

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 12, 1996

Mr. Konye S. Lee President Boston Man Cleaners 6081 West Sunrise Boulevard Sunrise, Florida 33313

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 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

Mr. Robert Wong, Broward County cc:

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

#### Perchloroethylene Dry Cleaning Facility Notification

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

П	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	KONGE STEE THE B-17. J MAN CLAIMON IN					
	RONGE JEEF BOITS MAN CLAIMON INC					
2.	Site Name (For example, plant name or number):					
	Bosto MAN CLEANONS					
3.	Hazardous Waste Generator Identification Number:					
	FLD 984167791					
4.	Facility Location: 6081 WSST SUNDING BLUE Street Address:					
	City: Summise County: Barrano Zip Code: 333 13					
5.	Facility Identification Number (DEP Use):					
	0112244					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	KONYES. LEE (PRESIDENT)					
7.	Responsible Official Mailing Address: B-st-w mm clemen					
	Organization/Firm: Street Address:  6.51 WEST Summise					
	City: Since County: Brown Zip Code: 333,3					
8.	Responsible Official Telephone Number:					
	Telephone: (91-4) 584-0028 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: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: ( ) - Fax: ( ) -					

RECEIVED

AUG 2 3 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

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

Pleas	e 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)					
I	$\prec$	No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
t S	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
Ī	will pron	nptly notify the Department of any changes to the information contained in this notification.  Date					
	/	IT UNYED S. LEE					

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

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	l .	Bry 1	· Duy			<u>.</u>			
(1) w/ ref. condenser	(1)	9/199.	9/199.						
(2) w/ carbon adsorber	7.,							-	
(3) w/ no controls						-			
Washer Unit	1 - 1	* av 1 % 2	L. Dy				. 1		<u> </u>
(4) w/ ref. condenser			<u> </u>						İ
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				4.1		S. Albania			y - 1 Say 1 1 1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	146.74	Mark Color				17 31 11 17		and the second s	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				<b></b>					
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ow many? [_	installed coroethylene (	perc)	purchased in				]
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)	)	nitions found	·	3) of	Part II?	
Existing large are	ea sou	irce []	Ne	ew la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

RESPONSIBLE OFFICIAL:

#### **BEST AVAILABLE COPY**

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

0112244	ANNUAL COMPLIANO	CE CERTIFICATIO	N FORM	
	oston Man Clea	iners	•	DATE: <u>//-/7-</u> 97
ACILITY LOCATION: _6	081 West Sunr	ise Boulevaro	<u> </u>	
	iunrise Florida			
Annual Reporting Period:	J0 V	1996 то	Nov	1997
	n of the Title V general air perm ative Code (F.A.C.), during the p			
f NO, complete the following:				
1. Term or condition of the g	eneral permit that has not been i	n continuous compliance	during the reporti	ing period stated above:
		· .		
Exact period of non-compliance	e: from	to		
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	mpliance:	· .		
#2. Term or condition of the g	eneral permit that has not been i	in continuous compliance	during the report	ing period stated above:
Exact period of non-complianc	e: from	to	RE	CEIVED
Action(s) taken to achieve com	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	DEC 1 5 1997
Method used to demonstrate co	mpliance:	·	Bure 8	au of Air Monitoring  Mobile Sources
	ereby certify, based on informati			
	ne, accurcte and complete. Fur acse receipts, does not exceed 2, on facilities.			

\*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 \_\_\_\_.

INSPECTION SUMMA	ARY REPORT
TYPE OF INSPECTION: ANNUAL COMPLA	INT/DISCOVERY
TIME IN: 10:00 TIME OUT: 11:00	AIRS ID#: 01/2244
TYPE OF FACILITY: Dry Clesner	
FACILITY NAME: Boston Man Cleaners	DATE: //-17-97
FACILITY LOCATION: 6081 West Sunrise Be	vlevard
Sunrise Florida 333	
RESPONSIBLE OFFICIAL: K. S. Lee	PHONE NUMBER: 584-0028
Based on the results of the compliance requirements evaluated d compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated d discrepancies were noted:	uring this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	<del></del>
	•
	-
. '94	
COMMENTS:	
The Annual Compliance Certification form has been properly certified as	nd submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: NOV 98	
(Approx	
INSPECTION CONDUCTED BY:	B. Thomas
INSPECTOR'S SIGNATURE: (Please)	Print)PHONE NUMBER: 519-1459

Page\_\_\_of\_\_\_.

