

0112253



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 25, 1996

Mr. Fred Snyder
President
Meri Cleaners
914 South Pompano Parkway
Pompano Beach, Florida 33436

Dear Mr. Snyder:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

0112253



P. 14

1(c) should be marked with
an "x"

P. 15

4. Should not be marked

(c) is not required
to be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | |
|--|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | MERI CLEANERS |
| 2. Site Name (For example, plant name or number): | MERI CLEANERS |
| 3. Hazardous Waste Generator Identification Number: | FLD 982 083 784 |
| 4. Facility Location: Street Address: City: 914. SPAMPANO PKWY County: BROWARD Zip Code: 33069 | POMPANO BEACH |
| 5. Facility Identification Number (DEP Use): | 0112253 |

Responsible Official

| | |
|--|------------------|
| 6. Name and Title of Responsible Official: | FRED SNYDER PRES |
| 7. Responsible Official Mailing Address: Organization/Firm: - MERI CLEANERS Street Address: 914. SPAMPANO PKWY City: POMPANO BEACH County: BROWARD Zip Code: 33069 | |
| 8. Responsible Official Telephone Number: Telephone: (954) 975-4735 Fax: () - | |

Facility Contact (If different from Responsible Official)

| | |
|---|---------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | SAME AS ABOVE |
| 10. Facility Contact Address: Street Address: City: County: Zip Code: | |
| 11. Facility Contact Telephone Number: Telephone: () - Fax: () - | |

RECEIVED

AUG 26 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|-------------------------|-------------------------------------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | <input checked="" type="checkbox"/> | 12-12-88 | | | | | | | |
| (2) w/ carbon adsorber | <input type="checkbox"/> | | | | | | | | |
| (3) w/ no controls | <input type="checkbox"/> | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | <input type="checkbox"/> | | | | | | | | |
| (5) w/ carbon adsorber | <input type="checkbox"/> | | | | | | | | |
| (6) w/ no controls | <input type="checkbox"/> | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | <input type="checkbox"/> | | | | | | | | |
| (8) w/ carbon adsorber | <input type="checkbox"/> | | | | | | | | |
| (9) w/ no controls | <input type="checkbox"/> | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | <input type="checkbox"/> | | | | | | | | |
| (11) w/ carbon adsorber | <input type="checkbox"/> | | | | | | | | |
| (12) w/ no controls | <input type="checkbox"/> | | | | | | | | |

(b) Control devices are required, but not yet installed *NA*

(c) No control devices are required to be installed *NA*

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

Existing small area source New small area source

Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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


Signature

Date

5/29/98

Hi Jarrett!

AIRS ID #0112253 (MERI CLEANERS) was inactivated when we received word that Fred Snyder sold his business. Mr. George Davitian did send in a notification form, however, the notification he submitted was not on the approved form.

A letter was sent to Mr. Davitian on December 5, 1997 informing him that the form he submitted was not approved. We sent him a copy of the effective form and a copy of the original form he submitted. We also said that processing of his notification would not proceed until we received the new form.

As of today, we have not received his notification on the effective form. Since ownership of a facility cannot be transferred for the Title V general permit program, he is operating without a permit.

I would appreciate it if someone would go by the facility and have Mr. Davitian complete and submit the effective notification form.

Thanks for your assistance with this.

Sandy



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 5, 1997

Mr. George Davitian
DAK Cleaners, Inc.
6900 Northwest 37th Avenue
Miami, Florida 33147


Dear Mr. Davitian:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Facility Notification form received by the Department on November 14.

The form used to notify the Department of your intent to use the general permit has not yet been approved. Therefore, I am sending you the current effective form (Effective: 6-25-96). Please complete and submit this form to the Department in the enclosed envelope. Processing of your notification will continue upon the receipt of the proper form.

I appreciate your attention to this matter and apologize for any inconvenience. Please call me if you have any questions at 850/921-9583.

Sincerely,


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

SB/

Enclosures

cc: Jarrett Mack, Palm Beach County

0112253

Inactivate

CALLING

1) Call facility, ask to speak to the R. O. (responsible official) MR. George Davitian or some one else who is in charge.

