe Septic Tank Recycled or Blended or Hazardous Y Deep Well I Filtration Of Onsite Neut Wastewater	ienerato Property Iazardo er Reusei Reusei Bumed Waste I Injectio nily ralizati	us Waste Facility d for Fuel ncineration n		16 Hazai 17 Surfai 18 Open 19 Evapy 20 Used 21 Comm 22 Metal 23 Unive 24 CESQ	rdous Was ce Discha Burning oration Af Oil Trans nercial La Reclama ersal Wast & G Waste to Energ	fter Treatment
Any out	er hazardous waste streams	noted on pro	орену. 		19077				
Total amoi	unt of hazardous waste gene	erated per m	nonth:3.	5	gallons.				
Hazardous inspection.	waste disposal manifests a	re maintaine	ed on-site fo	r five y	years and are a	vailable upon r	request for	O Yes	ON ₀
Was any h	azardous material/waste dis	carded into	dumpsters o	or refus	se containers?			OYes	ØNo .
All second	ary containment has suffici	ent volume	to hold mate	erial re	quired.			OY es	ON ₀
	s in a hazardous material har r system, are secured or per						als.	OYes	ON ₀
accumulati (Small Qua	Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an Syes ONo ecumulation date is marked on the label; and the waste has not been stored on site for more than 180 days Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.)							ON ₀	
A follow up	p inspection by Pollution Pr this site.	revention Po	ersonnel, to	addres	s possible enfo	rcement activi	tics, is	OYes	ONO
Comment	s: PP				· · · · · · · · · · · · · · · · · · ·				

01 Tanks — Above-Ground BEST AVAILABLE COPY Tanks - Below-Ground 02 03 40 to 55-Gallon Drums 04 Sm. Size Containers (0-09 Gals.) 05 Open Pits, Ponds, or Lagoons 06 Piled On Grnd, Flr, or Other Surface 07 Garbage/Refuse Container Lab Packs 80 Other-Good Storage Method 09 10 Parts Cleaner/Washer Machines

11 Medium Containers (10 To 39) Gallon Containers 12 Antifreeze Stored Separately/Labeled 13 **Bulk RCRA Waste Container**

CLASSIFICATION CODES

CODE DESCRIPTION

CESQG Conditionally Exempt Small Quantity Generator SQG Small Quantity Generator

03 **Buried on Property** 04 Pit or Pond

Landfill - Govt. or Priv. Hauler

Landfill — Generator Takes

Permitted Hazard. Waste Facil. 05

06 Public Sewer 07 Septic Tank

01

80 Recycled or Reused Blended or Burned for Fuel 09

Hazardous Waste Incineration 10

Deep Well Injection 11

Filtration Only 12 Onsite Neutralization Only 13 Wastewater Treatment Unit 14

Other Questionable Treatment 15 Hazardous Waste Transporter 16

Surface Discharge 17 Open Burning 18

19 **Evaporation After Treatment**

Used Oil Transporter 20

Commercial Laundry Service->POTW 21

Metal Reclamation/Retort 22 23 Universal Waste Rule Treatment

24 CESQG Waste to HHW Collection CTR

25 Waste to Energy SW Incinerator

HAZARDOUS WASTE GENERATOR CATEGORIES



= 200 kilograms (kg) hazardous waste (sometimes equivalent to about a 55-gallon drum)

Conditionally Exempt Small Quantity Generator Limits



In one month, you generate:

No more than 100 kilograms (220 lbs.). This is about half a 55-gallon drum, or about 25 gallons.*

OR

You generate less than 1 kilogram of an acute hazardous waste (e.g. arsenic and cyanide compounds) in one month.

AND

You never accumulate more than 1,000 kilograms (2,200 lbs.) of hazardous waste at any time.

100 to 1,000 Kg/mo Small Quantity Generator Limits to



In one month, you generate:

More than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs.). This is approximately one-half of a drum to 5 drums, or 25 to 250 gallons.*

Generator Limits



In one month, you generate:

1,000 kilograms (2,200 lbs.) or more.

This is approximately 5 full drums, or 250 gallons or more.

You generate 1 kilogram or more of an acute hazardous waste in one month.

*These volume limits are based on the weight of water (8 lb./gallon) and are only provided for the purpose of estimating ore's status. Heavier wastes like heavy metal sludges (20 lb./gallon) and chlorinated solvents such as perchloroethylene, freon, and trichloroethylene (12-13.5 lb./gallon) will need to be evaluated based on their actual weight per gallon.

ONE TIME FORM

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258381

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

RECEIVED

AIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112238

CONTRACT'S CLEANERS INC CYNTHIA CONTRACT 7630 PETERS ROAD **PLANTATION FL 33324**

FOR GOVERNMENT USE ONLY

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

ОЫ.: 002273

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write Return Receipt Requested on the mailpiece below the article The Return Receipt will show to whom the article was delivered a delivered.	ce does not 🧳	I also wish to rece following services extra fee): 1. Addresse 2. Restricted Consult postmaste	(for an
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if paid) Domestic Retu	requested Yugh

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9	delivered.	Consult postmaster for fee.
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UNITED STATES POSTAL SERVICE

Print your name, address, and ZIP Code in this box

Permit No. G-10

Print your name, address, and ZIP Code in this box

DARM/MOBILE SOURCE CONTROL PROSEAM
DEPT. OF ENVIRONMENTAL PROTECTORY
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 %

<u>հորդիրի անդարկանի անականի անական</u>

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C Signature Agent Addressee D is delivery address different from item 1?	
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10 AIRS ID # 0112238001AG CYNTHIA CONTRACT EXCEL DRYCLEANERS		
7630 PETERS ROAD PLANTATION FL 33324	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
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