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C
FACILITY NAME: Boston Mo FACILITY LOCATION: 6081 Wes	
RESPONSIBLE OFFICIAL: K.S. Lee	PHONE: 584-0028  PHONE: 584-0028
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	-
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	☐ No notification form ☐ 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
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	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
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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ge	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, $140 \le x \le 2,100$ 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 $12/9/91$ ) $\square$ Y $\square$ N $\square$ Can not determine

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CY 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 DY DN BYN/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) ON TIN 1. Equipped all machines with the appropriate vent controls? 67 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 CX ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ENY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			<u> </u>
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	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПΝ	□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?	$\Box$ Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□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?	ΠV	□N	□N/A
	or expansion, and downsdeam from no other miet?	<b>u</b> 1		UIVA
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?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MA ON				
2. Maintained rolling monthly averages of perc consumption?	OY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ØY 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?	UY 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?	ZY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	OY ON				
7. Maintained deviation reports?	ZY ON ON/A				
Problem corrected?	ZY ON ON/A				
8. Maintained compliance plan, if applicable?	ZY 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?			מט פא				
2.	Has the facility maintained a leak log	?		אם עם				
3.	Does the responsible official check th	e following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	DY ON ON/A				
	Door gaskets and seating	DY ON ON/A	Stills	AY ON ON/A				
	Filter gaskets and seating	DA ON ONA.	Exhaust dampers	DY ON ON/A				
	Pumps	MY ON ON/A	Diverter valves	ZY ON ON/A				
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ØY 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 surface	es)	<b>a</b>				
	Physical detection (airflow felt t	hrough gaskets)		න් ජ ත්				
	Odor (noticeable perc odor)			<b>a</b>				
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	<b>d</b>				
	Halogen leak detector			<b>2</b>				
	If using direct-reading ins	trumentation, is the equip	oment:	□N/A				
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON				
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	after each use	OY ON					
	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 u	se?	OY ON				
	e. Verified for accurac	y by use of duplicate samp	les (calorimetric only)?	$\Box Y \Box N$				

Bob Thomas Inspector's Name (Please Print)

11-17-97
Date of Inspection

Nov 98
Approximate Date of Next Inspection

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

9

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY				
AIRS ID#: 0112244 DATE: 12-30	-98 TIME IN: <u>2:00</u> TIME OUT: <u>2:35</u>				
facility name: <u>Boston Man</u>	CLEANERS				
FACILITY LOCATION: <u>608</u> W. 5	UNRISE BLYD. SUNRISE FL 33313				
RESPONSIBLE OFFICIAL: KONYE	LEE PHONE: <u>584-0028</u>				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days prior to st.	artup 🗹				
2. Facility failed to notify DARM to use general p	·				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:					
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum				
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	☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 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/yr transfer only, x < 200 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				
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	☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 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 < 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	<ul> <li>□ Drop store/out of business/petroleum</li> <li>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed on or after 12/9/91)</li> <li>4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr</li> </ul>				
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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classif  facility qualified for a ge	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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				

#### (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? MY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at CY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) $\Box Y \Box N$ 1. Equipped all machines with the appropriate vent controls? 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 AMD ND YD 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 condenser exceeded 45° F? DY ON ONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	ΠY	□и	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□N/A
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	ПN	N/A
Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
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	מם	□N/A
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПИ	□N/A
lii	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?  Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?  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?  Is the perc concentration equal to or less than 100 ppm?  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?  Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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?  Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?  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?  Is the perc concentration equal to or less than 100 ppm?  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?  Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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?  Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?  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?  Is the perc concentration equal to or less than 100 ppm?  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, for expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?