2) State your name:

Hello this is _____
with Dept. of Env.
Protection.

3) State what you are calling for:

We are calling in regards to your Dry Cleaning Notification form.

Janby

The R.O. or Responsible
official has Changed
from MR. Snyder to
MR. Davitian. We
✓ need to know if the
business was sold to
MR. Davitian by MR.
Snyder or if ~~at~~
MR. Davitian is
just the New manager.

Thank you. That's
What we Needed.

Sold about -

Date: June 15th

Arthur - Via

Kallaayn

Mr. Davitian is the
new owner / ~~owner~~
present

11/26/97

- After call is over.

* If the business was sold to MR Davitian then we need to Inactivate the old one with MR. Snyder and activate the new one with MR. Davitian.

* If MR Snyder was a manager, he is no longer the manager MR Davitian is then we don't change anything

Then notify Sandy which took place.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|---|--|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | DAK CLEANERS INC. | | |
| 2. Site Name (For example, plant name or number): | MERI Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | HM-02882-95 | | |
| 4. Facility Location: | Street Address: 914 S. Pompano Parkway City: Pompano Beach County: Florida Zip Code: 33069 <small>Broward</small> | | |

Responsible Official

(0112253 oed)

| | | | |
|--|---|--|--|
| 5. Name and Title of Responsible Official: | George DAVITIAN (president) | | |
| 6. Responsible Official Mailing Address: | Organization/Firm: Street Address: 6900 N.W. 37th ave. City: Miami County: DADE Zip Code: 33147 | | |
| 7. Responsible Official Telephone Number: | Telephone: (305) 836-1600 Fax: (305) 835-8137 | | |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---|--|--|
| 8. Name and Title of Facility Contact (For example, plant manager): | VINCE KALFAYAN OR ARTHUR APKARIAN | | |
| 9. Facility Contact Address: | Street Address: 914 S. Pompano Parkway City: Pompano Beach County: Florida Zip Code: 33069 <small>Broward</small> | | |
| 10. Facility Contact Telephone Number: | Telephone: (954) 975-4735 Fax: () - | | |

RECEIVED

NOV 14 1997

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|-------------------------------------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | <i>#1 03-OCT-93</i> | <i>12-NOV-93</i> | | <i>#2 08-DEC-91</i> | | | <i>#3 02-MAR-92</i> | <i>02-MAR-92</i> |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | <input checked="" type="checkbox"/> | 12-12-88 | | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed

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

~~40~~ 40 gallons

(b) If less than 12 months, how many? 4 months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

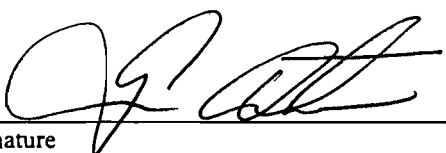
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

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

Responsible Official Certification

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

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


Signature

Oct-28-97
Date

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

BEST AVAILABLE COPY
RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:30 AIRS ID#: 0112253
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: MERI CLEANERS DATE: 9/24/97
 FACILITY LOCATION: 914 S. POMPANO PK. POMPANO BCH FL 33436
 RESPONSIBLE OFFICIAL: MR. GEORGE DAUTIAN PHONE NUMBER: (954)975-4735

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

BEST AVAILABLE

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

COMMENTS:

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

DATE OF NEXT INSPECTION: 9/98
(Approximate)

INSPECTION CONDUCTED BY: ART PENNETTA
(Please Print)

INSPECTOR'S SIGNATURE: Art Pennetta PHONE NUMBER: (954)59-1428

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

258542 ✓

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

RECEIVED
MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

MERI CLEANERS
FRED SNYDER
914 S POMPANO PKWY
POMPANO BEACH FL 33069

AIRS ID# 0112253

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

PERCHLOROETHYLENE DRY CLEANERS

**TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0112253 DATE: 9/24/97 TIME IN: 11:00AM TIME OUT: 11:30
 FACILITY NAME: MERI CLEANERS
 FACILITY LOCATION: 914 S. POMPANO PARKWAY, POMPANO BCH,
FL, 33436
 RESPONSIBLE OFFICIAL: MR. GEORGE DAVITIAN PHONE: (954) 975-4735
 CONTACT NAME: " PHONE: "