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

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?				<b>Ø</b> Y		IN		
2. Has the facility maintained a leak log?		:		<b>T</b> Y		IN		
3. Does the responsible official check the f	ollowing a	reas for leaks?						
Hose connections, fittings, couplings, and valves	QY ON	□N/A	Muck cookers	<b>Ø</b> Y	ΩΝ	□N/A		
Door gaskets and seating	ØY □N	□N/A	Stills	ŒΥ	ПN	□N/A		
Filter gaskets and seating	QY ON	□N/A	Exhaust dampers	<b>T</b> Y	ПΝ	□N/A		
Pumps	ory on	□N/A	Diverter valves	ØY/	ПΝ	□N/A		
Solvent tanks and containers	QY ON	□N/A	Cartridge filter housings	₫Y	ПΝ	□N/A		
Water separators	QY ON	□N/A						
4. Which method of detection is used by th	e responsit	ole official?		,				
Visual examination (condensed so	र्छ							
Physical detection (airflow felt through gaskets)								
Odor (noticeable perc odor)								
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
Halogen leak detector	Halogen leak detector							
If using direct-reading instru	imentation	, is the equipm	ent:	<b>⊠</b> N/	Ά			
<ul> <li>a. Capable of detecting p</li> </ul>	erc vapor o	concentrations in	a range of 0-500 ppm?	ΩY	ПΝ			
b. Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use	ΟY	ПИ			
c. Inspected for leaks and	d obvious s	igns of wear on	a weekly basis?	ΠY	ПN			
d. Kept in a clean and se	cure area v	when not in use?		ΠY	ПΝ			
e. Verified for accuracy b	oy use of di	iplicate samples	(calorimetric only)?	ΩY	ПN			
1 0								

HRT EUNETTA	12-30-98
Inspector's Name (Please Print)	Date of Inspection
at Conth	<i>D</i> 8C '99
Inspector's Signature	Approximate Date of Next Inspection

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

FACILITY NAME: BOSTON HAN CLEANERS DATE	E: <u>12-30-98</u>
FACILITY LOCATION: <u>(1008) W. Sunrise Blud. Sourise Fl. 333/3</u>	
Annual Reporting Period: NOV 17 1997 TO DEC 30	19 <b>98</b>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with I 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod 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 per	iod stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, the made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylend upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.  RESPONSIBLE OFFICIAL: Kyans S C C Signature  Name (Please Print)	e 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.

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE :	INSPECTION C	CHECKLIST		
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY	
	RE-INSPECTIO		_		
		<u>USEPA</u>	ID-FLD-CES	<u>06 6</u>	nerata
AIRS 10#: 0112344				E OUT:	15AM
facility name: $\overline{\mathbb{B}_{\infty}}$	ton Man	Cleaners		<u> </u>	
FACILITY LOCATION:	081 W. Su	nrise BI	vd.	, C	
	Survisif, FL			2	
RESPONSIBLE OFFICIAL # 3	: Konye Lee		_ PHONE: (F4)	91 - 1950	3 <b>EO</b>
CONTACT NAME:	- full-time		PHONE:	Monie	
				60 B	
PART I: NOTIFICATION					
(check appropriate box)				_	
1. New facility notified DARM	4 30 days prior to star	rtup			
2. Facility failed to notify DAI		•			
<del> </del>		• • • • • • • • • • • • • • • • • • • •			i
PART II: CLASSIFICATIO	N				
Facility indicated on notificat			☐ No notification for ☐ Drop store/out of b		roleum
Facility indicated on notificat (check appropriate box)  A.	tion form that it is:		☐ Drop store/out of b	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou	tion form that it is:	2. New small a	☐ Drop store/out of b		roleum
Facility indicated on notificat (check appropriate box)  A.	rce   Z /yr	2. New small a dry-to-dry only, transfer only, x	☐ Drop store/out of barea source x < 140 gal/yr	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 🗗	dry-to-dry only, x transfer only, x both types, x <	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yi	rce 🗗	dry-to-dry only, x transfer only, x both types, x <	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 22'	dry-to-dry only, transfer only, x both types, x < (constructed on	☐ Drop store/out of barea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/pet	rolcum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2	rce   /yr  rce  /yr  rce  /yr  rce  /yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	Drop store/out of barea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$	ousiness/pet	roleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20	Drop storc/out of barea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop storc/out of barea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	ousiness/pet	roleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop storc/out of barea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	ousiness/pet	rolcum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce   /yr  rce  /yr  rce  //yr  round  // 100 gal/yr  // 200 gal/yr  // 201 gal/yr  // 301 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop storc/out of barea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	Drop storc/out of barea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	tion form that it is:  rce /yr  rce 2,100 gal/yr 00 gal/yr gal/yr ) classification cappropriate classific ity qualified for a ger	dry-to-dry only, transfer only, x both types, x < (constructed on  4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$ ) ☐ Can not determine	ousiness/pet	rolcum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	tion form that it is:  rce /yr  rce 2,100 gal/yr 00 gal/yr gal/yr ) classification cappropriate classific ity qualified for a ger ity exceeds above lim	dry-to-dry only, transfer only, x both types, x < (constructed on  4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on  Y	Drop storc/out of barea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine  The source above gible for a general permitted as $12/9/91$ .	ousiness/pet	

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DAY DIN ON/A 2. Examining the containers for leakage? DY DN 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 DYY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) $\square Y \square N$ 1. Equipped all machines with the appropriate vent controls? 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 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? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after □Y □N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□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,	DV.	- CV	
	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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?	ΠV	□N	□N/A
	or expansion, and downsdeam from no other infer:	<b>u</b> 1	<b>—</b> 114	UMA.
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□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)						
1. Maintained receipts for perc purchased?	DAY DIN					
2. Maintained rolling monthly total of perc consumption?	ØY □N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ONA					
4. Maintained calibration data? (for applicable direct reading instruments)	מאָעם אם צם Y					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA					
6. Maintained startup/shutdown/malfunction plan?	MY DN					
7. Maintained deviation reports?	DY DN DNA					
Problem corrected?	OÝ ON ON/A					
8. Maintained compliance plan, if applicable?	DY ON ON/A					

P	ART VI: LEAK DETECTION AND R	EPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sources, b	ni-weekly) leak detection ar	nd repair	
	inspection?				vY/	□N
2.	Has the facility maintained a leak log?				ΩY	ПN
3.	Does the responsible official check the	following ar	eas for leaks?		1	
	Hose connections, fittings, couplings, and valves	MAY ON	□N/A	Muck cookers	DY D	N □N/A
	Door gaskets and seating	Θλ αν	□N/A	Stills		N □N/A
	Filter gaskets and seating	MA ON	□N/A	Exhaust dampers		N □N/A
	Pumps	DIYON	□N/A	Diverter valves	QYY O	N □N/A
	Solvent tanks and containers	אם אָעם	□N/A	Cartridge filter housings	MY D	N □N/A
	Water separators	MD AM	□N/A		/	
4.	Which method of detection is used by th	ne responsib	le official?			
	Visual examination (condensed so	lvent on ext	terior surfaces)		od .	
	Physical detection (airflow felt thr	ough gaske	ts)			
	Odor (noticeable perc odor)				$\Box$	
	Use of direct-reading instrumental	tion (FID/PI	D/calorimetric	tubes)	<b>a</b> /	
	Halogen leak detector					
	If using direct-reading instru	ımentation,	, is the equipme	ent:	☑N/A	
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	□Y □	И
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas	prior to and afte	er each use	OY O	N
	c. Inspected for leaks and	d obvious si	gns of wear on a	a weekly basis?.		N
	d. Kept in a clean and so	cure area w	hen not in use?		OY O	N
	e. Verified for accuracy b	by use of du	plicate samples	(calorimetric only)?		N
				r . í		,
_	Inspector's Name (Please Prin			11/09/99		
	Inspector's Name (Please Prin	t)		Date of Inspec	ction	
	algorith Jaway			11/29/00		
	Inspector's Signature			Approximate Date of I	Vext Insp	ection

# Best Available Copy DRI CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



ACILITY NAME: Boston MAN Cleaners DATE: 11/29/99
ACILITY LOCATION: 6081 IN SUDJISE BIND.
Suppose, FL 33313
nnual Reporting Period: November 1999 TO November 1999
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
NO, complete the following:
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
xact period of non-compliance: fromtoto
cuon(s) taken to achieve compliance:
lethod 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:
xact period of non-compliance: fromtoto
cuon(s) taken to achieve compliance:
lethod used to demonstrate compliance:
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based con purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or embination facilities.  ESPONSIBLE OFFICIAL: Ky and S Local 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 iscretion of the responsible official to use this form.

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

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSP	
FACILITY NAME: DOSLAN MA	abood time in: 9:37 our time of 9:50 som
RESPONSIBLE OFFICIAL: KORNE CONTACT NAME:	M. Sumpise Blvd  FL 33313  PHONE: (954) (50)  PHONE: (954)
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	r to startup
2. Facility failed to notify DARM to use gene	eral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box)	it 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)	2. New small area source  dry-to-dry only, x < 140 gal/yr  transfer only, x < 200 gal/yr  both types, x < 140 gal/yr  (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□N □Can not determine
	lassification: or a general permit as number above ove limits and is not cligible for a general permit
B. The total quantity of perchloroethylene (p	

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? 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 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 condenser exceeded 45° F? DY DN DN/A