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|---|--|
| 1. Existing small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |
|--|--|

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 110 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

ART PENNETTA

Inspector's Name (Please Print)

9/24/97

Date of Inspection

Art Penetta

Inspector's Signature

9/98

Approximate Date of Next Inspection

0112253

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

FACILITY NAME: MERI CLEANERS DATE: 9/24/97

FACILITY LOCATION: 914 S. POMPAVO PARKWAY, POMPAVO BCH, FL. 33436

Annual Reporting Period: SEPT 24 1996 TO SEPT 24 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

RECEIVED

Exact period of non-compliance: from _____ to OCT 20 1997

Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources

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 beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: George DAVITIAN [Signature] Sept-24-97
Name (Please Print) Signature Date

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

acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0112253

MENI CLEANERS
~~FRANK ANTONIO~~ A. APKARIAN
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069

Bureau of Air Monitoring
& Mobile Sources

MAR 03 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: 2/25 19 97 TO 2/25 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
 MAY 21 1998
 Bureau of Air Monitoring
 & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compli _____ ated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

change in ownership - chip?

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: A. APKARIAN [Signature] 25-Feb-98
 Name (Please Print) Signature Date

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

0112253

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

FACILITY NAME: MERI CLEANERS DATE: 9/24/97

FACILITY LOCATION: 914 S. POMPAVO PARKWAY, POMPAVO BCH, FL. 33436

Annual Reporting Period: SEPT 24 1996 TO SEPT 24 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

RECEIVED

Exact period of non-compliance: from _____ to OCT 20 1997

Action(s) taken to achieve compliance: _____ Bureau of Air Monitoring & Mobile Sources

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 beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: George DAVITIAN [Signature] Sept-24-97
Name (Please Print) Signature Date

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

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

| |
|---|
| AIRS ID 0112253 |
| MERI CLEANERS XXXXXXXXXX A. APKARIAN 914 S POMPANO PKWY POMPANO BEACH FL 33069 |

Bureau of Air Monitoring & Mobile Sources

MAR 03 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: JAN - 1st 97 to DEC. 31st 19 97 TO FEB. 19- 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

| | |
|---|---|
| Exact period of non-compliance: from _____ to _____ | <p><i>the change in ownership - ship?</i></p> |
| 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: A. APKARIAN *[Signature]* 25-Feb-98
 Name (Please Print) Signature Date

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

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

TOTAL AMOUNT DUE: \$50.00

303942

RECEIVED
MAIL ROOM
FEB 27 98

Do NOT Remove Label

AIRS ID 0112253

MERI CLEANERS
~~FRED SNYDER~~ *A. APKARIAN*
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069

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

*Check to see
 if business
 sold or if
 change is
 in RO name
 Only name only*

Fold at line over top of envelope to

Is your RETURN ADDRESS 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0112253

MERI CLEANERS
 FRED SNYDER
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069

4a. Article Number

2333-613-593

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

11/17

5. Received By: (Print Name)

SM

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

7 333 613 593

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID 0112253

MERI CLEANERS
 FRED SNYDER
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069

PS Form 3800, April 1995

| | |
|---|-----------|
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

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? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

10 AIRS ID # 0112253001AG
 A. APKARIAN
 MERI CLEANERS
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 70000600002641300061

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

7000 0600 0026 4130 0061

| | | |
|---|----------|------------------|
| Postage | \$ _____ | Postmark Here |
| Certified Fee | _____ | |
| Return Receipt Fee (Endorsement Required) | _____ | |
| Restricted Delivery Fee (Endorsement Required) | _____ | |

10 AIRS ID # 0112253001AG
 A. APKARIAN
 MERI CLEANERS
 914 S POMPANO PKWY
 POMPANO BEACH FL 33069