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

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?	ПY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□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?	ШΥ	ШΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	$\square$ 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	ПΝ	□N/A
	or expansion, and as measurement no other more.			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	ey on
2. Maintained rolling monthly total of perc consumption?	ON ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/i: 5 days of receipt?	DY ON DWA
4. Maintained calibration data? (ic applicable direct reading instruments)	DAY DAY ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	EY ON ON/A
6. Maintained startup/shutdown/salfunction plan?	DY ON
7. Maintained deviation reports	DY ON DAYA
Problem corrected?	אלים אם אם A
8. Maintained compliance plan, if applicable?	DY 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 $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A DY ON ON/A Muck cookers couplings, and valves DY ON ON/A Door gaskets and seating Stills OY ON ON/A DY ON ONA DX ON ON/A Exhaust dampers Filter gaskets and seating DY ON ON/A DY ON ON/A Diverter valves Pumps DY ON ONA MY ON ONA Cartridge filter housings Solvent tanks and containers 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: □N/A 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 (PID/FID only)? UA UN OY ON 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? ND YD e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Chyalish & Bush / Inspector's Signature Approximate Date of Next Inspection

AIKS IUH. 011 2244

## XH

# BEST AVAILABLE COPY DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BOSTON Man Cleaners	DATE: 10/36/GD
FACILITY LOCATION: 6091 W. Surrise BAY d.	
Sumaiso FL 33313	
Annual Reporting Period: October 1701 TO October	20 <i>0</i> 0
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 reportion.	ing 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 reporti	ng period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inqui in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	e 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT  ANNUAL COMPLIANCE CERTIFICATION FORM  AIRS 1D#0112244
AIRS ID#0112244  BOSTON MAN CLEANERS INC  BOSTON MAN CLEANERS INC  BOSTON MAN CLEANERS INC  SOURCE  SO
Do NOT Remove Label
Annual Reporting Period:   Annual Reporting Period:   1997 TO December 31 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL:  Name (Please Print)  Name (Please Print)  Name (Please Print)

<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.

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

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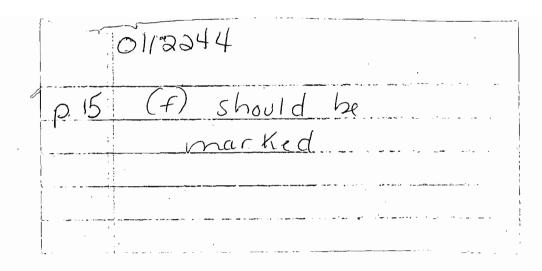
AIRS ID # 0112244

**BOSTON MAN CLEANERS** KYOUNG S LEE 6081 WEST SUNRISE BLVD SUNRISE FL 33313

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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BOSTON MAN CLEANERS INC

KOYNE S LEE-

6081 WEST SUNRISE BLVD

SUNRISE FL 33313

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Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

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

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TOTAL AMOUNT DUE: \$50.90

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Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0112244

BOSTON MAN CLEANERS KYOUNG S LEE 6081 WEST SUNRISE BLVD SUNRISE FL 33313

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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pay 393363

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Z 333 667 232 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0112244 BOSTON MAN CLEANERS KYOUNG S LEE					
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	Restricted Delivery Fee			<i>j</i> .	
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April	Return Receipt Showing to Whom, Date, & Addressee's Address			. ; :	*
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PS Form <b>3800</b> , April 1995	Postmark or Date				48

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0112244  BOSTON MAN CLEANERS KYOUNG S LEE 6081 WEST SUNRISE BLVD SUNRISE FL 33313	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No  3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2. 333 667 2-3 2-	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

en.	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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4129	Postage Certified Fee	\$	Postmark .	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0000	KYOUNG S LEE			
	PS For		ństructions	

PLACE STICKER OF TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	OMPLETE 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> </ul>	A. Received by (Please Print Clearly)  B. Date of Derivery  C. Signature  Agent  Addressee  D. Is deliver address different from item 1?	
1. Article Addressed to:  10 AIRS ID # 0112244001AG  KYOUNG S LEE  POSTON MAN CLEANERS	If YES, enter believe v address one lim: D No	
BOSTON MAN CLEANERS 6081 WEST SUNRISE BLVD SUNRISE FL 33313	3. Service to the Air Monitoring  Certified Marbile Sorres Mail  Registered Return Receipt for Merchandise  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label) 29 9808		
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